

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Drumderrig Nursing Home
Centre ID:	0336
Centre address:	Abbeytown
	Boyle
	Co. Roscommon
Telephone number:	071-9662561
Fax number:	071-9664559
Email address:	paula@drumderrignursinghome.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Paula and Michael Cull
Person in charge:	Catherine Brennan
Date of inspection:	29 June 2011
Time inspection took place:	Start: 14:00 hrs Completion: 20:30 hrs
Lead inspector:	Catherine Connolly-Gargan
Support inspector(s):	Brid McGoldrick
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input checked="" type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection (Post Registration)

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Drumderrig Nursing Home is a purpose-built, single-storey facility. It has accommodation for 76 residents requiring long-term residential care, short-term convalescent and respite care, dementia and palliative care.

It is brightly furnished with comfortable seating throughout. Communal areas include two large sitting rooms, each with an enclosed gas fire as the focal point. The rooms are joined by a conservatory. This large communal area can be divided into three separate rooms if necessary, each with a large flat-screen television for residents' use.

Accommodation consists of 26 single bedrooms and 25 twin bedrooms. All rooms have en suite toilet, hand-washing and shower facilities. There are also 11 toilets, two of which are wheelchair accessible and have assisted shower facilities for residents' use.

There are four secure garden areas which are of varying sizes and designs. There is also a green enclosed area to the side of the building and adequate parking spaces to the front.

Location

The centre is located on the outskirts of Boyle town in a residential setting. The local health centre and general practitioner (GP) surgery are located close by on the same road. The centre is situated within walking distance of shops and local amenities.

Date centre was first established:	1980
Number of residents on the date of inspection:	74 plus 2 in hospital
Number of vacancies on the date of inspection:	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	23	23	21

Management structure

Paula Cull is the Provider. She works on a full-time basis and takes an active part in the management together with the Person in Charge, Catherine Brennan. The Person in Charge is supported in her role by two assistant matrons, staff nurses, care staff, an activity coordinator, catering, cleaning and maintenance staff, all of whom report directly to her.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1 (assistant director of nursing)	4	8	1 cook 2 catering assistants	1 laundry staff 2 cleaning staff	0	*3

*1 maintenance person, 1 provider and 1 assistant director of nursing came in to assist with inspection. The Person in Charge, Catherine Brennan was not on site on the day of inspection. The provider requested deputy matron to attend centre and she came a short time following inspectors' arrival.

Background

This inspection by the Health Information and Quality Authority (The Authority) was an unannounced follow-up inspection to assess progress with completing the action plan developed from findings of a follow-up inspection on January 07 2011. The provider also sent an application to the Authority to vary her conditions of registration insofar as to admit dependent persons over 18 years with dementia, physical and intellectual, respite and convalescent and palliative care needs.

The centre was registered by the Authority with 13 conditions on 27 August 2010 until 26 August 2013, a period of three years. The centre was previously inspected on the 11 and 12 of January 2010 and an immediate action letter was sent in relation to:

- fire safety
- supervision and protection of vulnerable residents
- health and safety and staff training deficits.

The response to the immediate action letter was received by the Authority on 22 January 2010. Inspectors visited the centre on the 12 February 2010 and verified that a number of the immediate actions had been implemented.

Three concerns were received by the Authority from members of the public referencing the areas of care and welfare, staffing, governance and premises.

The inspection team reviewed these areas with reference to the details of the concerns received. Inspectors found that water temperatures were recorded and monitored appropriately. Concerns were substantiated in the areas of staffing levels, governance and care and welfare of residents, which were not of an adequate standard in all aspects. The inspection team requested that a comprehensive review be undertaken relating to all care and treatments provided and for two residents in particular who were restrained in buxton chairs with fixed tables insitu. Details including other information requested to be returned to the Authority by 04 February 2011. This information was returned to the Authority referencing the required information.

A letter was sent to the provider to reiterate legal responsibilities regarding notifications to be sent to the Authority. No outstanding notifications were noted by the inspectors on the 29 June 2011.

