

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drumbear Lodge Nursing Home
Centre ID:	OSV-0005312
Centre address:	Cootehill Road, Monaghan, Monaghan.
Telephone number:	047 84800
Email address:	phil@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	3

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.

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 April 2017 09:30 To: 25 April 2017 17:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was completed in response to an application by the provider to vary a condition of registration. The provider comprehensively revised a refurbishment/building plan previously submitted to HIQA (Health Information and Quality Authority) to be completed by the 31 March 2017. The provider advised HIQA that the works detailed in the revised plan will be completed by 31 September 2018. While the revised plan will address the non-compliances with the legislation and standards in the layout and space available in a six-bedded multiple-occupancy bedroom and some twin bedrooms, it will also provide considerably enhanced internal and external communal facilities for residents in the centre.

Statutory notifications received and other relevant information including follow-up on progress with completion of the 12 actions in the action plan from the last inspection of the centre in December 2016 was reviewed by the inspector. Findings on this inspection confirmed satisfactory completion of eight actions in the last action plan. The remaining four actions were at an advanced stage of completion, two of these

actions referenced issues with the current premises and will be satisfactorily completed by September 2018 with completion of works detailed in the revised building/refurbishment plan submitted.

The detail of unsolicited information received by HIQA in April 2017 referencing safeguarding of residents was considered as part of this inspection. Findings indicated that the complainant's concerns were not substantiated on investigation by the provider prior to this inspection or by the inspector during this inspection.

Residents' accommodation in the centre was provided on ground floor level. While improvements were required to the layout and space available in a six bed multiple-occupancy bedroom and in some twin bedrooms, the other areas of the centre met their stated purpose and provided a comfortable and safe environment for residents in the centre.

The inspector found that the providers, person in charge and staff team were committed to providing a quality service for residents and that their quality of life and healthcare needs were met to a good standard. The inspectors met with residents and staff members during the inspection and residents expressed their satisfaction with the service provided. The staff team were well informed and were knowledgeable regarding residents and their individual needs. Staff were facilitated to attend mandatory and professional development training. Work was in progress to ensure appropriate staffing levels were consistently maintained to ensure residents' needs were met.

There were policies and procedures in place around safeguarding residents from abuse. Staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Residents spoken with told the inspector they felt safe in the centre. All interactions between staff and residents observed by the inspector on the day of inspection were respectful, supportive and kind. Residents were safeguarded by staff completing risk assessments and reviewing their needs. Appropriate assessments of need and plans of care were in place to support and optimize residents' health and wellbeing.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National 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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A written statement of purpose document dated 01 April 2017 was forwarded to HIQA. It contained all information required by Schedule 1 of the Regulations and was demonstrated in practice in the centre. The statement of purpose and function accurately described the range of needs that the designated centre meets and the services provided

A copy of the centre's statement of purpose was formatted in large font and made available in the reception area to residents and visitors to the centre

Judgment:

Compliant

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):

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

Findings:

The management structure was clearly defined. Lines of authority and accountability and reporting arrangements were demonstrated and evident from the inspector's observations and speaking with staff on the day of inspection. Comprehensive systems and structures were in place to ensure the centre was effectively governed and managed.

Monthly governance meetings were convened and were attended by the person in charge, the provider representative and the practice development co-ordinator. The person in charge ensured effective team communication was in place with regular staff meetings. These meetings were minuted and actions identified were followed through to completion. There was evidence that significant improvements had been implemented across the service since the last inspection in December 2016. An ongoing staff recruitment process was established since the last inspection to ensure there was no delay in backfilling any staff shortages. While there was some delay evident in replacing unplanned nurse leave, recruitment processes were put in place to ensure shortages will not arise among any staff grades in the future. The inspector observed that resident needs clearly informed staffing resources provided. For example, a physiotherapist was provided as part of the service provided to residents in the centre to ensure access to this specialist service was not delayed. Additional care hours were rostered to provide 1:1 care to a resident with dementia from 16:00 to 22:00hrs each evening.

There were comprehensive systems in place to monitor the quality and safety of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were analysed and identified improvements and learning.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2016. This report was compiled in consultation with residents and a copy was being prepared in a more accessible format for their information.

