**Health Information and Quality Authority**
**Regulation Directorate**

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

| | |
|---|---|
| **Centre name:** | Droimnin Nursing Home |
| **Centre ID:** | OSV-0000702 |
| **Centre address:** | Brockley Park,<br>Stradbally,<br>Laois. |
| **Telephone number:** | 057 864 1002 |
| **Email address:** | info@droimninnursinghome.ie |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | Droimnin Nursing Home Limited |
| **Lead inspector:** | Catherine Rose Connolly Gargan |
| **Support inspector(s):** | Leanne Crowe |
| **Type of inspection** | Unannounced Dementia Care Thematic Inspections |
| **Number of residents on the date of inspection:** | 75 |
| **Number of vacancies on the date of inspection:** | 26 |

## About Dementia Care Thematic Inspections

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

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

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

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

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

**The inspection took place over the following dates and times**

| From: | To: |
|---|---|
| 06 November 2018 09:55 | 06 November 2018 18:10 |
| 06 November 2018 09:55 | 06 November 2018 18:10 |
| 07 November 2018 09:05 | 07 November 2018 16:30 |
| 07 November 2018 09:15 | 07 November 2018 16:30 |

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

| Outcome | Provider's self assessment | Our Judgment |
|---|---|---|
| Outcome 01: Health and Social Care Needs | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Substantially Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 04: Complaints procedures | Compliance demonstrated | Compliant |
| Outcome 05: Suitable Staffing | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Substantially Compliant |
| Outcome 08: Governance and Management | | Non Compliant - Moderate |
| Outcome 11: Information for residents | | Compliant |

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. One of the three actions in the action plan from the last inspection in July 2018 was completed.

Prior to the inspection, the provider self assessed the service provided as compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016.

The journey of a sample of residents with dementia within the service was tracked. Inspectors reviewed documentation such as nursing assessments, care plans, medical records and examined relevant policies including those submitted by the centre prior to this inspection as part of their self assessment documentation. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by inspectors were person-centred, therapeutic, respectful and kind.

The inspectors met with residents, relatives and staff members. While the majority of residents or relatives, on their behalf who spoke with inspectors expressed their satisfaction and contentment with living in the centre, some expressed dissatisfaction with the activities provided to meet their needs.

Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia and were working to ensure the service was provided to a high standard. However the governance and management arrangements required strengthening to ensure continuous quality improvement and that the service provided was in line with the centre's statement of purpose.

Staffing levels required review to ensure residents' supervision, safety and activity needs were met. A staff training programme was in place and all staff had completed mandatory training.

Residents with dementia were accommodated in both buildings in the centre and they integrated with the other residents in the centre. Work was underway to ensure that the design and layout of the centre in both buildings provided a comfortable and therapeutic living environment for residents with dementia. There was good access to an interesting outdoor area for residents from one of the premises buildings and improvement was necessary to ensure residents in the second building had independent choice to access a safe outdoor area.

There were policies and procedures available to inform safeguarding of residents from abuse. All staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care. Some improvements were necessary to ensure practices reflected national restraint policy guidelines. All interactions observed by inspectors between staff and residents were respectful, kind and courteous.

Efforts were being made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre but improvements were necessary to ensure each resident with dementia was supported and facilitated to engage in meaningful activities. Improvements in residents' care documentation was identified to ensure their care needs were informed with a comprehensive care

plan that reflected their preferences and wishes.

The Action Plan at the end of this report identifies the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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

*Outcome 01: Health and Social Care Needs*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre catered for residents with a range of needs including 36 residents with a diagnosis of dementia and one resident with symptoms of dementia. Inspectors focused on the experience of residents with dementia living in the centre on this inspection.

The person in charge or deputy visited prospective residents with dementia in hospital or in their home in the community prior to admission. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also assured them that the service could adequately meet their needs. Communications between residents/families, the acute hospital and the centre were optimised. Hospital discharge documentation was held for residents admitted to the centre from hospital to inform their treatment plans and ongoing care needs.

Residents were provided with timely access to health care services from local general practitioners (GPs) and emergency out-of-hours medical care as necessary. Some residents who lived in the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents with dementia were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. A communication passport was prepared for residents with dementia to support their communication needs when accessing services outside the centre.

