

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Lough Corrib Nursing Home
Centre ID:	OSV-0004432
Centre address:	Kilbeg Pier, Headford, Galway.
Telephone number:	093 35 778
Email address:	loughcorribnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Caiseal Gael Teoranta
Provider Nominee:	Richard Keane
Lead inspector:	Mary McCann
Support inspector(s):	Damien Woods
Type of inspection	Unannounced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	9

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 Quality 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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
18 May 2016 10:00	18 May 2016 16:30
20 May 2016 10:30	20 May 2016 12:30
30 June 2016 09:30	30 June 2016 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Non Compliant - Major
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This was an unannounced monitoring inspection. Lough Corrib Nursing Home is located approximately 3 kilometers outside the village of Headford, County Galway. It is a single-storey bungalow style building and is registered with the Health Information and Quality Authority (HIQA) to provide care to 26 residents. This was the eleventh inspection of this centre. The previous inspection was completed in September 2014. This was a thematic inspection which focused on end of life care and nutrition. Two actions were documented post this inspection. Both of these related to Food and Nutrition and are documented under Outcome 15 below.

In May 2016 HIQA received unsolicited information regarding governance, staffing

arrangements and care and welfare of residents. Themes from this information and notifications received since the last inspection were reviewed. Some aspects of the unsolicited information were substantiated. These areas included lack of appropriate governance and management of the centre and lack of suitable arrangements to cover the absence of the person in charge. It was found on inspection that the care and welfare of residents was protected by the staffing levels and their knowledge and ability to meet the specific care needs of the 17 residents who were accommodated on the days of inspection. Due to the initial findings with regard to governance arrangements, lack of a person in charge or a suitable deputising person in charge and information contained in the unsolicited information, inspectors focused on regulatory requirements relating to general welfare and protection, governance and supervision of staff, assessment and care planning, healthcare, nutritional care and monitoring, medical records and clinical risk management.

Due to the seriousness of the findings with regard to governance arrangements and no person in charge in post, the inspectors met with the provider on two occasions, in the morning and early afternoon on the first day of the inspection, to discuss the regulatory breaches and for the provider to assure HIQA as to how the lack of a person in charge was to be remedied. The provider gave a written commitment to the inspectors stating that a person in charge would be appointed in the next 10 days. Further to this immediate requirement, the provider procured an experienced nurse who worked in the centre previously as a person in charge to act as deputising person in charge and to provide support and supervision to the agency staff nurses. A further inspection visit was completed on the 20 May 2016, to confirm that arrangements that were due to be put in place immediately post the inspection were in place. An inspector attended the centre on the 20 May 2016 and found that the provider had reviewed governance arrangements as documented in his plan given to the inspectors on the 18 May 2016 and had put an experienced nurse in place to deputise as person in charge and provide support and supervision to the agency staff.

Inspectors found that the residents were well known by staff, and the care needs of residents were met. However, significant areas for improvement included, governance and management to include development of an effective communication system internally between the Provider and Person in Charge, appointment of a Person in Charge, deficits in documentation, notification of incidents to the Authority and arrangements for appropriate staffing cover when regular staff are on leave.

Subsequent to the May inspections, on the 27 June 2016, HIQA received further unsolicited information regarding End-of-Life-Care . An unannounced monitoring inspection was carried out on the 30 June 2016, to review end-of-life care and to validate the responses in the action plan received by HIQA on the 29 June 2016. The inspector found that some residents who were currently living in the centre had end of life care wishes documented. As the unsolicited information related to a resident who had passed away in the centre, a sample of files of residents that had passed away were also reviewed by the inspector. The inspector found that most end of life care plans were blank and it would not be possible to ensure that the residents end of life care wishes were respected. The inspector found that where a resident had passed away suddenly, the on call GP had been called but the priest

had not been called.

The provider stated he was in the process of completing arrangements for the safe and orderly discharge of all residents of Lough Corrib Nursing home to a proposed new centre 'Caiseal Geal Teach Altranais' and was in consultation with residents and their relatives/significant others. Some staff had visited and viewed the new premises and it was planned for relatives and where possible residents to view the new centre prior to choosing whether they wished to move there.

