

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Corrandulla Nursing Home
Centre ID:	OSV-0000332
Centre address:	Corandulla, Galway.
Telephone number:	091 79 1540
Email address:	corrandullanursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Hayden Healthcare Limited
Provider Nominee:	Michael Hayden
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	10

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 May 2017 09:00	30 May 2017 19:00
31 May 2017 09:00	31 May 2017 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care practice in the centre. The inspector also reviewed notifications received by HIQA and the action plans outlined following the monitoring inspection conducted on 25 February 2016. The responses to action plans are discussed under the relevant outcomes. As part of the thematic inspection process, providers were invited to attend a seminar to inform them about the associated inspection process and evidence-based guidance was developed to provide information on best practice in dementia care. Prior to this inspection, the provider completed a self assessment document and compared the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality

Standards for Residential Care Settings for Older People in Ireland.

The centre can accommodate 37 residents and provides care on a long term basis or for short periods when people have convalescent, rehabilitation or palliative care needs. Residents with dementia are integrated with the overall resident population in the centre. Approximately a third of residents were assessed as having dementia or cognitive problems when this inspection took place.

The centre is located in the village of Corrandulla and is approximately 18 kilometres from Galway city. The building has been adapted and modified over the years to ensure that the layout and facilities are appropriate to the needs of dependent persons. Residents' accommodation is provided on two floors. There is a passenger lift to ensure safe and free access for people with mobility problems. The atmosphere was home like and comfortable. There were several communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day. The centre is just off a main roadway and is surrounded by well-maintained grounds and gardens that are accessible to residents. There is also a courtyard garden area that is centrally located and safe for residents to use. The centre is adjacent to an ancient church that has been preserved in its original condition and which is valued by residents who attend Mass there weekly. There are two blocks of independent living units and a day-care centre also located in the grounds. The day centre operates daily and provides a service to residents from the centre who wish to attend as well as people from the local community.

The inspector met with residents and varied members of staff during the inspection. The care pathway for residents with dementia was reviewed and aspects of practice that included nutrition, behaviour patterns, medicines management and communication were examined. The inspector also spent time observing how care was delivered and used the validated observation tool, the Quality of Interactions Schedule, (QUIS) to rate and record the quality of interactions between staff and residents. The observations took place in two different communal areas and included times when scheduled activity was underway. The inspector also reviewed documentation such as care plans, staff training records, medical records and the complaints record. An inspection of the layout of the building was also undertaken.

The inspector found that interactions between staff and residents were positive and meaningful throughout the day. Staff were noted to talk to residents and greet them when they entered rooms. They engaged them in conversation during their varied contacts for example when encouraging them to undertake their exercise programmes in the mornings, when administering medicines and when they provided assistance at meal times. Residents told the inspector they enjoyed living in the centre and said that they liked the gardens, the church and having other people around so they did not get lonely. Some residents went to the activity centre where a programme of social care and meals was available daily. Relatives described staff as "helpful and caring", "very knowledgeable about dementia and able to explain changes well" and "pleasant and cheerful. The freedom residents had to walk around and to spend time wherever they wished was valued by residents and visitors who all said that being able to have a "change of scene and not be in the one place all the

time" contributed to them having "a feeling of control" in the words of one resident and helped their well being.

The inspector found staff had good knowledge of the value of emotional support, sensory stimulation and recognition of feelings when supporting people with dementia. Staff were observed to spend time with residents who did not engage with scheduled activity or who had communication problems. They ensured that they made eye contact with residents and sat beside them when making efforts to engage with them and also when supporting residents at meal times. There were assessments of cognitive impairment when residents were admitted and there was a comprehensive programme of social care that reflected residents' care needs, interests and backgrounds. The inspector saw that activity was scheduled each morning and afternoon. Residents said they knew what was on each day and looked forward to taking part. There were policies and procedures in place to safeguard residents from abuse. All staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or were informed of any abuse taking place.

