



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Announced
Date of inspection:	14 October 2019
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0022882

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Corbally House Nursing Home is registered to provide care to 41 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Private accommodation comprises of 35 single bedrooms and three twin bedrooms, 20 of which have en suite shower, toilet and wash-hand basin facilities provided. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors.

There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care.

The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
--	----

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 October 2019	10:30hrs to 18:00hrs	Caroline Connelly	Lead
15 October 2019	08:30hrs to 15:10hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The inspector met and spoke with the majority of the residents present on the days of the inspection and also met a large number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Feedback was generally positive with residents and relatives stating the centre was homely and accessible to them. Residents said they felt safe and well cared for and knew the names of the new person in charge, the provider and staff whom they considered to be approachable and helpful. However a number of relatives expressed concern re changes to the management and expressed concern re staffing and staff supervision particularly at the weekends when they said there appeared to be less staff around. Residents also stated there was no supervision in the day room in the evenings.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. However a number identified that mealtimes were too early and that they would like their meals later particularly the tea which is currently served at 16.00hrs. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction. However some family members said they took their own relatives washing home as it not always returned from the laundry in a timely manner.

Some of the residents, with whom the inspectors spoke were complimentary about the activities. However a large number of the residents and relatives said that there was not enough activities and the days could be long particularly at the weekends. One resident said residents need more one to one time and staff are always in a rush. Another said they would like someone to do their nails and hair and to feel pampered. Residents said they received daily newspapers and had access to televisions and radios. Residents confirmed that they were consulted with via residents' meetings.

Capacity and capability

There had been a number of changes to the management of the centre in the weeks leading up to the inspection. The previous person in charge had recently left the centre and the Assistant Director of Nursing (ADON) was promoted to the role of person in charge. A new ADON was recruited but was found not to have adequate experience for the role. This role is currently vacant. The inspector was not satisfied that there was a clearly defined management structure currently in place, with an

effective governance structure that was accountable for the delivery of the service. There was no annual review of the quality and safety of care completed for this centre and further management systems required implementation and action to ensure effective governance of the centre. Staffing levels and staff supervision also required review.

The centre is operated by Corbally House Nursing Home Limited. One of the directors is actively involved in the management of the centre and is the Registered Provider Representative (RPR). He is in the centre on a daily basis. The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application as one component in the assessment of fitness of the entity.

The inspector saw that some systems had been put in place for monitoring the quality and safety of care provided to residents. Key clinical quality indicator data was collected including pressure ulcers, falls, the use of psychotropic medications, bedrails, medication management and administration, the assessment of risk, and health and safety. Quality management measures such as reviews and audits were in place however they had not been completed recently. Incident recording and complaint management processes were in place and complaints were responded to by the person in charge. However as previously outlined there had not been an annual review of the quality and safety of care and support in the designated centre undertaken by the management team in accordance with the standards for 2018 despite an action from the previous inspection for its completion. This also had not been completed for 2016 or 2017.

HIQA had received unsolicited information prior to the inspection regarding aspects of poor staffing levels in the centre and concerns in relation to the recent changes to the management structure. These areas were looked into during the inspection and actions required are outlined under the relevant regulation. Staff meetings and shift handovers took place which ensured information on residents' changing needs was communicated effectively. There was evidence that staff generally received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. However some gaps were identified in mandatory training and further training was required to ensure all staff had updated training. Staff supervision was implemented through monitoring procedures. However, this required review particularly in the evenings and at weekends when senior nursing staff were not on duty and it was reported that staff were not always available to residents and relatives. Therefore staffing levels required review in the evenings and at weekends to ensure there were adequate staff and an adequate skill mix taking into account the size and layout of the building over two floors.

Recruitment for new staff was ongoing and the inspector identified that some improvements were required to ensure robust recruitment was employed, as gaps in some staff files were identified. There was also no evidence of comprehensive induction programmes for new staff including probationary meetings. Up to date appraisals were not in place for a number of staff. Systems of information

governance were in place and other records required by the regulations were generally maintained effectively. Resident records such as care plans, assessments, medical notes and nursing records were complete. Other records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies in place as required by schedule 5 of the regulations. However, they all required review as they had not been updated in excess of three years.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. Incidents had been notified to HIQA as required by the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a new person in charge since the previous inspection and she had only taken up post a few weeks prior to the inspection. She had worked as a ADON in the centre for a number of years and had the required experience of nursing older people. She had undertaken a management qualification and was making herself more familiar regarding the regulations, HIQA Standards and her statutory responsibilities. Further managerial training would be of benefit for the role she is undertaking.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed there were a minimum of two nurses on duty during the day and one at night supported by senior staff during the day and an on call system at night if required. There was a regular pattern of rostered care staff, household, catering and laundry staff on duty on a daily basis. The inspector

required that staffing levels required review particularly in the evening.