The action plan from the inspection of 18 May 2016 detailed that there were 22 non-compliances with the requirements of the Regulations. Responses to these non-compliances were reviewed by the inspector on the follow up inspection of the 30 June 2016. Of the 22 actions documented eight had been completed, these included recruitment of staff, complaints management, governance and management of the centre was strengthened with key personnel such as a deputy director of care and new staff nurses appointed. Medication management and complaints management had also been improved. 14 actions were partially completed. Areas which were partially addressed but continued to require consideration included, governance arrangements, staff training, care planning, organisation of documentation and comprehensive narrative notes regarding residents day to day clinical status and comment on meaningful engagement.

At the feedback meeting at the end of all inspections, the findings were discussed with the provider nominee and deputising person in charge. . Matters requiring improvement are discussed throughout the report and set out in an action plan at the end of this report in order 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Provider is Caiseal Geal Teoranta Ltd. On the first day of inspection there was no person in charge and the provider had failed to appoint a suitable deputising person in charge. No formal person in charge cover arrangements were in place. There was a staff nurse on duty and she explained that there was no one person designated as being 'in charge'. The one nurse on duty was to care for residents' needs and to supervise the care assistants. The staff nurse explained that she prioritised the care of residents and did not have sufficient time to carry out specific functions such as updating care plans, reviewing care practices or completing any audits. Staff rotas reviewed confirmed that there was one nurse on-duty at all times in the centre.

The seriousness of the findings with regard to governance arrangements resulted in the inspectors meeting with the provider on two occasions during the inspection. The provider gave a written commitment to the inspectors stating that a person in charge would be appointed in the next 10 days. As a result of the meetings with inspectors on 18th May 2016, an experienced nurse who worked in the centre previously as a Person in Charge, was procured to act as deputising person in charge and to provide support and supervision to the agency staff nurses

Judgment:

Non Compliant - Major

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was no person in charge at the time of commencement of inspection. Their absence had not been notified to HIQA and no appropriate deputising arrangements were in place on the first day of inspection. Following the meeting with, and written commitment from the provider of the 18th May, a former person in charge was confirmed as acting in the post on the second day of inspection of 20 May. In discussions with the inspector on the 20 May 2016, she evidenced a good understanding of the care needs of the residents, had begun updating care plans, was familiar with the centre and was engaged in staff supervision.

The requirements around the person in charges' absence and deputising arrangements are included in action plans under outcome 2, governance and management and outcome 6 deputising arrangements for absence of the person in charge elsewhere in this report.

Judgment:

Non Compliant - Major

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Improvements were required to the Directory of Residents and residents' records generally. While the majority of records relating to residents were maintained in the centre, many records were incomplete and were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

While there was a case file available for each resident, inspectors found that adequate nursing records of residents' health and condition and treatment given were not maintained. For example, there were gaps in assessments and sparse entries on some occasions which did not provide a comprehensive record of the clinical picture of the resident. Some records were incomplete and some were disorganised. Consequently, it was hard to track the resident's clinical status through and find information in a timely fashion. Some admission assessments were incomplete. For example, they failed to document whether any information was received with the resident, the reason for admission, and recent health issues. The inspectors also noted that the consent for photography was not signed by some residents. Information in medical records was poorly organised and events were not recorded in chronological order with some files consisting of some loose pages.

The Directory of Residents did not contain all items specified in the regulations, for example the telephone number of the residents' next of kin's and the address and telephone number of the residents' General Practitioner (GP) were not evident for all entries. The directory was not securely maintained as it consisted of loose pages in a ring binder. The provider nominee agreed that it was very difficult to retrieve accurate information in a timely fashion from the directory of residents and indicated that he would address this as a matter of priority.

Judgment:
Non Compliant - Major

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The Provider had not submitted the appropriate notification to HIQA with regard to this unplanned absence period of the person in charge. There were no arrangements in place for absence of the person in charge on the first day of inspection.

On the morning of the second day, subsequent to the meeting with and written commitment of provider of the 18th May, a former person in charge was found to be deputising for the absent person in charge. In discussions with the inspector, she evidenced a good understanding of the care needs of the residents and had begun updating care plans and the directory of residents. She was familiar with the centre and was supervising the new agency staff who had commenced. The agency staff employed

had previous experience of working in older persons services.
Judgment: Non Compliant - Major

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme: Safe care and support
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Outstanding requirement(s) from previous inspection(s):
 No actions were required from the previous inspection.