Community psychiatry of later life specialist services attended residents with dementia to support them with management of any behaviours and psychological symptoms of dementia (BPSD). A community psychiatric nurse from the psychiatry of later life team visited the centre regularly to monitor progress of residents referred to the team. Access was facilitated for residents to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services. Community palliative care services supported residents with management of their pain and management of symptoms during end-of-life care as

necessary. Inspectors findings confirmed that residents' positive health and wellbeing was promoted with exercise as part of their activation programme and annual influenza vaccination and regular medication reviews.

Comprehensive assessment of needs was completed for new residents with dementia within 48hrs of their admission for continuing care to identify their needs. The admission assessment process for residents with dementia admitted for respite care required review to ensure their needs were comprehensively assessed and informed by relevant care plans as necessary. Validated tools were used to assess risk of malnutrition, falls and skin integrity among others. Implementation of an assessment tool to assess each resident's cognitive function was in progress. While residents' care plans were informed by this assessment of needs process, there was insufficient detail provided to guide staff regarding residents' individual care preferences and wishes. Residents' care plans were updated routinely or to reflect their changing care needs in consultation with them or with their families on their behalf. Inspectors found that staff knew residents well and were knowledgeable regarding residents' likes, dislikes and their individual needs.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. Palliative care services were supporting staff with care for two residents on the days of this inspection. Residents had end-of-life care plans developed. However, they did not consistently describe residents' preferences and wishes regarding their end-of-life physical, psychological and spiritual care. Advanced care directives were in place for some residents. There was limited evidence available that where possible, residents were involved in this decision-making process. A pain assessment tool suitable for residents who were unable to verbalize their levels of pain was available and implemented in practice. Single rooms were available to meet residents' end-of-life care needs. Residents' relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents' religious and cultural needs were facilitated. An oratory was located in one of the two buildings that comprised the centre, and was available to and used by residents for their funeral services. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as they wished.

The Office of the Chief Inspector was notified of 17 incidents of residents developing pressure ulcers in the centre since January 2018. On the days of inspection, inspectors were told that two residents had pressure ulcers that developed in the centre and were healing. Inspectors found that each resident's risk of developing pressure wounds was assessed. Prevention procedures implemented included frequent repositioning of residents with signs of pressure related skin injury, use of pressure relieving mattresses and cushions and assessment by the dietician to ensure nutrition was optimised. Repositioning of residents was consistently recorded by staff. Inspectors found that the pressure set on the pressure relieving mattress used by one resident with a pressure ulcer did not reflect the pressure as recommended for their weight. Although inspectors were told that the pressures set on residents' pressure relieving mattresses were monitored, audits were not available for review. Wound care procedures reflected best practice. Tissue viability specialist services were accessible and were supporting staff with management of pressure ulcers, including developing treatment plans to optimise healing.

The nutrition and hydration needs of residents with dementia were assessed and monitored. A policy document was in place to inform best practice, including use of a validated assessment tool to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Nutritional assessments and care plans were in place that outlined the recommendations of the dietician and speech and language therapists where appropriate. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. Inspectors observed that the chefs were sensitive to the needs of residents with dementia and made efforts to ensure they were provided with food that met their individual preferences and needs. This approach optimised the nutritional intake of residents with dementia who had assessed risk of unintentional weight loss and poor appetites. Residents with dementia were provided with snacks throughout the day. Inspectors saw that residents had a choice of hot meals for lunch and tea. Residents on weight-reducing, diabetic, fortified and modified consistency diets received the correct diets. Thickened consistency fluids were provided for residents as recommended by the speech and language therapist. Alternatives to the menu on offer were available to residents. There was sufficient staff in the dining rooms during mealtimes to assist residents. Residents were provided with discreet assistance with eating, where necessary.