- Staffing levels dropped to three staff from 18.00 hours, residents and relatives reported a lack of supervision of the day room in the evening with residents at times looking for assistance unable to locate staff.
- There was only one nurse on duty to administer the night time medication and provide nursing needs to 41 residents on two levels.
- Residents and relatives reported reduced staffing levels at the weekends and a lack of supervision of staff.
- There was no dedicated staff allocated to the role of activity co-ordinator

Judgment: Not compliant

Regulation 16: Training and staff development

Mandatory training was in place for safeguarding, moving and handling, fire and responsive behaviours and training had taken place in the centre in recent weeks. However, not all staff had received up-to-date mandatory training and gaps were identified in fire training, safeguarding and responsive behaviours. Some of this training was scheduled to take place in the next number of weeks. The current training matrix did not facilitate the management team to easily identify who was due training and when they were next due training. The inspector required a more comprehensive system be adapted around the whole area of staff training.

The inspector was not satisfied that staff were appropriately supervised particularly at weekends, also there was not evidence of induction programmes for new staff including probationary meetings. Although some staff had undertaken appraisals in the past these were not up to date at the time of the inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents contained all the requirements of regulations and was routinely updated.

Judgment: Compliant

Regulation 21: Records

Some improvements in record keeping was required, particularly in relation to staff files ,emergency lighting certification and training records. Other records reviewed were found to be securely stored and easily retrievable.

Two staff files viewed by the inspector did not contain all the requirements of schedule 2. There were references and training records missing for one staff and one staff file was missing a full employment history. All files viewed did contain a vetting disclosure in accordance with the National Vetting Bureau Act 2012 as required by schedule 2 of the 2013 care and welfare regulations and the RPR confirmed vetting was in place for all staff.

Judgment: Not compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place to protect residents' property and in relation to injury to residents and staff.

Judgment: Compliant

Regulation 23: Governance and management

There have been a number of changes to the governance and management team in the month prior to the inspection and new systems are required to be implemented to ensure effective governance of the centre. The inspector identified a number of actions required

- It was identified as an action on the previous two inspections that the management team had not completed an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2015. On this inspection this continued not to be in place for 2016, 2017 and 2018 .
- There were not comprehensive management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Further auditing and ongoing review of the premises and maintenance issues are required.
- Whilst it was clear that the person in charge reported to the RPR there was not a clearly defined management structure outlining the roles and responsibilities of the management team and who was in charge of the centre in the absence of the person in charge.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and they were found to contain the information on the room occupied by the resident and the fee to be paid. They also clearly outline what the charges were for additional services not included in the fee.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It described the facilities and services available to residents, and the size and layout of the premises. However there were a number of additions required to the statement of purpose to meet the requirements of legislation. It needs to include:

- the arrangements made for contact between residents and their relatives
- the non availability of day care services in the centre
- a description and measurements of all rooms in the centre
- arrangements for the management of the centre in the absence of the person in charge
- the information set out in the certificate of registration including the current conditions of registration.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were notified to HIQA in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 32: Notification of absence

The absence of the previous person in charge was notified to the chief inspector in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a more robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

A comprehensive system of policies and procedures was in place. However these were due for updating and review in July 2019 and this review had not taken place.

Judgment: Substantially compliant

Quality and safety

Overall, residents were generally supported and encouraged to have a quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services. However, opportunities for social engagement and issues with the premises required action. Improvements was also required in the servicing of emergency lighting.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals including

physiotherapy, chiropody and out-patient services. Residents in the centre also had access to specialist mental health services and were reviewed regularly and as required. The inspector also observed that residents had easy access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the healthcare service provided.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred to direct care. Systems were in place to make sure that care plans were reviewed and updated on a regular basis to ensure that residents' up-to-date care needs were met. However there was not evidence of residents' and relatives' involvement in the development and review of their care plans where possible and relatives felt communication should be improved. Medication management was reviewed. Written operational policies advised on the ordering, prescribing, storing and administration of medicines to residents which were adhered to by staff. Audits of medication management were taking place and errors were being recorded and actioned appropriately. References and resources were available to aid in identifying medications. Improvements continued to be required in relation to the management of crushed medications as was identified on the previous inspection.