Findings:
 A system was in place for recording incidents and accidents. Details of accidents and incidents were maintained in an incident/accident book. However, some of the forms were not fully completed. Inspectors noted that there was no evidence available on some incident forms reviewed of neurological observations being carried out for some residents who had un-witnessed falls. The incident forms had not been audited for accuracy of completeness or to review learning from incidents that had occurred.

There was appropriate assistive equipment provided to meet the needs of residents, including hoists and specialized mattresses. Staff confirmed that where residents required specialist mattresses there would be obtained for the residents. Inspectors viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Judgment: Non Compliant - Moderate
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Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme: Safe care and support
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Outstanding requirement(s) from previous inspection(s):
 No actions were required from the previous inspection.

Findings:
 On one medication chart reviewed there was no signatures for transcribing and

prescribing of a medication that had been administered to a resident.
Judgment: Substantially Compliant

<i>Outcome 10: Notification of Incidents</i> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Inspectors found that notifications of incidents were not submitted to HIQA in accordance with the requirements set down in the Regulations. Inspectors examined a number of files and found that there was evidence of a resident with a Grade 2 pressure ulcer in February that had not been reported on the quarterly returns submitted to HIQA and signed by the provider nominee on the 28 April 2016. As discussed under Outcome six above, the provider failed to notify HIQA of the absence of the Person in Charge post 7 March 2016. Additionally the provider failed to notify HIQA of an episode of loss of water on the 26 January 2016.
Judgment: Non Compliant - Moderate

<i>Outcome 11: Health and Social Care Needs</i> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Theme: Effective care and support
Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:

Validated tools were used to carry out additional risk assessments for residents on issues such as dependency, mental health, pressure areas and falls risk but many of these assessments had not been reviewed for a significant period of time. Some were dated from 2013 and 2014. Care plans in place were not person centred and did not include specific interventions. Interventions recorded included 'ensure nutritional intake'. Nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include whether the resident was seen by a dietician or speech and language therapy and when seen by these professionals their advice and recommendations was not included in the care plan. It was available in the allied health professional documentation. Care plans were not reviewed regularly and there was poor evidence of involvement of residents or relatives/significant others.

All residents had access to General Practitioner (GP) services. Staff stated that residents had a choice to maintain their own GP or register with a local GP if they were not from the area. An out of hours GP service was provided. From review of the care files, it was evident that residents had access to a range of allied health professionals. Inspectors saw records of appointments and referrals in residents' files. Physiotherapy, chiropody, dietetics, speech and language therapy, dental services and ophthalmology were available as required.

The nursing progress notes were medical in nature and did not give an up to date clinical picture of the resident for example in many progress notes there was no comment on the nutritional intake of resident whether they attended any activity or any comment on their mood. Pre-admission assessments were completed, however as documented under outcome 5 some lacked sufficient detail. Hospital discharge documentation and records of attendance at outpatient appointments were available.

From observing staff, speaking with staff, speaking with residents and a relative, reviewing documentation and noting that residents were generally maintaining their weight and there were no pressure ulcers in the centre on the days of inspection, inspectors found that the residents' nursing and healthcare needs were being met. Staff informed the inspectors that a resident had been admitted to the centre with a serious pressure ulcer which was resolved while he was in the centre and this was confirmed on review of the case file. Inspectors met with several residents and one relative who unanimously stated that they were well looked after by the staff and there was adequate staff on duty to meet their needs.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Inspectors reviewed the complaints register. Four complaints had been recorded since the last inspection. Complaints were well documented and records showed that the provider had ensured that complaints were responded to and addressed in a timely manner. However, in one complaint reviewed information recorded did not confirm that the outcome of the investigation was discussed with the complainant and their level of satisfaction with how the complaint was managed and resolved. It also failed to document that the complainant was made aware of the details of the appeals procedure.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A sample of residents' end of life care plans was reviewed and inspectors found that most end of life care plans were blank with only a small number of residents end of life care wishes recorded. Staff informed the inspectors that they provided end of life care in conjunction with the community palliative care services and the support of the General Practitioner. There was evidence of involvement of palliative care in one of the case files reviewed.</p> <p>Subsequent to the inspections of 18 and 20 May 2016, on the 27 June 2016, HIQA received further unsolicited information regarding End-of-Life-Care . An unannounced monitoring inspection was carried out on the 30 June 2016, to review end-of-life care and to validate the responses in the action plan received by HIQA on the 29 June 2016. A sample of files of residents that had passed away were reviewed by the inspector. The inspector found that, as previously found, most end of life care plans were blank and therefore it would not be possible for the provider or person in charge to ensure that the residents end of life care wishes were respected. The inspector noted that where a resident had passed away in the early morning the priest had not been called.</p>