There were arrangements in place to review accidents and incidents involving residents in the centre. Residents were assessed for risk of falls on admission and regularly thereafter. However, all falls by residents in 2018 who required further medical care or care in hospital, as notified to the Office of the Chief Inspector, were unwitnessed by staff and the majority of these falls occurred between 20:00 and 08:00 hours. The person in charge was auditing falls and analysing the findings. The provider representative told the inspectors at the inspection feedback meeting of a decision to increase staffing during this period to improve supervision of residents at risk of falling. Residents with assessed risk of falling had controls in place to prevent injury such as hip protection, low-level beds and sensor alarm equipment.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to prescribing, administration and medication reviews met with regulatory requirements and reflected professional guidelines. Medicine trolleys were kept locked and were stored securely when not in use. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and was involved in reviewing residents' medicine prescriptions. There were procedures for the return of out of date or unused medications. Systems were in place for recording and managing medication errors if necessary. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily.

**Judgment:**
Non Compliant - Moderate

## *Outcome 02: Safeguarding and Safety*

**Theme:**
Safe care and support

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

**Findings:**
Measures were in place to safeguard and protect residents with dementia from abuse. There was a policy and procedures in place to inform the prevention, detection and response to any allegations, disclosures or incidents of abuse in the centre. Systems were in place to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during the investigation process. Staff spoken with on the days of this inspection could describe how they would identify and respond to allegations of abuse, and confirmed that there were no barriers to disclosing any concerns they may have. Staff were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents told inspectors that they felt safe in the centre and spoke positively about the staff caring for them. All interactions by staff with residents were kind and respectful. Staff were observed to be patient, sensitive and compassionate in their care for residents with dementia.

There was a policy and procedures in place for the management of responsive behaviour. Inspectors were told that 34 of the 36 residents with dementia were predisposed to experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents with dementia had good access to community psychiatry of later life services. With the exception of one resident needing support with managing their responsive behaviours, all other residents were stable at the time of this inspection. Staff were familiar with triggers to this resident's behaviours and were observed using the most appropriate person centred interventions to de-escalate behaviours. However, inspectors noted that this information was not clearly described in their behaviour support care plan. Some residents were administered anti-psychotropic medicines on a PRN (a medicine taken as the need arises) to support them with managing their responsive behaviours. While use of PRN anti-psychotropic medicines was described in residents' care plans, it was not evident from the records if they were used only as a last resort, when other person centred strategies had been exhausted. Procedures were in place to review appropriate use of these medicines.

A policy to inform management of restraint was available and reflected procedural guidelines in line with the national restraint policy. Risk assessments to ensure safe use of bedrails and records of any decision-making were not consistently completed in line with national policy and guidance. A tick list described the alternatives discussed before using full-length restrictive bedrails but did not contain sufficient detail to comprehensively inform this decision. Full-length bedrail removal schedules were completed by staff to minimise the time this restrictive equipment was in use for individual residents. The restraint register documented use of restraint, including full-length bedrails. The inspectors were told that staff training in restraint management was

planned.

The systems in place for the management of residents' finances on their behalf was not examined on this inspection. The procedures in place were reviewed on a previous inspection in January 2018 and the inspectors found that satisfactory action was being taken by the provider to ensure that the arrangements in place met legislative requirements and best practice procedures.

**Judgment:**
Substantially Compliant

## *Outcome 03: Residents' Rights, Dignity and Consultation*

**Theme:**
Person-centred care and support

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

**Findings:**
Inspectors found that while an activities programme was in operation in the centre, it did not ensure that all residents, including those with dementia, were provided with opportunities to engage in meaningful activation in line with their interests, needs and capabilities.

While two activity co-ordinators were employed by the centre, at the time of the inspection, both were on unplanned leave. Work was ongoing to recruit an activity co-ordinator in the weeks following the inspection and other staff members were rostered to cover these shifts, which were 9am-5pm and 9am-3pm Monday to Friday respectively. Noticeboards in one of the buildings outlined the planned weekly activities on both floors and included activities such as chair exercises, bingo, cards and bowling. In building one, the group activities predominantly alternated between a large communal space on the first floor and a sitting room on the ground floor. Staff carrying out the activities during the inspection informed inspectors that they also engaged on a one-to-one basis with a number of residents each day. On the days of the inspection, inspectors observed the group activities taking place in both buildings. These included word games, discussing the news, skittles and painting and for the most part were well-executed. It was noted that while residents who participated in these activities enjoyed the experiences, the majority of residents who did not attend the activities were not supported to engage in meaningful alternatives. For example, inspectors observed residents in communal areas on a number of occasions throughout the two days of the inspection, while activities were being carried out elsewhere. During these periods, staff intermittently entered the areas to complete a task but no meaningful interactions occurred, nor did any one-to-one or group activities take place with these residents. Residents and visitors provided feedback regarding activities throughout the inspection, with a small number expressing that there was limited choice and opportunity for

occupation and social engagement within their day.