There was a good level of visitor activity throughout the inspection and visitors said they felt welcome and had open access to visit their relatives. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish, while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated. There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. There was evidence of some consultation with residents. Minutes of residents meeting showed that meetings took place and the person in charge said a meeting had taken place recently. However, issues of concern that residents voiced to the inspector in relation to activities and meal times were not identified in the minutes of the meeting.

The quality of residents' lives was enhanced by the lovely gardens and scenery. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding some aspects of life and care in the centre. However the inspector found that improvements were required in the provision of social aspects of care. The social and activity programme was limited in the amount and type of activities provided and the inspector was not satisfied that these were provided in accordance with the resident's interests and capabilities. No staff member was currently allocated to the role of activities coordinator and no dedicated time was allocated to activities. There were some activities such as bingo on one afternoon a week external musicians on another afternoon and exercise group on a third day. There were occasional concerts and drama groups. Art therapy had not been available in the last number of months. Residents and relatives all identified the lack of activities as an issue. Advocacy services were made available to residents as required.

The inspector observed and was informed by residents and relatives that meal times were too early and they would like choice to have these later particularly the teatime which was served as early as 16.00hrs. The person in charge and RPR was currently reviewing this with a view to having meals later.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Bedrooms provided were mainly single bedrooms with a smaller number of twin rooms. Bedrooms were seen to be much personalised with resident's photos and belongings. There was plenty access to outdoor space with enclosed gardens with tables and seating and indoor winter gardens which were seen to be well used by residents and relatives throughout the inspection. However the inspector identified a number of issues with the premises that required action.

- Including that two twin bedrooms were small in size and would not facilitate residents with high dependency needs. The RPR said he was very aware of this and the rooms were generally only used for single occupancy.
- Maintenance and decor required review and immediate action.
- Storage in the centre was limited and hoists were seen to be inappropriately stored in a bathroom.
- The centre was not seen to be clean in parts particularly in toilet and bathroom areas.
- The layout of the laundry required review as there was no segregation of clean and dirty linen
- Floor covering in parts was noted to be torn and in need of repair
- There were not sufficient bathrooms/shower rooms to meet the requirements of residents that did not have en-suite facilities. There should be a ratio of one bathroom/shower room to eight residents.
- There was no ongoing programme of proactive maintenance in the centre.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety training was provided. An emergency plan was in place with an appropriate response for all emergency situations. The provision of regular fire drills and quarterly servicing of emergency lighting required review.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. The person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were systems in place to safeguard residents' money handed in for safekeeping. However, there were no monies handed in at the time of the inspection.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal areas and in a number of other areas of the centre including the quiet/prayer room. The inspectors saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including locked storage space in residents bedrooms. Many bedrooms were seen to be very personalised.

Judgment: Compliant

Regulation 13: End of life

The inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Comprehensive end of life plans were seen which detailed residents wishes at that time.

Residents spiritual needs were met by access to an oratory in the centre and regular mass celebrated. Ministers from other denominations also visited regularly.

Judgment: Compliant

Regulation 17: Premises

Although the premises provided a homely centre with beautiful outdoor and indoor gardens. There were a number of issues identified with the premises that did not comply with the requirements of schedule 6 of the regulations:

- the centre was not suitably decorated, paint was seen to be off the walls in

many parts of the centre.

- storage in the centre was limited and hoists were seen to be inappropriately stored in a bathroom.
- a toilet seat was missing from a toilet and this was not replaced during the inspection
- the cistern top was missing from another toilet
- the centre was not seen to be clean in parts particularly in toilet and bathroom areas
- the layout of the laundry required review as there was no segregation of clean and dirty linen
- there were two twin bedrooms that were small in size. They would not facilitate any resident with high dependency needs as it would be difficult to get hoist access.
- floor covering in parts was noted to be torn and in need of repair
- there was no ongoing programme of proactive maintenance in the centre and no maintenance personnel employed to deal with issues as they arose, therefore delays were seen and reported to the inspector in relation to repairs required in the centre.
- There were not sufficient bathrooms/shower rooms to meet the requirements of residents that did not have en-suite facilities. There should be a ratio of one bathroom/shower room to eight residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary about the food, choice and its presentation including the modified and special diets. Assistance was generally offered in a discreet and dignified manner where required. Meals were served in the dining room for the majority of the residents. However the inspector saw and residents confirmed that meal times were too early in the centre. Dinner was served at 12midday and teatime was 16.00hrs residents said they would prefer these times to be later and the RPR told the inspector he was currently looking to change these times.