The on call doctor was contacted and the residents general practitioner was also contacted.

Judgment:
Non Compliant - Major

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the time of the last inspection, the inspector found that some nutritional plans failed to guide staff on the care to be delivered. This remained the case in some files reviewed. While there was evidence of review by speech and language therapy services and review by the dietician, the care plans had not been updated to reflect the changing needs of the resident. The other action at the time of the last inspection related to choice and variety of desserts. This action had been addressed.

Inspectors noted that residents who required assistance were supported in a sensitive and unhurried manner. There was adequate staff to assist residents at the midday meal. Inspectors observed the midday meal and saw that residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. Residents stated they "enjoyed the food".

Residents were offered choice at mealtimes. The daily menu was displayed. One of the inspectors met the chef who was knowledgeable about residents' likes, dislikes and special dietary requirements. This information was recorded in the kitchen to ensure that residents' special dietary requirements and choices were being met.

Inspectors reviewed a sample of residents' care plans and found that they contained a validated nutritional care assessment. The nurse informed the inspector that all residents were nutritionally assessed on admission and that residents' weights were being recorded on a monthly basis. Residents' files reviewed by the inspector indicated that weights were recorded but there were no weights available for March 2016. The nurse stated that residents were weighed in March but it was possible that the documentary evidence regarding this was mislaid. Inspectors noted from a review of the weights of some residents for the past four months that residents were generally maintaining their weight.

Records maintained showed that where residents were being prescribed nutritional supplements these were being administered.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:

The provider had informed HIQA by statutory notification of his intention to cease running this centre, and of his intention to open a new centre. At the time of these inspections no application for registration of the new premises has been received by HIQA. The provider was informed by the inspectors that no residents could move into the new centre until it is registered by HIQA and an application to register the new centre should be submitted without delay.

The provider representative confirmed that he had had a preliminary meeting with residents and their families to inform them of the planned new nursing home. He informed the inspectors that HSE West had provided an action plan that the centre would be adhering to, to ensure a smooth transitional for residents. Inspectors spoke with the provider and informed him that he was responsible to ensure a safe and orderly plan for the discharge of each resident to a new centre of their choice in consultation with their relatives and/or significant others or to the new centre to be managed by the provider.

There was an activities coordinator who worked in the centre full-time. Activities taking place included bingo, music and reading the newspaper. While there was an activities programme available to residents, there were insufficient stimulating events and activities for residents with greater dependency and cognitive impairment. Inspectors observed some residents participating in music provided by a local musician. This activity had taken place on the afternoon of the inspection.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors found that staffing levels were adequate on the days of inspection to meet the day to day needs of residents. One nurse and three care assistants were on duty from 8.00 to 14.00 hrs and an activity therapist worked 10:00 to 16:00 hrs to meet the needs of 17 residents. From 14.00 hrs to 20.00 there was one nurse and two care assistants on duty. On night duty from 20:00hrs to 08:00hrs there was one nurse and one care assistant. Residents spoken with were satisfied with the staffing levels. Inspectors noted that there was continual supervision in the sitting room throughout the day and call bells were answered swiftly.

The staff roster was not maintained accurately, for example, the provider informed the inspectors that he recruited a clinical nurse manager to cover the absence of the person in charge from the 29 February 2016 to 1 April 2016, but the hours of work of this clinical nurse manager was not detailed on the roster for one week in March 2016. Additionally, the named person in charge was rostered on the rota at the time of inspection even though she had not been present in the centre since the 21 March 2016.

