

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Droimnín Nursing Home
<b>Centre ID:</b>	0702
<b>Centre address:</b>	Brockley Park Stradbally, Co Laois
<b>Telephone number:</b>	057 8641002
<b>Fax number:</b>	057 8641003
<b>Email address:</b>	info@droimninnursinghome.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Droimnín Nursing Home Ltd.
<b>Person in charge:</b>	Fiona Quinn
<b>Date of inspection:</b>	3 August 2011
<b>Time inspection took place:</b>	<b>Start:</b> 08:55 hrs <b>Completion:</b> 18:10 hrs
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector:</b>	Linda Moore
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit</b>	<input 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"/> Regulatory Monitoring Visit

## 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*.

Inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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 well-being of residents
- to carry out a regulatory monitoring visit focussing on key regulatory requirements.

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

Droimnín Nursing Home is a new purpose-built residential centre with capacity for 70 residents. It has two stories and is built around a large internal courtyard. There were 21 residents there at the time of inspection with a further one resident in hospital.

The ground floor entrance leads to a large bright lobby with a reception desk, offices, two toilets and ample seating. A conservatory behind the lobby, with seating, opens onto the enclosed courtyard. To the right of the entrance is the lift to the first floor and entrance to a day room, a large bright dining room and the oratory. There are two toilets near these communal areas. The kitchen, laundry and staff room are further along this corridor.

There are 29 single en suite bedrooms on the ground floor. All en suites include showers, toilet and wash-hand basin. Other facilities on this floor include an assisted bathroom, store rooms, sluice room with bed pan washer, linen store, kitchenette and cleaning store. There are also two further sitting rooms, one of which is designated as a private room for residents to meet their visitors. There are two additional toilets, one in close proximity to each of the small sitting rooms.

The first floor which is unoccupied can be accessed via stairs or lift. There are 41 bedrooms on this floor, all of which are single with en suite toilet, shower and wash-hand basin. On exiting the lift there is a large lobby area with a coffee dock and seating. The hair salon and treatment room are off this area. There is a large dedicated social and activity room. Other facilities for this floor include a dining room, an assisted bathroom, a store room, sluice room with bed pan washer, linen room, kitchenette and cleaning store. There are also two further sitting rooms. There are two additional toilets, one in close proximity to each of the small sitting rooms.

There a large secure enclosed courtyard which is accessed from the ground floor and a small enclosed safe roof-top garden terrace. Car parking is provided at the front and to the side of the building for relatives and other visitors.

### Location

The centre is located approximately a quarter mile from the town centre of Stradbally, Co Laois.

<b>Date centre was first established:</b>	14 February 2011
<b>Number of residents on the date of inspection</b>	21 + 1 in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	7	5	3

### Management structure

The Provider is Droimnín Nursing Home Ltd and Gearóid Brennan, a Director, is the nominated Provider on behalf of the company. The Person in Charge is Fiona Quinn and she reports to the Provider. Her title is Director of Care and she is supported in her role by a Deputy Director of Care (DDoC). The nursing staff and healthcare assistants report to the Person in Charge. The household/laundry staff report to the DDoC. There is a deputy chef and kitchen assistants who report to the Chef who in turn reports to the Provider as do the administration and maintenance staff.

Number of staff on duty on day of inspection:	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
<b>Morning</b>	1	1	3	2	1	1	2*
<b>Afternoon</b>	1	1	3	2	1	1	2
<b>Evening</b>	-	1	3	-	-	-	-
<b>Night</b>	-	1	1	-	-	-	-

\* One maintenance person and the provider

## Summary of findings from this inspection

This was an unannounced monitoring inspection and the centre's second inspection by the Authority. A registration inspection had been carried out on 6 September 2010. The report from that inspection is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie)

This is a new purpose-built centre and commenced operation in February 2011.

While areas for improvement were identified, overall inspectors found that the provider and person in charge met the requirements of 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*.

A fit person interview was carried out with the person in charge who took over this role in February 2011. Inspectors were concerned that sufficient support was not available to her at this early stage of development work.

Improvements were required around some clinical issues such as the use of restraint, the management of falls and weight loss. Improvements were also required around medication management processes. Although all residents had care plans in place, further work was required to develop person-centred documentation.

