

Report of an inspection of a Designated Centre for Older People

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:	Unannounced
Date of inspection:	06 & 07 June 2018
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0022419

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.

Current registration end date:	25/01/2020
Number of residents on the date of inspection:	39

How we inspect

To prepare for this inspection the inspector or 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
06 June 2018	10:40hrs to 17:10hrs	Caroline Connelly	Lead
07 June 2018	08:50hrs to 13:40hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents throughout the inspection. They said the centre was homely and comfortable. Residents said they felt safe and well cared for and knew the names of the person in charge, the provider and staff whom they considered to be approachable and helpful.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. 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.

Some of the residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises with the physiotherapist, religious services and bingo. Residents were very complimentary about staff, saying staff were very caring and helpful and that staff always came when they rang the bell morning and night. A number said that they would talk to the person in charge or any of the staff if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. They confirmed the person in charge always made herself available to them whenever they needed to discuss anything with her.

Capacity and capability

There were generally effective management systems in this centre, ensuring good quality care was delivered. The inspector was satisfied that there was a clearly defined management structure in place, with an effective governance structure that was accountable for the delivery of the service. However, Garda Siochana vetting was not in place for one member of staff. This staff member was removed from duty until satisfactory vetting is acquired.

The centre was managed by an effective management team including an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by a full time Assistant Director of Nursing (ADON), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. Regular team meetings took place.

There was evidence of good oversight by the provider representative and the service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and staff retention was high. The inspector saw that 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 to demonstrate that the service provided was safe and effective. Incident recording and investigation processes included an assessment with evidence of learning and revised practice taking place. However 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 2017.

Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff 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. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and . Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. 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 on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. However the lack of vetting for one staff member was contrary to the centers policy and could put residents at risk.

Regulation 14: Persons in charge

There is a person in charge of the centre who meets the criteria of legislation. She is

a registered nurse with the required experience in older persons nursing and management and has been in charge of the centre for numerous years.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty during the day and one nurse at night, with a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis.

Judgment: Compliant

Regulation 21: Records

A sample of staff files viewed by the inspector were found to be very well maintained and to contain the requirements of Schedule 2 of the regulations. With the exception of one staff file which did not contain Gardai Siochana vetting as required by the regulations. The provider assured the inspector that all other staff were appropriately vetted and this staff member was removed from duties until satisfactory vetting was attained.

Other records reviewed were found to be securely stored and easily retrievable.

Judgment: Not compliant

Regulation 23: Governance and management

It was identified as an action at the last inspection 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 and for 2017 .

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 accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have continued to be reported in accordance with the requirements of the legislation. There were timely

quarterly returns and written notifications were received within three days of accidents as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was updated following the previous inspection and was found to meet the requirements of legislation.

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

Quality and safety

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

The quality of residents' lives was enhanced by the lovely gardens and scenery and also by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared for and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

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.

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 large single bedrooms with a smaller number of

twin rooms. Bedrooms were seen to be very personalised with residents photos and belongings. The centre was found to be homely and accessible. 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.

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. There was evidence of residents' and relatives' involvement in the development and review of their care plans where possible. Improvements were seen in medication management. 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 were required in relation to the management of crushed medications.

There was evidence that the centre is deeply rooted in the local community with local choirs and schools regular visitors to the centre. A varied and interesting social programme was seen and residents particularly enjoyed the exercise group with the physiotherapist. Advocacy services were available to residents as required.

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. There was an up-to-date adult protection policy in place and 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
Visitors were very welcomed to visit. Following a request by residents via the residents committee visitors were requested not to visit at meal times so residents could enjoy their meals without interruption and distraction. The person in charge had placed a sign at the entrance to the centre informing visitors of this.
Judgment: Compliant
Regulation 12: Personal possessions
There was plenty of storage space for residents to store and maintain their personal possessions.
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.
Judgment: Compliant
Regulation 17: Premises
The premises was seen to be of a high standard and met residents individual and collective needs in a homely manner.
Judgment: Compliant
Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

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 and fire evacuation drills formed part of this training. However, regular fire drills had not taken place and there was no evidence of a recent fire drill undertaken when there was reduced staffing levels in the centre.

Emergency lighting had not 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 on the previous inspection there was no references or resources readily available for the nurse to confirm prescribed medication in the compliance aid such as a physical description of the medication or 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). In the event of needing to withhold or replace a medication that was dropped. theses resources were seen to be present on this inspection. 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 theses were not individually prescribed as crushed and this could lead to errors.

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.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews and treatment plans.

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. 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.

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 up to date for staff. There was a robust system in place in the management of residents' finances. Residents told the inspector they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence 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.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0022419

Date of inspection: 06 & 07/06/2018

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: ALL STAFF MEMBERS ARE FULLY VETTED AND COMPLY WITH REGULATION 21 SINCE 22/06/2018	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: ANNUAL REVIEW OF THE QUALITY AND SAFETY OF CARE DELIVERED TO RESIDENTS DUE FOR COMPLETION AT END OF 2018: 31/12/2018	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: FIRE DRILLS ARE DONE ON A REGULAR BASIS WE WILL BE MORE DILIGENT IN RECORDING THEM IN FUTURE. EMERGENCY LIGHTS ARE MAINTAINED AND TESTED REGULARLY. 30/06/2018	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	
NEW DRUG PRESCRIPTION KARDEX IS NOW AVAILABLE WITH A NEW SECTION FOR GP TO SIGN FOR MEDICATION THAT NEED CRUSHING 30/06/2018	
]	

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 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	Red	30 June 2018
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 Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	

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	
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	
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 appropriate use of the product.	Substantially Compliant	Yellow	