In the pre-inspection self assessment document, the provider's judgment of substantial compliance concurred with the inspectors' judgment in relation to health and social care needs. The inspector found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard. Improvement was required in some areas for example the impact of altered eating patterns and weight loss was not linked to a diagnosis of diabetes in care records where it could have significant adverse effect although staff had a good awareness and understanding of the measures to take to prevent problems arising.

The centre provided a comfortable environment for residents. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was clear signage in some areas to assist residents locate areas such as toilets however signage could be improved in some areas to guide residents more effectively to communal areas such as the sitting rooms and the dining area. New bedrooms added to the layout in recent years had many "dementia friendly" features including brightly coloured doors to help residents locate their rooms. All areas were well furnished and decorated in a home like style. Fire places provided focal points in sitting rooms. The centre had good levels of natural light and the gardens were visible from bedrooms and sitting areas. Bedroom areas were personalised with residents' possessions that included photographs, ornaments and books.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. In addition to the areas described earlier improvements were required to how restraint measures were assessed and put in place.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. There were twenty seven residents in the centre when the inspection was undertaken. The majority had been assessed as having medium or low dependency care needs with six residents assessed to have high or maximum care needs. Approximately a third of residents had a diagnosis of dementia or some degree of cognitive impairment. There were three residents under 65 years residing in the centre on the day of inspection.

The inspector found that the wellbeing and welfare of residents including people with dementia was promoted and appropriately addressed. The inspector based this judgement on observations of the delivery of care and feedback from residents that indicated that residents felt safe, had appropriate care when they were unwell and experienced a good quality of life from day to day. The inspector tracked the journey of three residents with dementia and also reviewed specific aspects of care such as nutrition, medicines management, wound care and end of life care in relation to other residents.

Comprehensive assessments were undertaken prior to and following admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The assessment process included the use of validated tools to assess varied aspects of residents' health condition and included nutrition needs, medical conditions present, level of cognitive impairment and general dependency. Staff also assessed vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared to guide and inform staff and ensure that residents were appropriately supported. The inspector noted that a number of residents were mobile and could undertake a range of activities independently. There were care plans in place that described what residents could do for themselves and the inspector saw that staff ensured that capacity and independence was sustained and promoted. For example residents were encouraged to go out in the gardens, to use the activity centre and to take part in the regular exercise sessions. Staff were observed to take residents out walking throughout the day and to prompt interest

in going out by talking about the weather, gardens and apple trees. The action outlined in the previous inspection report was addressed. The inspector found that admission information described residents' needs and that there was an exchange of information with other agencies regarding care needs to ensure that staff were appropriately prepared to receive residents and to provide care safely.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. Relatives the inspector talked to confirmed that staff consulted with them regularly. The inspector was told that staff met relatives, discussed changes in health, planned interventions and progress. Relatives also confirmed that staff make significant efforts to keep residents independent and mobile and this included helping them to walk outside in the grounds and to use all the internal facilities. The standard of care planning in relation to dementia care was generally good with details available on residents' backgrounds and lifestyles and this was used to inform care practice. There were for example life histories that described where people lived, their occupations, interests, family and community connections. These life histories were further supported by "My Day, My Way" documents that outlined how residents liked their daily routines to be managed and what they liked to do in the centre. The activities they enjoyed were outlined, food preferences and significant events such as birthdays and anniversaries.

Sensory problems such as difficulty hearing, eyesight problems and communication difficulties were described and these areas were outlined in care plans with the associated assessments and care plans to guide staff interventions.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and weights were checked on a monthly basis and more frequently if unanticipated changes were evident. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. The provider employed a physiotherapist one day a week to undertake individual programmes with residents and an exercise group. The inspector found that preferences and habits around mealtimes were known to staff and observed by them to ensure that residents had adequate diets and fluids. For example, where a resident refused food at a meal time but was known to take food later staff were aware of this and offered meals outside of regular meal times. This had proved helpful and had resulted in a stabilisation in weight after a notable weight loss during a hospital stay. The inspector noted that the variable eating pattern which could have an impact on diabetic care had not been included in the care plan as a possible risk factor.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities available to ensure that residents received end-of-life care in a way that met their individual needs and requests. There was a policy on end-of-life care and care plans described how residents wished to be cared for at this time where it was possible to complete this information.