Inspectors findings also indicated that residents, particularly those with a cognitive impairment or dementia, would benefit from more sensory activities. While live music took place weekly and some residents enjoyed doll therapy, there was little else in respect of sensory-based activities scheduled. Staff who facilities activities on the days of inspection were not trained in dementia-specific activities. The management team informed inspectors that they planned to facilitate staff to complete training in sensory-based and dementia-focused activities in 2019. Life stories were also being completed by staff and families in order to support understanding of residents and inform the activity programme. An initiative was currently in development relating to an onsite café and dementia-focused organisation, and the management team hoped this would result in a weekly visit to residents by a social group.

No outings for residents had taken place since August 2017. The management team stated that this had previously been discussed with residents, who did not express interest in attending an outing. Inspectors requested that this be revisited regularly to ensure that all residents, including those recently admitted to the centre, are being offered the choice to attend local events or visit areas of interest.

The quarterly meeting of a residents' forum and regular surveys indicated that the management team consulted with residents to gather their views on the organisation of the centre and how the service was run. The inspectors reviewed the minutes of meetings and details of the surveys, and found that the majority of residents were happy with the service provided, meals, staff and care. Action plans had been developed in response to any issues raised.

Residents were, for the most part, supported to maintain their civil, political and religious rights. Religious services or prayers continued to be an important aspect of daily life for many residents within the centre, however, inspectors were not satisfied that residents currently accommodated in building two were supported to attend Mass, which was held in building one. This was discussed with the management team on the day of the inspection.

Staff were courteous and responsive with residents and visitors. Staff were seen knocking on resident’s bedroom doors before entering. Care was provided to residents in a discreet manner, and staff were respectful when requesting permission to carry out care tasks.

There were no restrictions on visiting the centre. However, a protected mealtimes policy was in place to support residents.

Phones were available in each bedroom, and some residents had their own phones. Work was ongoing to provide access to broadband facilities throughout the nursing home.

Residents had access to an independent advocate if required.

**Judgment:**

Non Compliant - Moderate

## *Outcome 04: Complaints procedures*

**Theme:**
Person-centred care and support

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

**Findings:**
A policy and procedure was in place to inform management of complaints in the centre. A summary of the complaints' procedure was also displayed in the reception area. The complaints' policy included details of the person nominated to deal with complaints and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the independent appeals process.

Residents and visitors told inspectors that they were aware they could make a complaint regarding any dissatisfaction with the service. Advocacy services were available to assist residents with dementia where required.

A detailed record of the day-to-day issues of dissatisfaction raised by residents and their families was maintained. All issues were investigated and closed out. The actions taken to resolve these areas of dissatisfaction were recorded and whether the complainants were satisfied with the outcome. Areas for improvement were identified and implemented. Complaints were reviewed at governance and management meetings on a regular basis.

**Judgment:**
Compliant

## *Outcome 05: Suitable Staffing*

**Theme:**
Workforce

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

**Findings:**
Inspectors found that there was insufficient numbers of staff with appropriate skills, qualifications and experience to meet the assessed needs of all residents with dementia. There was insufficient assurances that staffing levels especially in building two were

informed by the dependency levels of residents and the size and layout of the premises. Two staff were rostered in building two from 14:00 to 08:00 hours each day. There were 10 residents accommodated in this building on the days of inspection. Nine residents with dementia lived on the ground floor and one resident lived on the first floor. The insufficient staffing was having a negative impact on the quality and safety of the service provided to residents and did not provide sufficient assurances that residents' supervision, safety, care and social needs could be effectively met. Registered nurses were on duty at all times to provide nursing care to residents. The provider representative told inspectors that staffing levels would be reviewed and additional staff will be employed to ensure residents' needs were met.