The provision of meaningful activities for residents was at a very early stage of development and required further input. There was no system in place to consult with residents.

Recruitment processes, risk management and protection measures were not sufficiently robust to safeguard the residents. Although complaints were well managed the policy did not meet the requirements of the Regulations. The statement of purpose and the Residents' Guide required revision to reflect organisational changes.

Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

## Governance

### Regulation 15: Person in Charge

Fiona Quinn had been appointed as the person in charge in April 2011. As part of the inspection a fit person interview was carried out. She was a registered general nurse and worked full-time at the centre. She had worked for more than 11 years in older person services which met the requirements of the Regulations. She continued to keep her skills up-to-date by undertaking ongoing professional development.

She conveyed a good knowledge of her responsibilities under current legislation and demonstrated good leadership skills. She had the required experience and relevant knowledge in caring for older people.

Inspectors found that she was knowledgeable about residents' needs and their background. She was observed to engage well with residents and relatives throughout the days of inspection.

She acknowledged that further development work was needed and welcomed the inspection process to assist in driving forward quality care for residents.

### Regulation 16: Staffing

Inspectors were concerned that some aspects of staff recruitment and training could pose a risk to the safety of residents.

Inspectors read the recruitment policy and noted that it did not meet the requirements of the Regulations. For example, it stated that two references should be sought and made no reference to physical and mental fitness.

Inspectors reviewed staff personnel files and noted that they did not meet the requirements of the Regulations. For example, a photograph was used instead of photographic identification. Despite the fact that all staff were recently employed for the opening of the centre, a self declaration was used to verify mental and physical fitness contrary to what was required by the Regulations.

Inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. The staff roster detailed the staff members' position and full name. A registered nurse was on duty at all times. The person in charge was always supernumerary and available to support and supervise staff. All staff interviewed and residents confirmed that there was adequate staff on duty to attend to their needs.

The person in charge informed inspectors that if for any reason staff were unavailable to work, part-time staff were available to work extra shifts. This ensured that residents were familiar with the staff and the person in charge could have confidence that staff members were competent. Inspectors saw that this was

reflected in the rosters reviewed. Additional staff were being recruited as the numbers of residents was being increased on a phased basis.

Inspectors confirmed that up-to-date registration numbers were in place for nursing staff.

The person in charge informed inspectors that she intended to introduce staff appraisals once all core staff were in post and repeat on a yearly basis. Inspectors read the proposed appraisal form.

Training had already been provided to all staff during the induction week prior to opening the centre. The provider told inspectors that each staff member had a contractual duty to attend six to seven study days per year and once staff were in place suitable training would be organised to ensure staff were competent to meet the needs of residents outlined in the statement of purpose. This would include dementia-specific training and additional training on palliative care.

### **Regulation 31: Risk Management Procedures**

Inspectors found that practice in relation to the health and safety of residents and the management of risk needed further improvement.

Most staff had received training in infection control. However, the staff member attending to household cleaning and laundry was not familiar with any arrangements in place to prevent the spread of infection which posed a risk of infection to both residents and staff.

The environment was kept clean and well maintained and there were measures in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available in each room.

Inspectors read the induction policy and noted that although comprehensive, it was not being used to guide practice. For example, the policy stated that all staff would be provided with the required mandatory training on commencement of employment. Inspectors spoke with a new staff member who had been employed in a temporary capacity for the summer months and noted that training had not been given in manual handling, fire prevention or elder abuse.

Although accidents and incidents were recorded, there was no system in place for analysing this data for the purpose of minimising risk of reoccurrence. Neither was there a system in place for sharing this information for learning purposes.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Alternative accommodation for residents was available if evacuation was necessary. Staff spoken with were aware of the procedure to follow and also the alternative accommodation.

Clinical risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. However, the risk management policy and associated practices needed further development and did not meet the requirements of the Regulations. Some of the policies had been developed but as yet staff were not familiar with them. For example, although a regulatory requirement, there was no policy on self harm.

### **Regulation 39: Complaints Procedures**

A centre-specific complaints procedure was on display in the reception area. The complaints policy had been updated in light of the Regulations, but it did not include details of a nominated person in the centre, independent of the designated person responsible for complaints, to ensure that all complaints were appropriately responded to and records maintained. It did not contain details of an independent appeals process.