Recruitment procedures were not in place to ensure no staff member was employed unless full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained. On some part-time staff files reviewed, there was no evidence of Garda Síochána vetting, no references, no contract of employment or no full employment history.

There were inadequate staff nurses available to the centre, consequently when one of the full-time staff nurses was on leave the provider had to resort to employing agency staff. Inspectors noted on the off duty that the provider had arranged for agency staff to cover for 48 hours from the 19 May 2016 to 21 May 2016. The provider explained to the inspectors that the only supervision/support structure in place to manage this was for the night nurse to work with the agency nurses for one hour on the morning of the 18 May 2016. No recruitment documentation was available for each agency nurse. The provider stated that they had been recruited from a specialist agency and had

experience working in older persons. At the request of the inspectors the provider put a plan in place to support and supervise the agency staff and gave a written agreement outlining this to the inspectors. (This is further discussed under Outcome 2 Governance and Management). Their qualifications and experience was confirmed by the inspector on the 20th May 2016 inspection.

Staff training records were reviewed. No staff training had occurred since December 2015. Only a minority of staff files reviewed showed evidence of mandatory training. Staff spoken with on the days of inspection confirmed that they had attended training in fire safety, safeguarding vulnerable adults and safe moving and handling. Staff confirmed that most of the training in the past was carried out by the person in charge, who was absent. Planned training included Safeguarding Vulnerable Adults, Care of the Older Person, Diabetic Foot Care Workshop, Manual Handling, Open Disclosure, Fire Safety and Dementia Care. Some of this training had not been completed as the dates had passed.

Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann was available for full time staff but not for part-time staff. The provider stated he would address this as a matter of priority.

Judgment:
Non Compliant - Major

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:

Mary McCann
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:	Lough Corrib Nursing Home
Centre ID:	OSV-0004432
Date of inspection:	18/05/2016
Date of response:	18/10/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

On the first day of inspection there was no person in charge and the provider had failed to appoint a suitable deputising person in charge. No formal person in charge cover arrangements were in place.

1. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management

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

structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

From Thursday 19th May 2016, a former PIC of Lough Corrib Nursing Home, was appointed to the position of acting PIC up to the 30th June 2016. That person has terminated her position as at 1st July 2016. From 1st July, a full time Person in Charge was appointed. NF30 Notification sent to HIQA and new registration document received on Monday 12th September 2016 confirming the appointment of the full time Person in Charge.

Proposed Timescale: 01/07/2016

Theme:

Governance, Leadership and Management

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

The staff nurse on duty explained that she prioritised the care of residents and did not have sufficient time to carry out specific functions such as updating care plans, reviewing care practices or completing any audits. Staff rotas reviewed confirmed that there was one nurse on-duty at all times in the centre.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Person in Charge as notified in Action 1 above, is full time management and has the responsibility to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Proposed Timescale: 01/07/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The Directory of Residents did not contain all items specified in the Regulations, for example the telephone number of the residents' next of kin's and the address and telephone number of the residents' General Practitioner (GP) were not evident for all entries. The directory was not securely maintained as it consisted of loose pages in a ring binder.

3. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

All pages of Register of Residents are now bound as a secure document. All information not contained in Register of Residents has been updated.

Proposed Timescale: 31/07/2016

Theme:

Governance, Leadership and Management

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

Many records were incomplete and were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

It was found that:

- there were gaps in assessments and sparse entries on some occasions which did not provide a comprehensive record of the clinical picture of the resident,
- some records were incomplete and some were disorganised consequently, it was hard to track the resident's clinical status through and find information in a timely fashion,
- some admission assessments were incomplete and failed to document whether any information was received with the resident, the reason for admission, and recent health issues,
- the consent for photography was not signed by some residents,
- information in medical records was poorly organised and events were not recorded in chronological order with some files consisting of some loose pages.

4. Action Required:

Under Regulation 21(1) you are required to: 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.

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

Residents' Records as per Schedule 3 will be kept up to date. There has been reorganisation of the residents' care plans to reflect the reason for admission, clinical status and provide a person-centred care plan for each resident.