Judgment:

Compliant

***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 and person in charge demonstrated they were aware of their responsibility to notify the Chief Inspector of any proposed absence of the person in charge greater than 28 days from the designated centre and had arrangements in place for the management of the designated centre during any such absence.

A suitably qualified registered nurse at clinical nurse manager grade was recently appointed in the centre. She worked alongside the person in charge on a day-to-day basis and deputised in her absence. There were arrangements in place where the person in charge and her deputy were not on leave during the same periods. This arrangement ensured that a senior member of the nursing team was available each day during the week.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

There were systems to ensure residents were safeguarded from abuse which were demonstrated in practice. Since the last inspection in December 2016, procedures were implemented to ensure all staff including volunteers working in the centre had satisfactory An Garda Síochána vetting procedures completed. Procedures for managing residents' finances were revised to reflect best practice guidelines.

Staff files examined by the inspector each had details of appropriate vetting procedures completed. Recruitment procedures had been revised to ensure satisfactory An Garda Síochána vetting was completed for all staff before commencing work in the centre. The person in charge advised the inspector that all staff currently working in the centre had satisfactory An Garda Síochána vetting completed and detailed in their employment file. The revised system in place for managing residents' money and valuables and storing them securely was demonstrated to the inspector. Records of transactions were clear and transparent to ensure residents' money was safeguarded. All transactions were referenced by two staff signatures and where possible by the resident and a staff member. There was a record of balances kept to verify if the amounts held tallied with the transactions made and a regular statement of account was made available to residents or their relatives on their behalf where appropriate. Residents' money was

securely stored. The provider was an agent for three residents' pensions and money received on their behalf was deposited into an interest bearing account for each resident. The procedures were subject to internal and external audit. Arrangements were in place to ensure residents could access their personal money as they wished. A lockable space was provided to facilitate residents to secure their personal valuables in their bedrooms if they wished.

There was a policy in place for the management of restraint. Each resident's need for bedrails was comprehensively assessed with resultant very low level of bedrails in use that placed restrictions on residents' mobility. Risk assessments were completed prior to implementing any type of restraint. A restraint register was maintained in the centre and demonstrated that restraints used were for a minimum amount of time and were discontinued where appropriate following review. Periodical release of restraint was implemented in practice and the records confirmed that this was done on a consistent basis in the centre.

There was a policy and procedure in place for the prevention, detection and response to abuse. There were robust measures in place to safeguard residents which were demonstrated in practice. The person in charge monitored the systems in place and ensured that there are no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. Inspectors who spoke with staff were told by them that they were supported to report any concerns they may have. Staff spoken with were knowledgeable regarding management of any incidents, disclosures or suspicions of abuse and their responsibility to report. Staff training records indicated that all staff had received training in the prevention, detection and response to abuse. Residents spoken with told the inspector that they felt safe in the centre. All interactions observed between staff and residents during the inspection were respectful, supportive and kind.

There were processes in place for management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) experienced by residents. Three residents, who experienced responsive behaviours, had person-centred behaviour support care plans in place. Staff spoken with and staff practices observed reflected the person-centred de-escalation techniques documented in the individual behaviour support care plans to meet each resident's needs. No residents were in receipt of PRN medicines (a medicine only taken as the need arises) to support responsive behaviours at the time of the inspection.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

Findings on this inspection demonstrated that the health and safety of residents, staff and visitors was protected and promoted. There was an up-to-date safety statement available for the centre. A proactive approach to risk management in the centre was demonstrated at local and corporate level. An electronic risk management system implemented in the service informed comprehensive oversight and proactive management processes locally and at corporate management level. The system supported risk identification, assessment and mitigation procedures in the centre. A hazard register was maintained which was frequently updated to prevent potential adverse incidents to residents, visitors and staff. Risk management procedures as required by Regulation 26 were in place to protect vulnerable residents. Health and safety and risk management was a standing agenda item in monthly governance meetings. A health and safety committee met regularly.

There were arrangements in place to review accidents and incidents involving residents within the centre. Residents were assessed on admission and regularly thereafter for risk of falls. The centre's physiotherapist was involved in developing assessment and treatment plans for residents who fell or were at increased risk of falling. There were two fall incidents where residents sustained a bone fracture injury notified to HIQA since the last inspection in December 2016. Appropriate management and strategies to reduce the risk of further falls to residents were implemented. Care plans were in place and following a fall, the risk assessments were revised, medicines reviewed and the care plans were updated to include prevention interventions. Interventions such as increased staff supervision, low level beds, foam floor mats and sensor alert equipment were among the controls implemented to reduce risk of resident fall or injury. There was evidence of learning identified from investigations of falls and this was implemented in practice.