Summary of findings from this inspection

This was the fifth inspection of this centre. There were eleven actions in the action plan developed from findings at the follow-up inspection of the 05 January 2011. Inspectors found that two actions had been satisfactorily completed; the remaining nine actions were partially completed to varying degrees.

At the first inspection, inspectors found that the person in charge required greater focus on the governance and management aspects of her role which had significantly improved on findings of a follow-up inspection on 16 August 2010. Although initially improved, this area has remained of concern to the inspectors. At this inspection on June 29 2011, the person in charge was not on duty. Review of the duty rota confirmed that person in charge is scheduled to work only two weekdays and one weekend day each week. On the 29 June 2011, the provider contacted the deputy matron and she attended the centre soon after. Inspectors found that governance of the centre by the person in charge required significant improvement in the areas of risk management, quality review and audit of clinical high risk areas is required.

All residents had access to a general practitioner (GP) of their choice but not all residents had access to specialist services such as follow-up by occupational therapy, dietetics or wound care. No residents had pressure ulcers but three residents had other wounds and were reviewed by the acute services on the 29 July 2011. The provider has recently employed a physiotherapist who attends the centre three days per week.

Inspectors found that there are still other on-going, outstanding areas in breach of the legislation. For example, medication management in the centre is still not of a satisfactory standard and staffing levels need reviewing.

Maintenance of the external site, internal sanitary facilities and fire safety issues were all brought to an acceptable standard.

Other improvements made to meet the requirements of the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) included the revision of the statement of purpose and falls-management. Reviewing the quality and safety of care is planned but is at the very early stages of implementation. Analysis of the accidents, incidents and near misses is done but not to elicit areas of learning or areas for improvement.

Issues covered on inspection

Registration

The certificate of registration was not displayed completely at the inspection of 05 January 2011 as the second page documenting the conditions of registration was missing. Inspectors brought this to the provider's attention at the time. The registration certificate and conditions were displayed as required by the legislation on the 29 June 2011.

One of the conditions of registration prohibited admission of any residents under 65 years of age. However, a 57 year old had been admitted from the acute hospital for long term care and a 63 year old resident had been admitted for respite care. This was brought to the attention of the provider. While the provider had been notified by the Authority previously with respect of conditions of registration, she did not respond within the timeframes outlined by the Authority. She did submit a request to vary the conditions of her registration on May 13 2011. An inspection to assess the application for variation of conditions was also carried out on the 29 June 2011.

The Statement of purpose and function was not adequate and required review to meet the requirements of the legislation.

Actions reviewed on inspection:

1. Action required from previous inspection

Review staffing levels whereby the person in charge is engaged on a full time basis (37.5 hrs per week) in the governance, operational management and administration of the centre on a regular and consistent basis.

This action was partially completed.

The person in charge was not on duty on the day of the inspection. The duty rota referenced that she worked three 12.5 hour days per week. However, a review of three weeks of the duty rota by the inspectors confirmed that the person in charge was rostered to work part or all of each weekend. The result of this arrangement was that the person in charge of the centre was only available for one or two days each week when the centre was busy with other healthcare professionals involved in residents care. Also, there was evidence that all aspects of governance of the centre were not fully addressed. Inspectors noted that although a system was developed for reviewing the quality and safety of care, it was not implemented, as audits of high risk areas were not done regularly to ensure risk to residents was minimised. For example, analysis of falls had been completed but findings were not explicit as trends identified and areas where improvements could be made to reduce risk to residents were not implemented.

2. Actions required from previous inspection

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Conduct clinical audits on areas of practice to ensure quality care provision. For example, care plans, medication practice, psychotropic medication, restraint management, complaints and hygiene.

This action was partially completed.

Inspectors were shown a suite of centre-specific audit templates informed by *The National Quality Standards for Residential Care Settings for Older People in Ireland*. Inspectors noted that they were resident-centred. The assistant matron and provider explained that they planned to conduct the audits at various intervals. The information collated would be used to evaluate the quality and safety of current practice and to inform areas where improvements could be implemented.