Judgment: Not compliant

Regulation 20: Information for residents

The statement of purpose, residents guide and other pieces of relevant information about the centre were available at the reception.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action.

Clinical risk assessments were completed and reviewed on a four monthly basis or sooner if required.

Judgment: Compliant

Regulation 27: Infection control

Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. Training had been provided to staff.

The inspector found there were a number of areas where improvements were required in infection control to meet the requirement of good infection control standards and best practice guidance and these have been actioned under premises. They included, the layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen. And the cleanliness of the centre in parts required review.

Judgment: Compliant

Regulation 28: Fire precautions

There were a number of arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident were documented. Annual fire training was provided to staff. Three staff were outstanding this training and that is actioned under regulation 16 Training and Development. A comprehensive fire evacuation drill was undertaken on the 06 October 2019 and learning from same documented and actioned. However the inspector saw that the previous drill to that was 13 November 2018 therefore regular fire drills had not taken place and there was no evidence of a fire drill undertaken when there was reduced staffing levels in the centre such as evening and night time when only three staff in the centre.

There was not evidence available that emergency lighting had been serviced on a

quarterly basis as required by the regulations.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medications were supplied and administered from a monitored dosage system there were references and resources readily available for the nurse to confirm prescribed medication in the compliance aid such as a physical description of the medication and a colour photograph of the medication as is required by An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Medication competency assessments had been completed by the person in charge with nursing staff and medication audits were conducted.

Nurses were administering medications in a crushed format for some residents and although the GP had written a specific instruction to crush medications these were not individually prescribed as crushed and this could lead to errors. This was identified on the previous inspection and remains non compliant on this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place and detailed residents wishes at end stage of life. However care plans were medically focused and apart from some care plans for residents with dementia, they generally did not identify any social or psychological needs of the residents. A number of residents and relatives also outlined that they were not involved in the discussion of their care plans with the nursing staff. The new person in charge identified that she planned to hold discussions with residents and families but these had not commenced to date.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were met. There

was evidence of regular access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapy dietician, speech and language, chiropodist and psychiatry of old age as required. The centre had recently employed the services of an occupational therapist one day a month which was proving a good addition for residents.

Wound care was delivered following a scientific assessment and advice from the tissue viability nurse was sought as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy on managing responsive behaviours was in place. Training records confirmed that staff had received responsive behaviour training and the outstanding training is actioned under regulation 16. There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans.

There was only one resident using restraint at the time of the inspection and this was in line with an assessment by the occupational therapist.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was generally up to date for staff and the outstanding training is actioned under regulation 16. There was a system in place in the management of residents' finances and there was no day to day monies handed in for safekeeping. Residents told the inspector they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of some of residents' rights and choices being upheld and

respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated. However the social aspects of care were limited.

Facilities for occupation and recreation required review, the activity programme was limited in the amount and type of activities provided and the inspector was not satisfied that these were provided in accordance with the residents interests and capabilities. No staff member was allocated to the role of activities coordinator and no dedicated time was allocated to activities. There were some activities such as bingo on one afternoon a week external musicians on another afternoon and exercise group on a third day. There were occasional concerts and drama groups. Art therapy had not been available in the last number of months. There was an additional charge for the social programme and residents and relatives all identified the lack of activities as an issue.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0022882