Residents were protected against risk of fire in the centre. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Emergency evacuation drills were completed at regular intervals and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Staff training records referenced that all staff had completed fire safety training and had participated in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

An infection control policy was available to inform and guide staff on management of communicable infection and any infection outbreak in the centre. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises. Most staff, including cleaning and laundry staff had attended training on infection prevention and

control.
Judgment: 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: A record of all incidents and accidents to residents that occurred in the centre was maintained, and records since the last inspection in December 2016 were reviewed by the inspector. The person in charge was aware of the legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre. To date and to the knowledge of the inspector, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge. A quarterly notification report was forwarded to HIQA referencing details of required information up to the end of quarter 1, 2017, including use of restraint in the centre.
Judgment: Compliant

<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): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: Residents health and social care needs were met to a good standard on this inspection.

An action from the last inspection in December 2016 regarding the quality and content of residents' care plans was addressed. The improvements found on this inspection demonstrated that a comprehensive review of care plan development practices had taken place. Residents' care plans viewed by the inspector on this inspection were person-centred, relevant and clearly informed care interventions to be completed to ensure residents' assessed needs were met.

There were 49 residents in the centre on the day of this inspection; 25 residents had assessed maximum dependency needs, 11 had high dependency needs, six residents had medium dependency needs and seven residents had assessed low dependency needs.

Residents had a choice of general practitioner (GP). A GP routinely visited the centre each week and as necessary. Residents also had access to an out of hours GP on-call service. Many residents were from the local area and were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents' documentation records confirmed timely access to GP and allied health professional care. Residents in the centre had good access to allied healthcare professionals including physiotherapy by a physiotherapist employed by the provider to attend residents in the centre on a twice weekly basis. The physiotherapist was involved in mobility and post fall assessments and rehabilitation therapies. Dietetic, speech and language therapy, occupational therapy, dental, ophthalmology and podiatry services were available to residents as necessary. Residents had access to specialist medical and nursing services including psychiatry of older age, palliative care and tissue viability nursing services. Residents were supported to attend outpatient appointments as necessary. There was evidence that residents' health and wellbeing were optimised with regular physiotherapy, vital sign monitoring, blood profiling and an annual influenza vaccination programme. Staff were also trained to administer subcutaneous fluids to residents at risk of dehydration.

Residents had a comprehensive nursing assessment completed within 48 hours of their admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive health and skin integrity among others. A care plan was developed to inform each resident's care needs. Each resident had a holistic care plan completed in addition to other care plans to inform additional specific health needs. The rationale for developing an additional care plan was clearly indicated. Recommendations made by allied health professionals were documented in care plans. Care plans were reviewed on a three to four-monthly basis or to reflect residents' changing care needs. Daily progress notes were found to be informative and generally linked to care plans. There was documentation available to confirm that residents and their families, where appropriate were involved in care plan development and in reviews thereafter. A pain assessment tool for residents who were had dementia or difficulty communicating was available.

No pressure-related skin injury occurred to residents in the centre since the last inspection in December 2016. There was evidence where residents admitted with pressure ulcers had improved with care given in the centre. All residents were assessed on admission and regularly thereafter for risk of developing pressure related skin injury. Care plans were developed to inform interventions to be completed to mitigate any risk

identified. Pressure relieving mattresses were available and in use. High grade mattresses were in use for residents assessed as being at increased risk of skin injury. Repositioning schedules were also in place for residents at risk and unable to independently change their position. The dietician regularly reviewed the nutritional needs of residents to ensure their nutritional intake was optimised to promote their skin integrity. Wound management procedures in the centre were reviewed and found to reflect best practices procedures. A treatment plan was developed in each case and close monitoring of progress with healing was evident and included photographic progress tracking procedures. Wound dressing requirements were updated to reflect changes in recommendations made by the tissue viability nurse (TVN) specialist and documented as interventions in treatment care plans.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

The centre is a single-storey building. Residents were accommodated in single, twin and a six-bed multiple-occupancy bedroom. Residents had access to a variety of communal sitting rooms, a dining room, a small oratory and a hairdressing salon. Residents told inspectors that they were comfortable in the centre. A reception area is located inside the main entrance providing a point of contact for visitors and negated need to access resident areas unnecessarily.