There were effective procedures in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including completed An Garda Síochána vetting disclosures. Evidence of up-to date professional registration for nursing staff was also available. The person in charge completed annual appraisals with staff.

Training records were maintained in the centre. Staff had completed up-to-date training in fire safety, safe moving and handling practices and the prevention, detection and response to abuse. Staff had completed training in dementia care and inspectors were told that staff training in managing responsive behaviours was planned. Recruitment was underway to replace a vacant activity co-coordinator position. In the interim, a member of the care staff team was working in the role. Staff training needs were identified by inspectors in assessment and care planning, falls management and providing meaningful activities to residents.

Staff meetings for all disciplines were held on a regular basis, and minutes of these were held in the centre for review.

**Judgment:**
Non Compliant - Moderate

## *Outcome 06: Safe and Suitable Premises*

**Theme:**
Effective care and support

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

**Findings:**
The centre premises consisted of two separate buildings with accommodation for residents provided over two floors in both buildings. While the internal environment in both buildings provided comfortable living areas for residents with dementia, independent choice was limited for residents with dementia in the building known as 'building two' to access a safe outdoor area.

The external grounds were landscaped to a good standard and included small shrubs and trees. The enclosed outdoor area in the main building provided a therapeutic and interesting area for residents with dementia that they could access at will. Residents in both buildings were accommodated in mostly single and one twin bedroom which was vacant on the days of inspection. Bedrooms varied in their layout and design and were spacious and met residents' individual needs. Work was underway, especially in the main building premises, to make the environment homely and therapeutic. Repainting of the walls on the corridors was in progress and furnishings were suitable. Familiar memorabilia and traditional pieces of furniture were located throughout. Inspectors recommended that similar improvements were made to the environment in building 2 regarding use of colour, furnishings and fittings. These improvements would enhance the comfort of residents with dementia residing in this building and help to maximize functioning. The centre was visibly clean and in a good state of repair throughout.

There were several communal areas available throughout both buildings, including sitting rooms in a number of locations, which ensured residents were always reasonably close to an area where they could rest and relax. As some corridors were lengthy, inspectors recommended that more occasional seating bays be provided, to support residents to have rest periods while exercising. A kitchen adjacent to the dining rooms was available in each building and catered separately for the residents residing there. This ensured residents received a timely and more personal service. Bedrooms had en-suite shower and toilet facilities, communal toilet facilities were within close proximity to the communal areas for residents' convenience. Handrails on corridors, bedroom doors and doorframes were in contrasting colours to surrounding walls to support residents with accessing all areas of the centre safety. Fittings in communal toilets were in a contrasting colour and inspectors were told that painting of the doors to key areas in a single colour was planned. These actions gave residents with dementia greater autonomy and increased their independence with accessing the centre and way-finding.

Each resident had sufficient wardrobe and storage space, and they could access and retain control over their clothing and personal possessions. Residents were encouraged to personalise their bedrooms and some residents had brought personal items from their own homes. Residents’ bedrooms were bright, colourful and were personalised with their photographs and ornaments. Some residents had picture cues on their bedroom doors to assist them with locating their bedroom. Grab rails were provided in all toilets and showers. Advantage was generally taken from the many large windows for natural light in communal areas in the centre. Non-patterned floor covering was used throughout to promote safe mobility for residents with dementia.

While there was storage facilities provided for residents' equipment, items of assistive equipment such as wheelchairs and hoists were stored along the corridors. This was observed to restrict access to the handrails fitted along the corridors in some areas and posed a potential risk of injury to residents. Environmental temperatures were monitored throughout to ensure temperatures were maintained at comfortable levels for residents in line with the national standards.

**Judgment:**
Substantially Compliant

## *Outcome 08: Governance and Management*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre's governance and management structure required strengthening to ensure the senior staff structure was assured. The person in charge had responsibility for Droimnin Nursing Home and another designated centre. The person in charge divided their time between the two designated centres and inspectors were not assured that a robust management structure was maintained in the centre to support this arrangement. An assistant director of nursing worked full-time in the centre supported by a clinical nurse manager, who was supernumerary for 19 hours each week. However, due to an unplanned shortage of nursing staff, this arrangement was not maintained on the week of the inspection and the clinical nurse manager was assigned with full time responsibility for providing care to residents. A second clinical nurse manager position was vacant. This impacted on the effectiveness with which the service was delivered to residents. For example, the safety of a resident who used bedrails was compromised, arrangements for the supervision of residents with dementia in building two was not adequate between 14:00hrs to 08:00hrs. Residents' care plans did not inform their care needs and this finding was not picked up on care plan audits. The social and spiritual needs of residents with dementia, particularly in building two were not met.