Accidents, incidents and near misses were audited on a monthly basis. The information was analysed identifying trends and areas where improvements could be made. However, there was inadequate evidence to support the use of this information to inform practice. While some measures put in place to mitigate further risk of falls included increased supervision, others included 'reminding residents to ring the bell, advised not to sleep so near the edge of the bed and reminded not to

overreach when bending.' Although inspectors were informed that audits were completed on medication management practices in the centre, inspectors found areas of this practice requiring significant improvement.

3. Action required from previous inspection:

Review staffing levels, skill mix to ensure that at all times (night and day); there are adequate staff on duty to meet the assessed needs of the residents taking into account the size, layout and purpose of the residential setting.

This action was partially completed.

While all residents were adequately supervised when inspectors were in the centre, a breakdown of falls from 01 January 2011 to 31 January 2011 completed by the person in charge referenced that 80% (4) of residents 'slipped' at night and these incidents were not witnessed by staff. While a breakdown of falls for some previous months referenced a greater number of unwitnessed incidents occurring during the day, there was no detailed breakdown to evaluate staffing resources at the times of these incidents.

4. Actions required from previous inspection:

Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement can be made to reduce risk to residents.

Put procedures in place where an analysis of information relating to resident falls in the centre is analysed to identify trends and areas when improvements could be made. For example where the same residents have recurrent falls.

This action was partially completed.

While monthly analysis was done of all accidents, incidents and near misses, information collated by analysis was not utilised to identify trends and areas where improvements could be made to improve the safety of residents at risk of slips, trips and falls.

Although there was evidence that supported that information gleaned from analysis of resident falls did not explicitly inform areas where improvements could be made, a physiotherapist was employed by the provider three days each week. The inspectors noted that he worked with residents during the inspection. Inspectors were also told that the physiotherapist planned to develop a falls prevention programme for residents at risk of falling or who had fallen. Inspectors noted that residents were very active and moved around the centre with the assistance of a variety of aides. The assistant matron and the provider said that their aim was to promote independence and to support residents risk taking to achieve their goals and quality of life.

5. Actions required from previous inspection

Put arrangements in place to ensure that there is adequate staff available to supervise vulnerable residents at all times.

Develop wound care management policies and procedures to promote evidence-based wound care that references pressure ulcer management.

This action was satisfactorily completed.

All residents were noted to be adequately supervised at all times during the inspection. Staff moved around the communal areas ensuring that vulnerable residents were not alone for prolonged periods. Two residents remained in bed on the day of inspection. Supervision of both these residents was of a satisfactory standard. Both residents also had call bells within easy reach.

A comprehensive wound care policy was available to inform wound care relating to pressure ulcers in the centre. While there were three residents with wounds, none were related to prolonged pressure on vulnerable skin. These residents were all referred to and their wound care was supported by specialists in the acute services. While support services such as dieticians and wound care specialists did not attend the centre, there was an arrangement to place to obtain advice remotely by telephone and review of residents was through attendance at the out patient clinics in the acute services.

6. Action required from previous inspection:

Notify the Chief Inspector of Social Services of all accidents and injuries to residents on a quarterly basis as required by the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was satisfactorily completed.

Following clarification of the schedule of notifications by an inspector, notifications as required by the legislation were received by the Authority in clear format with complete information.

7. Actions required from previous inspection:

Put arrangements in place where residents are facilitated review by dietetic services as required to meet their needs.

Ensure residents seated in wheelchairs are facilitated with an occupational therapy review to assist with meeting their needs for comfortable seating.

This action was partially completed.

In one of the files reviewed a resident was assessed as being at high risk of skin breakdown and malnutrition.

Inspectors were informed that the resident had been seen by the dietician while in Sligo general hospital. There were no notes on file referencing the outcome of this assessment or that it had taken place. This resident was on a specialised dressing regime for six months. There was no documentary evidence to support review of need for this treatment. In addition residents' weights were not consistently monitored.