The layout and space available in a bedroom accommodating six residents and some twin bedrooms did not meet their stated purpose. Since the last inspection in December 2016, the provider revised the dining arrangements in the centre to ensure all residents could dine comfortably in the dining room if they wished. The provider had also finalised revised plans to address space and layout restrictions in the six bedded multiple occupancy bedroom and in some twin rooms. There was limited access to wardrobes for residents with assistive equipment due to the position of the second bed in some twin bedrooms. Access was also limited for passage to the en-suite in some twin bedrooms. Residents shared a television in twin some twin bedrooms and while they did not have

independent choice of viewing, one resident in some twin bedrooms could not view the television while the other resident's screen curtains were closed. Some en-suite facilities in twin bedrooms did not meet the needs of residents requiring assistive equipment. They therefore could not independently use these facilities if they wished. The six bedded multiple-occupancy bedroom had bed screens available to provide residents with privacy and dignity. While bed screens obstructed view when closed, they were ineffective in obstructing sound or odours. Although, fitted with curtains, glass window panels were fitted on each side of the door into the bedroom occupying six residents. The provider advised HIQA that the work detailed in the revised refurbishment/building plan will be completed by 31 September 2018 and will address the issues found in the six bedded and some twin bedrooms. It will also provide additional communal facilities and outdoor spaces for residents. Other bedrooms and communal areas in the centre met residents' needs on this inspection.

Safe and secure outdoor areas were accessible for residents. Outdoor seating was provided. The centre was warm, comfortable and maintained to a good standard. Frequent environmental audits were scheduled and completed to ensure the centre was risk-free and that areas requiring repair were promptly addressed. Most residents' bedrooms were personalized with their photographs and personal possessions. Each bedroom also had a television and adequate storage facilities which was accessible to residents. Handrails in corridors were in a contrasting colour to surrounding walls to assist residents with dementia or reduced vision with accessing all areas of the centre. Grab rails were appropriately provided in bath, toilet and shower areas. Call bells were in place and within easy reach in bedrooms, toilets and bathrooms. Assistive equipment was available to residents that required support.

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

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

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

Findings:

There was a policy and procedure in place for the management of complaints, which included an appeals process. Residents were supported to access advocacy services where necessary. The complaints process had been revised since the last inspection and was clearly reflected in practice. All complaints were brought to the monthly governance meeting for review before final closure was implemented. The revised procedures and practices reflected the requirements of the legislation.

The summary of the complaints process displayed in two locations within the centre and in the Residents' Guide was revised to reflect changes in procedures.

A complaints log was maintained in the centre and was made available to the inspector. All closed complaints had been resolved to the satisfaction of complainants.

Judgment:

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):

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

Findings:

Residents were consulted with and supported to participate in the organisation of the centre. The minutes made available to the inspector indicated that residents were consulted and given opportunity to express their views regarding changes made in the centre. For example, residents chose curtains for the dining room windows. Staff were observed knocking on bedroom and toilet or bathroom doors. Privacy locks were in place on all bathroom and toilet doors. Bedroom, toilet and bathroom doors and bed screens were closed during all personal care activities. However, the layout and space available in a bedroom accommodating six residents and some twin bedrooms negatively impacted on some residents' privacy and dignity. This finding is actioned in outcome 12.

Residents' recreational activities were co-ordinated by designated activity co-ordinators seven days per week. Addressing the social care needs of residents was also integral to the role of healthcare assistants. Since the last inspection, a more sensory focused activity programme was provided in addition to a variety of other interesting activities informed by the interests of residents. A schedule was clearly displayed that advised residents on the time and location of each activity. Arrangements were in place where concurrent activities were facilitated in the communal areas. These practices provided residents with choice regarding activities and the activity they wished to participate in and were demonstrated in positive outcomes in residents' quality of life in the centre. The inspector observed that there was an upbeat and happy atmosphere in the centre. Residents were supported to keep up to date with the local news with the newspapers provided in hard copy and audio format. There was evidence in residents'