There was a system in place for monitoring the quality and safety of the service and the quality of residents' lives in the service. The information collated in audits was analysed and action plans were developed to inform areas needing improvement. However, inspectors found that the system in place did not consistently inform effective service improvements. For example, insufficient staffing resources was impacting on residents' safety, supervision and quality of life. Over the preceding twelve month period there was a significant increase in the number of unwitnessed falls and the number of residents who sustained injuries from falls.

Management meetings were held on a monthly basis and were attended by the provider representative, person in charge and senior members of the clinical management team. The minutes from these meetings referenced review of key service parameters, risk management, quality of service and resource requirements.

Residents' contracts of care were made available for inspection. Residents or their families, as appropriate signed their contract of care. While most extra charges were outlined such as the fee for activities, charges were applied to some residents that were not outlined in their contract of care. For example, some residents were charged for items and services other than those set out in their contracts of care. These charges

related to alarm mats, pressure relieving mattresses and transportation of blood samples to the laboratory. Residents fees as funded under the nursing home support scheme did not detail the personal contribution paid by them as part of their overall nursing home fee.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2017. This report was compiled in consultation with residents and set out the priorities for 2018

**Judgment:**
Non Compliant - Moderate

## *Outcome 11: Information for residents*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A residents' guide was available in the centre, and had been reviewed in May 2018. This guide included all of the information required by the regulations, including the complaints' procedure and the visiting arrangements in place.

**Judgment:**
Compliant

## Closing the Visit

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

**Acknowledgements**

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

*Report Compiled by:*

Catherine Rose Connolly Gargan
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 report**[1]

| | |
|---|---|
| **Centre name:** | Droimnin Nursing Home |
| **Centre ID:** | OSV-0000702 |
| **Date of inspection:** | 06/11/2018 |
| **Date of response:** | 14/12/2018 |

## Requirements

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

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

## Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The admission assessment process for residents with dementia admitted for respite care required review to ensure their needs were comprehensively assessed and informed by relevant care plans as necessary.

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

**1. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC shall ensure Nursing Staff will prepare Care Plans based on Comprehensive assessment. This will ensure that the needs of each Resident are informed by relevant care plans as necessary within 48 hours of admission to the Designated Centre.

**Proposed Timescale:** 14/12/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was insufficient detail provided in residents' care plans to guide staff regarding residents' individual care preferences and wishes.

**2. 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:**
The Registered Provider Representative in consultation with the PIC shall ensure Nursing Staff will prepare Person Centred Care plans that will guide all staff in relation to the Residents individual preferences and wishes.

**Proposed Timescale:** 07/01/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was limited evidence available that where possible, residents were involved in advanced decisions regarding their end-of-life care.

**3. Action Required:**
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

The Person in Charge shall ensure Nursing Staff will consult with all Resident's to ascertain their wishes in advanced decisions regarding their end-of-life care. The Nursing Staff in consultation with the Resident will prepare care plans that will show the Residents preferences.

**Proposed Timescale:** 07/01/2019

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some restraint management practices did not reflect national restraint policy guidance.

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

**Please state the actions you have taken or are planning to take:**
The Person in Charge shall ensure that a full review of restraints and practices is carried out in the centre and is in line with National Policy. Since inspection the Provider Nominee has introduced a new alarm mat system which is connected to the nurse call bell system. A number of falls modular mats have been purchased in order to ensure a Restraint free Environment.
Droimnin Nursing Home has also appointed a Physiotherapist who has been allocated her own room on the ground floor of Building 1. The Physiotherapist attends the centre on a Mondays and Thursdays each week and Residents throughout the Nursing Home can avail of the service as required.