In another residents' file reviewed, turning charts were not consistently completed for residents at risk of developing skin breakdown.

While no residents rested for prolonged periods in wheelchairs on the days of inspection, referrals were sent requesting occupational therapy review but were not done. Inspectors noted some residents seated in assistive chairs and were facilitated to move to other comfortable seating during the day. Inspectors also noted one resident seated in a buxton type chair was assisted with walking by staff around the centre at regular intervals

8. Actions required from previous inspection:

Ensure that there are appropriate and suitable practices relating to the prescribing, storage and administration of PRN (as required) medications and controlled drug medication.

Ensure that medication administration practices are in accordance with legislative and professional requirements in that residents are given their medications at the time of administration prescribed.

This action was partially completed.

PRN (as required) medications were not prescribed in line with current evidenced-based practice. Inspectors noted that a frequency of does was prescribed as well as on a PRN basis. This practice created a risk of medication error. No medication errors were recorded.

Residents' medications were not consistently discontinued by the doctor in the sample files reviewed as the Doctor's signature was missing. Nurses transcribed residents' medication prescription sheets. While transcribed medications were not administered until countersigned by the GP, there was no policy in place to support transcription practices.

Management of controlled medications was reviewed and found to be satisfactory.

9. Actions required from previous inspection:

Revise the care planning process to reflect the individual needs and preferences of residents.

Provide resident and representatives with access to care plan when required. Include arrangements for consultation with residents and a process to amend their care plan with them.

This action was partially completed.

Residents confirmed that they were consulted on their care plan for example one resident confirmed that he only wanted one bed rail up and this was facilitated. Inspectors viewed the documentation used by residents or their families to confirm their involvement and agreement with their care plan.

The provider had recently purchased a computerised documentation system. The management team had not determined how they would provide residents with access to their care plans. No process was currently in place for residents to access or be involved in their care plan development or review.

10 Actions required from previous inspection:

Develop and implement a comprehensive policy detailing all aspects of restraint management for residents in the centre.

Put processes in place where residents have an in-depth assessment of need where restraints are used as a last resort measure for the least amount of time.

Conduct risk assessments on the use of Buxton type chairs for restraining residents in the centre.

Put procedures in place to monitor use of all chemical restraints.

Put adequate procedures in place where the resident who is restrained has a comprehensive person-centred care plan referencing frequency of monitoring, review and progress.

Provide a suitable and appropriate care plan with regular reviews for the management of restraints.

This action was partially completed.

The centre's restraint policy had been updated to incorporate the evidence-based practices in the Health Services Executive policy. The centre has begun the education phase of implementing the health service executive policy document and assessments in relation to restraint Management. Two staff had attended training and will train all other staff in the centre.

Inspectors noted that one resident was in a buxton-type chair. An assessment was in place referencing the need for this restraint. A practice was in place to regularly assist this resident from this chair and with walking. This procedure was referenced in the resident's care plan. No lap belts were in use on the day of inspection. Residents with challenging behaviour were appropriately managed. One resident was reviewed in December 2010 and again in May 2011 to support her behavioural management programme.

While inspectors were told that residents on psychotropic medication were reviewed regularly by their GPs, not all reviews were documented. Audits of psychotropic medications were not available on the day of inspection. Inspectors noted that residents were active and were engaging in the various scheduled recreational activities. A number of residents stated that they enjoyed living in the centre. However, the provider and assistant director of nursing told inspectors about their plans to audit a number of areas of the service including psychotropic medication administration by means of an audit system linked to the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

11. Actions required from previous inspection:

Revise the wound management policy to reflect comprehensive evidence-based procedures for assessment, monitoring and treating pressure wounds.

Involve wound specialists as part of the multidisciplinary team approach to provide support and advice to staff for wound management when deterioration is observed.

Put procedures in place where all residents who require referral for wound care, dietetic and occupational therapy assessment is facilitated.