Residents had access to GP services and out-of-hours medical cover was provided. A range of other services was available on referral including speech and language therapy

(SLT), dietetic services and occupational therapy (OT) services. Chiropody and optical services were also available. The inspector reviewed residents' records and found that where residents had been referred to allied health professionals the outcome of appointments and recommendation were recorded in residents' notes and transferred to care plans. Residents with complex care problems and people who required specialist chairs for their comfort were assessed and had appropriate chairs that ensured their comfort. Residents who displayed periods of restlessness or signs of emotional distress were well supported by staff who understood their behavior patterns, provided reassurance and involved them in an activity to alleviate their distress. The inspector saw these interventions took place with good outcomes for residents.

The inspector reviewed the medicine arrangements and a sample of administration and prescription records to assess how medicine regimes were managed. The inspector found that good practice in administration, storage and prescribing was evident. The nurse on duty was knowledgeable about the system in place and provided a detailed overview to the inspector. Medication was supplied in blister packs were managed noted that medication management practices met good practice standards. Some residents required medication on an "as required" (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

The inspector found that risk assessments to determine pressure area risk were completed on admission and were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating. Wound care management procedures were reviewed and were found to be satisfactory on this inspection. There was one resident with a wound care problem and this had healed significantly. Prescribed dressing regimes were outlined, progress was recorded and monitored and it was easy to determine the change in the condition of the wound. Nutritional assessments were completed and dietary supplements added to promote healing. Pain relief was prescribed and administered with good effect according to records reviewed.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff displayed good awareness of the safety and protection measures in place to ensure that residents were kept safe and had a good quality of life. All staff had received training to ensure they were appropriately informed on how to recognise, report and

manage an incident of abuse. There was a policy and associated procedures for the prevention, detection and response to allegations of abuse available to guide staff. Staff the inspector spoke to confirmed they had received training regularly on this topic and were confident that they would recognise an abuse situation and would query a situation that they had concerns about. Staff said that there were no barriers to raising issues of concern. The person in charge reviews staff competence in relation to the management of abuse. Audits have confirmed that staff display appropriate knowledge and confidence about their skills to detect and report abuse.

There were policies in place to guide and inform staff on how to address responsive behaviours and behaviours related to dementia. The inspector was told that three residents can display episodes of responsive behaviours. This was documented in care plans and staff described contributory factors such as the presence of infection or the prevailing situation prior to any episodes to help them determine particular causes and prevent further episodes. Staff had received training on responsive behaviours over the past three years.

Procedures for assessment and safe management of restraint were also available. There were some bed rail restraints in use as a falls prevention measure and for security. There was information that confirmed that assessments were completed prior to the use of such equipment and that use was closely monitored. Some bedrails were put in place at the request of relatives. The inspector concluded that where a restraint measure is used there should be clear indicators that this is the most appropriate option to ensure the resident's safety and that other measures have not protected the resident adequately. The decision to use any measure that has a restraint function should be supported by a multidisciplinary assessment. There was no restriction on residents' movements around the centre.

A policy was in place for the management of residents' personal belongings and valuables and procedures were in place to safeguard money and property. Records of residents' valuables and personal possessions were maintained.

This outcome was judged to be substantially compliant in the self-assessment and the inspector made a similar judgement based on the requirement to ensure that all restraints are in place because other measures have failed to provide adequate safety and where professional views indicate that this is the most appropriate response.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents, including residents with dementia were consulted and actively participated in the organisation of the centre. Information in care records indicated consideration had been given to people's levels of capacity and their abilities to make their own choices and decisions. While there were visiting times displayed to ensure meal times were protected, in practice there was no restriction on when residents could receive visitors. Many residents were observed spending time with family or friends in the varied sitting areas throughout the day.