**Proposed Timescale:** 10/12/2018

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
While an activities programme was in operation in the centre, it did not ensure that all residents, including those with dementia, were provided with opportunities to engage in meaningful activation in line with their interests, needs and capabilities.

**5. Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to

participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC shall ensure Droimnin runs a very active programme which provides a range of group & individual activities. All Residents are encouraged to get involved in group activities, but where this is not possible, individual activities & therapies are conducted with Residents in accordance with their own individual Care Plan. On admission, the Director of Care and the Activities Co-ordinator discuss this programme with each Resident and devise a person-centred care plan. Since inspection 2 Activities Co Ordinator's have been recruited. Both Co Ordinator's are also booked on Sonas training programme in the new year.

**Proposed Timescale:** 14/12/2018

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors required assurances that residents' choice was respected in relation to:
- availing of outings to local areas and places of interest
- having unrestricted access to an external area from building two.

**6. 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:**
1. The Registered Provider Representative in consultation with the PIC shall ensure that all Residents exercise choice in relation to outings. The centre provides the opportunity for Residents to go on external outings and discusses these in the Residents Forums, and with families, including the costs associated with such events.
2. The Registered Provider will review and extend the External area in building 2 Weather permitting this will be completed in 3 months.

**Proposed Timescale:** 31/03/2019

**Theme:**
Person-centred care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents in building two were not supported to attend weekly religious services that were held in building one.

**7. Action Required:**

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC will ensure that all Residents are Supported to attend weekly Religious Services. On Wednesday Mass takes place in building 1 and the local Priest will now also say Mass once a week in building 2. Rosary is also said in Building 2 every evening.

**Proposed Timescale:** 07/01/2019

## Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that there was insufficient numbers of staff with appropriate skills, qualifications and experience to meet the assessed needs of all residents with dementia.

**8. 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:**
The Registered Provider Representative in consultation with the PIC has reviewed the staffing levels in building 2 and an extra health care assistant has now been added to the roster in building 2 (2 to 8 shift)

**Proposed Timescale:** 14/12/2018

## Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Items of residents' assistive equipment such as wheelchairs and hoists were stored along the corridors.

**9. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

designated centre.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC has reviewed the situation and has taken initial steps to provide effective storage of equipment.

**Proposed Timescale:** 18/01/2018

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Insufficient staffing resources were provided to ensure the service was appropriately managed and that residents' needs were met.

**10. Action Required:**
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC has started to recruit more qualified Nurses and a CNM for the centre. This will ensure the service is appropriately managed and that residents needs are met.

**Proposed Timescale:** 14/12/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The management structure required strengthening. The person in charge was in charge of two designated centres and management roles in place to support this were weak.

**11. Action Required:**
Under Regulation 23(b) you are required to: Put in place a clearly defined management 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:**
The Registered Provider Representative in consultation with the PIC are actively recruiting another CNM for the centre.
The current CNM is now working 12 hours as a Nurse on the roster and 28 hours are

supernumerary off the roster to support the Nurses and the Management Team.

**Proposed Timescale:** 31/01/2019

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The system in place for monitoring the quality and safety of the service and quality of life for residents was not consistently informing continuous quality improvement.

**12. 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:**
The Registered Provider Representative in consultation with the PIC have reviewed the systems in place to monitor the quality and safety of the service. Ongoing continuous improvement s i.e., increased staffing, strengthening of the Management Team, falls Prevention equipment and personalised care plans. A clear audit schedule will ensure the service safe, appropriate, consistent and effectively monitored.

**Proposed Timescale:** 14/12/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Charges were applied to some residents that were not outlined in their contract of care

**13. Action Required:**
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC has reviewed all contracts and includes fees applicable to the Resident are contained in the Contracts of Care

**Proposed Timescale:** 31/01/2018

**Theme:**

Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents fees as funded under the nursing home support scheme did not detail the personal contribution paid by them as part of their overall nursing home fee.

**14. Action Required:**
Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

**Please state the actions you have taken or are planning to take:**
The Registered Provider Representative in consultation with the PIC has now ensured that all documentations in relation to the contribution paid by them as part of their overall nursing home fee is detail on all new Contracts and all the old Contracts have this information attached to the existing Contract of Care.

**Proposed Timescale:** 31/01/2019