Date of inspection: 15/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We will ensure staffing levels are in keeping with the assessed needs of our residents. We will ensure staffing levels are regularly reviewed particularly in the evening. Nurses *2 8am to 8pm Night Nurse 8pm to 8am. Extra Care Assistant needed with new shift of 2pm to 9pm. 2* Care Assistant 8pm to 8am At 18.00 the nursing home is very quiet. Nurses and Care Assistants will do their rounds on a very regular basis to ensure that the resident’s needs are met, and will get immediate assistance when needed. The Activity coordinator will be incorporating more activities for the residents including Saturdays. We now have someone to fill in Activities when AC is away. Sundays are, as per request from residents committee, reserved for family day. Residents requested Activities for afternoon only, they prefer Rosary/mass/prayer followed by TV in AM On first day of the month there is a mini afternoon tea party for residents. Bingo, Fit for Life, Pottery Painting, Pet Therapy, board games, Music Therapy, Arts and craft, Flower arranging, sensory activities from Monday to Saturday. We are introducing Health and wellness such as Aroma Therapy, hand Massage, head massage, facial and nail care.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: We are in the process of hiring a few more staff and will be at full capacity staff wise by</p>	

year end. All staff will be up to speed on mandatory training by January 30th 2020. Full matrix system is now in place stating when training was done, who did it who needs to do it and when training is needed again.

All new staff have a full induction programme lasting 2 weeks, as well as probationary meetings after 3 months, appraisal every 6 months
 Procedures for supervision over weekend are the same as week days. The registered provider is regularly on the premises over weekends, ADON/ Senior Staff Nurse are in charge when PIC is off especially over weekends.

Regulation 21: Records	Not Compliant
------------------------	---------------

Outline how you are going to come into compliance with Regulation 21: Records:
 A mandatory training plan is in place and up to date for now and into the future. All staff have a training plan in the form of a Matrix which is reviewed and updated on an annual basis.

Regulation 23: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 We will ensure the quality and safety of care delivered to residents is monitored on an ongoing basis with regular quality meetings, raising issues and driving improvement and consultation with residents.
 We are endeavoring to finalise Annual reports from 2016, 17, 18. All Future Annual reports will now be processed.
 We are currently in the process of hiring a CNM2 (ADON) to help in the management of CHNH. He/she will report to PIC and will be in charge in the absence of PIC.

Regulation 3: Statement of purpose	Substantially Compliant
------------------------------------	-------------------------

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We will ensure it meets the requirements set out in schedule 1 of regulations</p> <ul style="list-style-type: none"> • Arrangements made for contact between residents and their relatives • No Day Care provided • Measurements and layout of Buildings. • Management structures in absence of PIC • Information set out in the cert of regulation including current conditions of regulation. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Written Policies and procedures are now reviewed and updated.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Premises was and is due a full makeover in decoration/maintenance and will be completed within 3 months.</p> <p>Hoists are stored in appropriate storage rooms.</p> <p>We currently have 2 showers for 19 residents, We will over next few months be looking into how best we can meet current standards including building an extra shower by December 2021 but will aim for sooner in 2020 depending on planning etc.</p> <p>There is a full cleaning programme including a check list at CHNH and one that has served us well over the years However it is now being reviewed to take in issues brought to light.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p>	

<p>Meals are served as follows 8.15 am Breakfast 12.20 pm to 1.30pm Dinner in Dining room, 2 sittings 2pm Coffee/Tea/Biscuits/cake/fruit 4.20pm to 5.30pm Supper, 2 Sittings 8 pm snacks, Tea, coffee sandwiches, biscuits fruit Kitchen is open all night and available for anyone asking for a snack. We find that residents are very tired after 6pm and most retire to their rooms.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills are completed on a twice yearly basis. We have completed a fire drill after 6pm and after 8pm recently. This will be the norm from now on.</p> <p>All Emergency lights are serviced on a quarterly basis and recorded</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All our records are updated to meet compliance regulation. We have now included a Crushed medicine column on drug Sheets to indicate what specific tablets need to be crushed.</p> <p>Our medications are supplied and administered from a monitored dosage system and we will ensure that references or resources are readily available for the Nurse to confirm prescribed medication in the compliance aid, such as physical description of the medication or a colour photograph of the medication as is required by an Bord Altranais.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We will ensure care plans identify any social or psychological needs of our residents and we will ensure both residents and relatives are involved in the discussion of their care plans with the nursing staff.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
We will ensure the rights and diversity of each resident are respected and safeguarded.
We are currently addressing the lack of activities as we want to ensure each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/01/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/12/2020

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	30/11/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/12/2019
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/11/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the	Not Compliant	Orange	30/11/2019

	Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/11/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/11/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the	Substantially Compliant	Yellow	30/11/2019

	appropriate use of the product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2019
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	30/11/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/11/2019