The inspector spent time observing staff and resident interactions during the morning and afternoon using the observation tool QUIS. These observations took place in two communal sitting areas and were completed over selected time frames. The engagements observed were all of a positive nature. The inspector saw that staff engaged residents in conversation whenever they were nearby. When passing through any area where residents were sitting they greeted residents and took time to speak with them. Staff were familiar with residents' day to day physical care needs, family backgrounds and interests and used these aspects of life to chat with them about their family and the news of the day. Opportunities were used to discover how residents were feeling at the time, what they had done during the day and if they were looking forward to joining any of the scheduled activities. The observation exercise found that interactions between residents and staff were of a positive meaningful nature. For the majority of residents there were several positive interactions and continuous conversations with staff. All residents including residents who liked to spend time alone away from the main sitting rooms had some interventions at regular intervals. There was good use of prompts such as news items, the weather, TV programmes and the outdoors to engage residents. No resident was left without engagement or stimulation for a long period of time.

During the lunch time the inspector observed that staff were available in sufficient numbers to serve meals and to assist residents in a discreet and sensitive manner. The inspector observed that staff reminded residents of the menu choices and reminded them about the dishes being served as the meal progressed. The inspector observed that residents were given plenty of time to have meals in comfort and that the experience was a pleasant social event. The inspector observed that staff communicated and engaged with residents while assisting them.

The way care was delivered throughout the day reflected a person-centred approach and the inspector saw that many residents were free to undertake activities as they wished. For example some residents liked to walk around the building and were observed to do this without any restriction. Other residents had specific preferences about where they spent the day and were observed to sit in varied areas according to their choice at a particular time.

Residents including residents with dementia were consulted and actively participated in the organisation of the centre. There was a residents' committee and regular meetings to discuss the service took place. The inspector reviewed the record of the last four meetings-three of which took place in 2016 and the most recent in February 2017. The

inspector found that residents were happy with meals and social activity. Comments made about meal portions and choices had been addressed. At the most recent meeting residents expressed pleasure that the baking sessions had resumed as they had previously indicated that they would like baking included in the regular activity programme.

There was a varied social and recreation programme organised daily. There were two activity staff employed, one of whom spent the majority of time in the activity centre. In conversation with staff and residents, review of documentation and observation it was found social care and recreation activity formed a significant part of the day for residents. The activity staff described how the activity programme was designed to meet residents changing needs. She conveyed a good understanding of the needs of residents with dementia and was creative in her efforts to ensure residents were provided with activities that met their interests and capabilities. For example card games and exercise sessions featured regularly as residents really enjoyed these. Large cards to help people with sensory problems were available to encourage their participation. There were specialist activities targeted to meet the needs of people with dementia and these included Sonas- which is a sensory and music programme and Imagination Gym which encourages people to visualise a particular scene.

The weekly programme included visits from a therapy dog, exercise, art groups, card games, crosswords, reminiscence/memory lane group, bingo sessions, floor games, laughter sessions, discussions, baking and quiz games. Newspapers including local papers and magazines were available as observed by inspectors. There was some good signage to direct and enable residents with dementia to find their way around however the inspector noted that this needed to be improved to be fully effective as some areas were not identified and could be hard to locate for people with memory problems.

There was a good connection with the local community. Many residents were from the area and said that when it was possible and they were well enough they went out with family and friends. When residents went to local hospitals for appointments they were often accompanied by the provider who ensured they got to the correct clinic and were adequately supported and cared for during their time out.

Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in elections. Choices and preferences were respected on a day to day basis. Residents were noted to be able to get up and return to bed at times that suited them and were asked by staff whether they wished to stay in their room or spend time with others in the communal rooms.

There is closed circuit television in use and signage indicating that this system operated was on display near the nurses' office area at the front door.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and addressed.

The nurse manager addressed complaints in the first instance and an overview of complaints management was undertaken by the person in charge. If a complaint could not be resolved it was referred to the provider. Residents and visitors the inspector talked to were aware of the complaints procedure and knew how to raise a concern. They confirmed that they could express any dissatisfaction to the staff. Records showed that complaints made to date were investigated and had been resolved. Unsolicited information relayed to HIQA indicated concerns about the delivery of care including the management of health care and the delivery of person centred care. These matters were reviewed by the provider, were not fully substantiated and were now resolved.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector examined the staff duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staff numbers and skill mix on duty and was satisfied that staff allocations were appropriate to meet the needs of residents during the day and at night. This judgement was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff had received training in fire safety, moving and handling and safeguarding vulnerable persons. The inspector found that staff were up to date with these topics with five staff due to complete moving and handling in 2017 to ensure they have refresher training within the required three year time frame.