Ensure that residents needs are appropriately assessed using an evidenced-based risk assessment tool.

This action was partially completed.

The wound management policy was reviewed and redrafted to reflect evidence-based procedures for prevention and management of wounds including pressure ulcers. While three residents in the centre with wounds were referred to and reviewed in the acute services, wound specialists do not attend the centre to review residents. However, the provider and assistant director of nursing explained how advice was readily accessible via the telephone from the wound specialists in the acute setting.

Residents in need of dietetic assessment and occupational therapy assessment are also referred on an out patient basis to the local hospital. Inspectors noted evidence of referral in residents' medical charts.

Only one assessment tool is now in use to assess resident's risk of developing pressure related skin damage promoting continuity and reducing error in assessments.

Standard	Best practice recommendations
Standard 14: Medication Management	<p>Ensure that professional standards are met for the safe custody of medications where the registered nurse holds the keys to medications on their person at all times.</p> <p>Inspection Finding Inspectors noted that the registered nurse held the keys to medications on their person at all times.</p>
Standard 15: Medication Monitoring and Review	<p>Ensure all residents including those receiving psychotropic medications are reviewed on at least a three monthly basis by their GP.</p> <p>Inspection Finding Residents were reviewed by their GPs on a three monthly basis including those receiving psychotropic medications.</p>
Standard 26: Health and Safety	<p>Cleaning staff were unsupervised. Cleaning schedules were not available for all areas.</p> <p>Inspection Finding Completed cleaning schedules were in place. The centre was visibly clean throughout.</p> <p>The cleaning system was revised and arrangements were in place where cleaning staff were supervised by the management team.</p>
Standard 26: Health and Safety.	<p>Washing instructions for laundering residents clothing who have potentially communicable infections was not available to inform staff in the laundry.</p> <p>Inspection Finding A standard precautions poster was in place in the laundry to advise staff on the management of infected linen. Alginate bags were in use for managing infected linen if necessary. None of the residents had communicable infections on the day of inspection as confirmed by the assistant matron and provider. Recommended best practice procedures were revisited with laundry staff by the management staff in the centre.</p>

Report compiled by:

Catherine Connolly-Gargan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

29 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
11 and 12 January 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 January 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
16 August 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
05 January 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Drumderrig Nursing Home
Centre ID:	0336
Date of inspection:	29 June 2011
Date of response:	19 August 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Did not ensure that the person in charge worked full time hours and was sufficiently engaged in the governance aspects of her role on a regular and consistent basis in the centre.

Action required:

Review staffing levels whereby the person in charge is engaged on a full time basis (37.5hrs per week) in the governance, operational management and administration of the centre on a regular and consistent basis.

Reference:

Health Act, 2007
Regulation 15: Person in Charge
Standard 27: Operational Management

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response.</p> <p>The person in charge Catherine Brennan works a 37.5 hours a week. She normally works Monday, Thursday and Friday one week and the next week she works Monday, Friday and Sunday.</p> <p>On the weeks in question where the inspectors had copies of the rota, the person in charge was accommodating one of the deputy matrons, who required specific days off due to family commitments. We work together as a team and if one member of that team requires specific time off we do our best to accommodate them.</p> <p>In Drumderrig we endeavour to have a member of the management team working each day, even if it is the week end. Weekends are a busy time with families and on call doctors. Matron rosters herself on one day every second weekend to be available to meet families who are unable to visit during the working week.</p> <p>The days the matron is not on site, she delegates to the management team and is available if required, she can be contacted by phone or if needed she comes in to the home. On the day of the inspection unfortunately the matron had a previous appointment on that day; this is why the provider rang one of the deputy matrons.</p> <p>Our current person in charge is retiring and taking on the role of assistant person in charge. Her daughter Domini Weston current assistant person in charge is taking on the role of person in charge and has applied for an application "Change of the person in charge NF30 pack" from the Health Information and Quality Authority.</p>	<p>October 2011</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A system to monitor the quality and safety of care provided to and the quality of life of residents in the designated centre at appropriate intervals was not in place.</p>
<p>Action required:</p> <p>Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have a suite of audits which audits the 32 standards; we are due to commence them in the next few weeks. The outcomes of these audits will identify areas in need of improvements. From this information we can plan changes. Our accidents incidents and near misses will be done as in section 4. Medication management will be done as per section 6.	January 2012