Proposed Timescale: 28/10/2016

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

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

The Provider had not submitted the appropriate notification to HIQA with regard to this unplanned absence period of the person in charge.

5. Action Required:

Under Regulation 32(2) you are required to: Ensure that any notice provided under Regulation 32 (1) is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, except in the case of an emergency, specifying the length or expected length of the absence and the expected dates of departure and return.

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

From 1st July 2016, full time Person in Charge was appointed. We will provide notification of any absence of the Person in Charge by way of NF30 notification.

Proposed Timescale: 01/07/2016

Theme:

Governance, Leadership and Management

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

There were no arrangements in place for absence of the person in charge on the first day of inspection.

6. Action Required:

Under Regulation 33(2)(a) you are required to: Give notice in writing to the Chief Inspector of the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.

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

We will ensure that, when the Person in Charge is absent from the centre, a senior staff nurse will deputise in her absence.

Proposed Timescale: 01/07/2016

Outcome 08: 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:

Details of accidents and incidents were maintained in an incident/accident book. However, some of the forms were not fully completed in that there was no evidence

available on some incident forms reviewed of neurological observations being carried out for some residents who had un-witnessed falls.

The incident forms had not been audited for accuracy of completeness or to review learning from incidents that had occurred.

7. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

There will be a protocol in place now to deal with residents who have un-witnessed falls. Staff have been informed of the procedure when an incident occurs, ensuring accurate date is recorded in the Incident Book in a timely manner. Incident documentation will be audited and reported in a weekly management report.

Proposed Timescale: 29/10/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

On one medication chart reviewed there was no signatures for transcribing and prescribing of a medication that had been administered to a resident.

8. Action Required:

Under Regulation 29(5) you are required to: 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 appropriate use of the product.

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

Review of transcribing policy on-going. Two nurses are required to transcribe a medication at all times. Further mention of the risks of transcribing will be addressed in medication training.

Proposed Timescale: 29/10/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Inspectors examined a number of files and found that there was evidence of a resident with a Grade 2 pressure ulcer in February that had not been reported on the quarterly returns submitted to the HIQA and signed by the provider nominee on the 28 April 2016.

9. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Quarterly returns will include all notifiable events including pressure ulcers at all stages. Weekly Nursing Home Management Report will record all notifiable events as they occur.

Proposed Timescale: 29/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans in place were not person centred and did not include specific interventions. Interventions recorded included 'ensure nutritional intake'. Nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include whether the resident was seen by a dietician or speech and language therapy and when seen by these professionals their advice and recommendations was not included in the care plan.

10. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care Plans are being updated incorporating advice from dieticians and speech and language. Continuing with monthly weights. Diet matrix will be available for all staff in the kitchen and will reflect the instructions from the dietician and speech and language. This matrix will contain all the information staff require to follow multi-disciplinary recommendations.

Proposed Timescale: 29/10/2016

Theme:

Effective care and support

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

Care plans were not reviewed regularly and there was poor evidence of involvement of residents or relatives/significant others.

Validated tools were used to carry out additional risk assessments for residents on issues such as dependency, mental health, pressure areas and falls risk but many of these assessments had not been reviewed recently. Some were dated 2013 and 2014.

11. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Plans being reviewed and updated. Family input/consultation and signatures to be obtained as appropriate.

Proposed Timescale: 29/10/2016

Theme:

Effective care and support

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

The nursing progress notes were medical in nature and did not give an up to date clinical picture of the resident for example in many progress notes there was no comment on the nutritional intake of resident whether they attended any activity or any comment on their mood.

12. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Progress notes will reflect the care given which will be comprehensive and individualised and resident specific and will focus on residents' needs.

Proposed Timescale: 29/10/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

In one complaint reviewed information recorded did not confirm that the outcome of the investigation was discussed with the complainant and their level of satisfaction with how the complaint was managed and resolved.

13. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

We will review our Complaints Policy and ensure that the outcome of an investigation will be discussed with the complainant and the outcome of the complaint be documented.

Proposed Timescale: 01/07/2016

Theme:

Person-centred care and support

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

One complaint reviewed failed to document that the complainant was made aware of the details of the appeals procedure.

14. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Additional copies of the Policy and Procedure on Complaints will be displayed in prominent positions in the Nursing Home. It will also be ensured that the actions taken on foot of a complaint, will be recorded in the Resident's Care Plan.

Proposed Timescale: 30/09/2016

Outcome 14: End of Life Care**Theme:**

Person-centred care and support

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

A number of residents' end of life care plans reviewed were blank.

15. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of Life Care Plans have been reviewed and discussed with Residents, Families, Next of Kin in compliance with the Standards. End of Life training will be provided for staff.

Proposed Timescale: 29/10/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Some nutritional plans reviewed failed to guide staff on the care to be delivered.

16. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Monthly weight and MUST Score continue to be recorded. Dysphagia Training has been completed on 6th October by a number of staff. Liaison with multi-disciplinary teams continues.

Proposed Timescale: 29/10/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The provider did not have a safe and orderly plan in place for the discharge of each resident to a new centre of their choice, in consultation with their relatives and/or significant others, or to the new centre to be managed by the provider.

17. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Subject to registration of the designated centre, an Operational Plan for the transfer of Residents has been forwarded to HIQA on 13/10/2016 with a proposed transfer date of Tuesday 1/11/2016. On confirmation of that date, an orderly plan of discharge of each Resident for a centre of their choice or in consultation with their relatives and others to the new designated centre as managed by the provider Caiseal Geal Teoranta.

Proposed Timescale: As recommended by HIQA

Proposed Timescale: 18/10/2016

Theme:

Person-centred care and support

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

While there was an activities programme available to residents, there were insufficient stimulating events and activities for residents with greater dependency and cognitive impairment.

18. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

One of our Activities Co-ordinators has extensive Sonas Training and the second Activity Coordinator is updating her Sonas based training on Saturday 5th November 2016.

Proposed Timescale: 01/08/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The staff roster was not maintained accurately. For example the provider informed the inspectors that he recruited a Clinical Nurse Manager to cover the absence of the Person in Charge from the 29 February 2016 to 1 April 2016, however, the hours of work of this Clinical Nurse Manager was not detailed on the roster for one week in

March 2016. Additionally the Person in Charge was rostered on the rota at the time of inspection even though she had not been present in the centre since the 21 March 2016.

19. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

From 1st July, a full time Person in Charge was appointed. NF30 Notification sent to HIQA and new registration document received on Monday 12th September 2016 confirming the appointment of the full time Person in Charge. The new Person in Charge will assess each resident in relation to Schedule 5 and will determine correct skill mix of staff to meet the needs of each resident.

Proposed Timescale: 01/07/2016

Theme:

Workforce

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

There were inadequate staff nurses available to the centre, consequently when one of the full-time staff nurses was on leave the provider had to resort to employing agency staff.

Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann was available for full time staff but not for part-time staff.

20. Action Required:

Under Regulation 15(2) you are required to: Ensure that the staff of a designated centre includes, at all times, at least one registered nurse where any resident has been assessed in accordance with Regulation 5 as requiring full time nursing care.

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

All staff nurses working in the designated centre had provided Pin Numbers from NMBI. If Agency Staff are required, they will only be contracted subject to their having worked previously with older people. Recruitment of 3 full time Nurses from June 2016.

Proposed Timescale: 28/10/2016

Theme:

Workforce

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

Only a minority of staff files reviewed showed evidence of mandatory training.

21. 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:

The Person in Charge will prepare a matrix of training for all staff as required by Regulation 16(1)(a) as identified by this Action Plan and will immediately implement. Please note Fire training and Safeguarding Vulnerable Adults training have been completed for most staff.

Proposed Timescale: Matrix of Training by 29/10/2016

Proposed Timescale: 29/10/2016

Theme:

Workforce

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

Recruitment procedures were not in place to ensure no staff member was employed unless full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained. On some part-time staff files reviewed there was no evidence of Garda Síochána vetting, no references, no contract of employment or no full employment history.

22. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Action was taken and Garda Vetting has now been completed for all staff.

Documentation required under Schedule 2 has now been updated. All new staff will be subject to providing Schedule 2 documentation.

Proposed Timescale: 29/10/2016