Training to support professional development was also provided and included training on topics that included dementia care, responsive behaviour management, aging, epilepsy, depression and the management of anxiety. Other training provided included training on health and safety, record keeping and person centred care. The inspector found that the training record conveyed that four staff had no record of training on hand hygiene or infection control and formed the view that this should be remedied to ensure good hygiene and infection control practice. The inspector found that staff were well informed, conveyed positive attitudes to their work with dependent people and were creative in the ways they engaged and stimulated residents to promote their well being.

The person in charge was fully engaged in the management of the service on a day to day basis. She was supported by a manager who dealt with recruitment and business matters and by the provider who had an active presence in the centre. There were systems to support communication between staff to enable them to provide safe and appropriate care. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next. Staff meetings were organised regularly and records conveyed that a range of issues were discussed. These included illness absence, recording complaints, the HIQA reports, the activity schedule, the completion of records and shift change management.

There was a recruitment policy in place and the inspector found the arrangements in place for the recruitment of staff to work with vulnerable people were satisfactory. All staff were confirmed to have appropriate Garda clearances. The new e vetting process was now in place.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre is located a short walk from the village of Corrandulla. There are varied housing units on the site and an activity centre. The building is two storey and there is lift access to the upper floor. There is not a specific dementia care unit but there is a particular area where residents that are more dependent are accommodated. The centre was generally well maintained and the majority of areas were in good decorative condition. The exception was the sitting room adjacent to the church which showed signs of wear and tear and where the décor required review. All areas were visibly clean. Equipment and appliances such as hoists, wheelchairs and walking aids were available

to support and promote the independence of residents. The inspector reviewed the majority of premises areas as residents with dementia could be accommodated throughout the centre.

There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was clear signage in some areas to assist residents locate varied facilities and exits however this required further development to support residents in maintaining independence. There were several areas where residents could sit during the day. All areas were decorated in a home like style and there were fireplaces in sitting rooms that added visual impact and provided a focal point for residents. Clocks with large font numbers were readily visible to help residents awareness of time. The dining room was spacious and tables were well positioned with adequate space to accommodate wheelchairs and mobility aids. Residents told the inspector that they enjoyed spending time there and said that staff ensured they did not have to rush to leave tables and could take their time after meals if they wished. Large screen televisions were available to support ease of viewing for residents with visual problems.

There was a variety of seating and specialist chairs to meet residents' needs available. The inspector noted that the majority of residents used the communal areas during the day. Residents who chose to spend time away from the main areas were visited frequently by staff who checked that they were comfortable and provided drinks and snacks as required.

Residents' bedrooms are located on the ground and first floor. Lift access and two staircases enable residents to reach the upper floor. There was an ongoing programme of refurbishment for the centre and the inspector was told that residents were consulted about colour schemes and furniture. They had recently expressed their views on the redecoration of one of the main sitting rooms which had been decorated in a more modern style.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors. There were a range of health and safety protocols in

place and a comprehensive risk management strategy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and the risk register maintained outlined general and clinical risk areas. However, the number of health and safety documents available required review and out of date documents that did not meet current legislative requirements may cause confusion for staff.

All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out. Records that confirmed fire drills had taken place were available. These drills were supported by fire safety training including fire warden training. Some exercises had included the partial evacuation of the centre and included the use of evacuation sheets. There was a commentary on the fire alarm alert, the time the exercise took, how fire doors functioned and how staff performed. Staff were familiar with the extinguishers to use and were able to identify the source of the "fire".