2. The person in charge has failed to comply with a regulatory requirement in the following respect: Did not ensure that staffing levels and skill mix were appropriate to meet the assessed needs of residents and the size and layout of the centre. Falls review indicated that 80% (4) of resident falls occurred at night and were unwitnessed by staff.	
Action required: Review staffing levels, skill mix to ensure that at all times (night and day); there are adequate staffs on duty to meet the assessed needs of the residents taking into account the size, layout and purpose of the residential setting.	
Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staffing levels were reviewed taking in to account the needs of the residents, the size, layout and purpose of the residential setting. We found the number of staff rostered for each duty is appropriate to meet the needs of the residents and home at present. The needs will be reviewed daily and changes will be made accordingly.	Immediate
Half hourly checks on residents who are at a high risk of falls are carried each night. Hourly checks on residents with low risk.	Immediate

5. The Provider has failed to comply with a regulatory requirement in the following respect:

Residents were not facilitated with all appropriate health care and support each on an individual basis to achieve and enjoy the best possible health such as adequate access to dietetic and occupational therapy specialist services to meet their assessed needs.

Did not maintain records of referrals.

Action required:

Put arrangements in place where residents are facilitated with all appropriate health care and support on an individual basis to achieve and enjoy the best possible health such as adequate access to dietetic and occupational therapy specialist services to meet their assessed needs.

Action required:

Ensure all relevant information is maintained in relation to residents' referrals to promote continuity of care.

Reference:

Health Act, 2007
Regulation 9: Health Care
Standard 13: Healthcare

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

Timescale:

Provider's response:

The dietician in the local hospital has been contacted regarding one of our resident; she said they would be able to see him in the hospital if he had an appointment with a consultant. Until then, she said she will refer him to the community dietician and will fax/post us a copy of the referral which we will keep in the residents file.

If our residents requires access to dietetic and occupational therapy specialist services their GP will send a letter of referral to the services.

All referrals to the services are kept in the residents files.

Immediate

welfare of residents in Designated centres for older people)regulation 2009 (as amended)	
Action required: Keep the statement of purpose under review.	
Action required: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required: Notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre and make a copy of the Statement of purpose available to the Chief Inspector	
Reference: Health Act 2007 Regulation 5:Statement of Purpose Standard 28:Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A copy of our newly reviewed statement of purpose has been forwarded to the Chief Inspector.</p> <p>We will notify the Chief Inspector in writing before changes are made to the statement of purpose which affect the purpose and function of the centre.</p>	Immediate

<p>8. The provider and person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Did not ensure each resident's assessed needs were carried out to a high standard of evidenced based nursing practice in relation to turning charts and weight monitoring.</p>
<p>Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident</p>
<p>Action required: Make each resident's care plan available to each resident.</p>
<p>Action required: Ensure residents receive a high standard of nursing practice in relation to position changing and weight monitoring.</p>

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 30: Quality Assurance and Continuous Improvement	Conduct clinical audits on areas of practice to ensure quality care provision. For example, care plans, medication practice, psychotropic medication, restraint management, complaints and hygiene. Provider's response: Audits on the above will be carried out.
Standard 21 Responding to Behaviour that is Challenging	Provide training for all staff in restraint management. Provider's response: All staff will be provided with training on restraint management.

Any comments the provider may wish to make:

Provider's response:

In Drumderrig House we endeavour to give the best evidence-based care to our residents. We would like to thank the inspectors on their courtesy and professionalism throughout the inspection. We are committed to meeting the requirements of the regulations and Standards.

Provider's name: Paula Cull

Date: 19 August 2011