documentation records that many residents enjoyed the activities provided. Staff were observed to make every effort to involve all residents in the activity sessions provided. However, some further improvement in the detail of the documentation referencing the level with which residents' interest and capability needs were met was required. Residents were well supervised and the activities provided for each resident were person-centred to meet their interests and capabilities.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents before undertaking any care tasks and consulted with them about how they wished to spend their day. Residents' wishes and preferences also informed their daily routine regarding the times they retired to bed and got up in the morning. Residents' main meal was provided in the evening time based on their preference. Residents spoken with by the inspector expressed their satisfaction with the opportunities and choices given to them and their quality of life in the centre. There were no restrictions on visitors and residents could meet their visitors in private if they wished. The inspector observed residents' visitors visiting them throughout the day of inspection.

Judgment:

Substantially Compliant

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):

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

Findings:

There was a planned and actual staff rota in place, with any changes clearly documented. There was a registered nurse on duty at all times to provide nursing care for residents.

Staff possessed the appropriate skills and qualifications to meet the assessed needs of residents. Although there appeared to be adequate staff on duty, the inspector found that on some occasions, a care assistant was rostered instead of a staff nurse on night duty due to a shortage of availability of registered nurses. Residents spoken with

confirmed that their needs were satisfactorily met at all times and there was no evidence found that residents did not receive timely care. However, this finding did not provide satisfactory assurances that residents' needs could be consistently met when the staffing skill mix was reduced. The person in charge advised the inspector that two nurses were in the final stages of their induction training and on completion two staff nurses would be rostered on duty at all times to ensure the staffing skill mix was consistent. Staff spoken to knew residents well and were knowledgeable regarding their individual needs.

Staff meetings with the various staff disciplines in the centre were held, on average, on a monthly or two-monthly basis. Minutes of these meetings were documented and were available for review by inspectors.

There were procedures in place for the recruitment, selection and vetting of staff. A sample of staff files was examined by inspectors. All of the information required by Schedule 2 of the Regulations was held in these files. The person in charge confirmed that all staff had completed An Garda Síochána vetting. Up-to-date professional registration records for all nursing staff were provided to the inspector.

There was an induction programme in place for newly-recruited staff, which included training and probationary reviews. New staff worked in a supernumerary capacity until their induction was satisfactorily completed. Since the last inspection probationary reviews following recruitment were consistently documented in line with the centre's recruitment policy and procedure. There was evidence of an annual appraisal review process for all staff in their staff files which was on-going for 2017.

Training records for all staff were maintained in the centre and were made available to the inspector. The records indicated that all staff had received up-to-date mandatory training in fire safety, safe moving and handling practices and prevention, detection and response to abuse. The inspector observed that staff carried out safe moving and handling procedures with residents in line with best practice during this inspection. The training records also indicated that staff were facilitated to attending additional training to support their professional development.

There were a number of volunteers operating in the centre at the time of the inspection. Since the last inspection, An Garda Síochána vetting disclosure was completed for all volunteers and their roles and responsibilities were documented in writing.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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 report¹

Centre name:	Drumbear Lodge Nursing Home
Centre ID:	OSV-0005312
Date of inspection:	25/04/2017
Date of response:	31/05/2017

Requirements

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

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

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and space available in a bedroom accommodating six residents and some twin bedrooms did not meet residents' privacy, dignity. Space provided in some twin bedrooms placed limitations on residents' access.

1. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

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

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:

Planning permission has been granted for an extension and alterations to the existing building. Building work is scheduled to finish in September 2018.

In the interim we have optimised the space and layout of each bedroom. The Residents are pre-assessed to ensure that these rooms meet their needs. Residents whose needs cannot be met due to the layout of the bedrooms will not be admitted.

Proposed Timescale: 30/09/2017

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:

More detail was required in the documentation referencing the level with which residents' interest and capability needs were met.

2. 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 documentation referencing the level with which residents' interest and capability needs were met by the activities provided will be reviewed. More detail will be recorded as appropriate.

Proposed Timescale: 31/05/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

On some occasions, a care assistant was rostered instead of a staff nurse on night duty due to a shortage of availability of registered nurses.

3. 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:

Once additional staff nurses have been recruited we will roster two nurses on night duty.

Proposed Timescale: 30/06/2017