Fire equipment had been regularly serviced. The records indicated that the fire alarm was serviced on a contract basis at quarterly intervals during 2016. The emergency lighting was serviced in February 2017 and fire extinguishers in December 2016. There was a record of fire equipment as required by Regulation 21-Schedule 4. Fire exits were checked daily to ensure that they were not obstructed and fire doors were checked weekly. These checks were undertaken by maintenance staff and were recorded. There was confirmation that furnishings were fire retardant.

There were systems in place to support infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were some areas particularly radiators in toilets where paintwork was chipped and this required attention to support good infection control management. There were supplies of personal protective equipment readily available for staff but some was located in dispensers in toilet areas which could present a risk to people with dementia who were disorientated or confused.

The action outlined in the last report in relation to health and safety management was addressed. The free access to the courtyard garden was now restricted to day and evening and there was a notice to advise residents of this displayed on the exit door.

Chemicals and cleaning materials were noted stored securely in the interest of safety to residents and visitors.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Corrandulla Nursing Home
Centre ID:	OSV-0000332
Date of inspection:	30th and 31st May 2017
Date of response:	30 th June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' behaviour patterns that could have an impact on medical conditions were not described in care plans or outlined as risk factors for the management of such conditions.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

Residents with health issues i.e. which could be affected by their behavioural patterns/preferences will have their care plans reviewed. References to these issues will be incorporated more fully into said care plans to ensure practices currently outlined are sufficient or are adapted appropriately to be more effective.

Proposed Timescale: Immediate commencement with current residents care plans reviewed and adapted as necessary. Completion within 15 working days.

Proposed Timescale: 30/06/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of restraint should be supported by professional views that indicate that the measures are the most appropriate option to protect the resident and should not rely on relatives' views.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

We will encourage the fuller engagement of our MDT in our restraint use. Where residents are currently using restraints we will require them to declare (sign) that any restraint used is the choice THEY made/agreed to after talking with MDT. Any resident unwilling to do so will have restraint (bedrail) removed until the MDT have reviewed and agreed with the resident the appropriateness and form it takes. Documentation MUST be created to support this choice and identify those involved. Relatives without OFFICIAL guardian/advocate status will not be permitted to fulfil that role.

Proposed Timescale: Immediate commencement with completion: Immediate commencement with current residents. Completion within 10 working days hoped for but will be subject to the availability of MDT – a group Hayden Healthcare Limited cannot directly instruct to act, but rather ask.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff did not have training in infection control or hand hygiene according to the training records available for inspection.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Staff files reviewed. Staffs not at the required levels of training or with documentation absent from files are to provide the same. Staffs currently warned about these deficits will face disciplinary action, suspension and/or dismissal if they cannot rectify the issues within a set period of time (1-3 weeks).

Proposed Timescale: Immediate commencement with staffs suspended from paid employment with "us" until documentation and provided training has been completed to the correct standard.

Proposed Timescale: 30/06/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The range of signage required improvement to enable residents to locate the main facilities and to support them to find their way around independently.

A sitting room used frequently by residents required refurbishment as it showed signs of wear and tear.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

Areas highlighted have been reviewed. Some signage and lighting has already been sourced and integrated with the infrastructure. Further specialised signage is still being sourced. Maintenance is now incorporating the remaining necessary upgrades/cosmetic issues into their routine maintenance.

Proposed Timescale: Immediate commencement with completion expected by end of 3rd quarter 2017

Proposed Timescale: 31/08/2017

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some risk management documents were out of date which could cause confusion for staff and create risk.

There was surface damage to paintwork particularly radiators in some toilet areas that presented an infection control risk that had not been addressed.

The location of personal protective equipment in toilets required review due to the risk presented to people who have cognitive impairments.

5. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The Health and Safety documents will be reviewed, integrated and redundant/repeated material removed to streamline the document.

Surface damage has been assessed and materials procured. Professional input is being sought to determine if certain radiators require cosmetic repair or need replacing/repositioning (unlikely).

The "Dani Centres" located in toilets are being repositioned to reduce potential risk to those with cognitive impairment.

Proposed Timescale: Immediate commencement with completion expected by end of 3rd quarter 2017.

Proposed Timescale: 31/08/2017