No written complaints had been received in the centre. A verbal complaints log was made available to inspectors. Overall this had been satisfactorily maintained. It contained details of the complaints, action taken as a result of the complaint and the outcome. However, residents spoken with were not aware of the complaints procedure. Residents confirmed that if they had a complaint they would talk to the person in charge or the nurses and all spoken to confirmed that they were satisfied with the service provided and had no complaints at the current time.

### **Regulation 36: Notification of Incidents**

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

## Resident Care

### Regulation 9: Health Care

Inspectors were concerned that some aspects of health care management could pose a risk to the residents' well being.

Inspectors were concerned that the use of restraint could pose a risk to the safety of residents. Inspectors noted that several residents were using either one or two bedrails and tables were used in front of some chairs. In the sample of care plans reviewed inspectors noted that although consent had been obtained, assessments had not been undertaken. There was no evidence that alternatives had been considered. The policy was read by inspectors who noted that it was not in line with contemporary evidence based practice.

Inspectors were also concerned about the management of falls within the centre. Inspectors read the policy which outlined the procedure to follow should a resident fall and noted that it was comprehensive and evidence based. It outlined that the resident was to be reassessed and a falls prevention care plan was to be implemented. However, on reading the care plans of residents who had fallen, inspectors noted that the policy was not used to inform practice as these steps had not been taken.

General practitioner (GP) services were provided and residents had access to a range of peripatetic services. A weekly exercise class was provided by a physiotherapist and further private sessions were available for a fee. Occupational therapy (OT) and speech and language therapy was by referral basis to the local hospital. The dietician also attended residents on a referral basis. Audiology services were also provided on a referral basis. Chiropody, dental and optical services were provided locally or in-house if required. While reviewing residents' files inspectors noted the input of the various services who recorded their review and treatment plans for each resident.

Inspectors reviewed some residents' files and noted that a nursing assessment and additional risk assessments were carried out for residents. Comprehensive care plans were in place for all residents' needs. Inspectors read residents' care plans and the staff outlined to inspectors how they were committed to improving this documentation. Three-monthly reviews were completed, dated and signed by staff, residents and relatives. Staff told inspectors how residents and relatives were now included in the development and review of care plans.

### Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines

Inspectors found that some improvements were required in the medication management process.

There were comprehensive medication management policies which provided guidance on prescribing and administration of medications. Inspectors reviewed the practices in place and found that they were in line with the policy. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. Inspectors also noted that there was regular input from the pharmacist.

A medication fridge was in place and inspectors noted that the daily temperatures were recorded. Medications in use were dated on the day they were opened. All medications and the medication fridge were stored in a locked room.

The medication policy provided guidance to staff on the management of residents who wished to self-medicate. There were no residents availing of this at the time of inspection.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with best practice. Nurses kept a register of controlled drugs. Two nurses signed and dated the register on administration. The stock balance was checked at the change of each shift. However, the practice in place was for a single entry stating that the balance of all medications were correct, signed by two nurses, rather than an individual count of each medication. Inspectors also noted that instead of a signature, one nurse wrote her first name only. Inspectors were concerned that these practices were not in line with legislation and could make investigation difficult in the event of medication going missing.

Inspectors also noted that medication audits had not been undertaken to ensure compliance with the medication policy, best practice guidelines and to minimise the risk of errors.

#### **Regulation 6: General Welfare and Protection**

Inspectors found that some improvements were required to protect residents from being harmed or abused.

Inspectors reviewed the policy on the detection and prevention of elder abuse and noted it required further development. For example, it did not outline the procedure to follow should a staff member be accused of abusing a resident.

Inspectors reviewed the training records but it was not clear from the records if all staff had received training on identifying and responding to elder abuse. Two staff members spoken to stated they had not received training. Neither staff member was clear on reporting procedures.

Inspectors reviewed the management of residents' finances and noted that the balances were correct and all transactions were signed by three persons or the resident/representative. However, the records did not always state the purpose for which money was withdrawn nor were receipts available. Inspectors also noted that receipts were not given to relatives who handed in monies for their loved ones.

## **Regulation 10: Residents' Rights, Dignity and Consultation**

Inspectors were concerned that residents were not sufficiently consulted as regards the running of the centre.

A system had not been established to provide a forum for residents to discuss any issues or preferences and to consult with them about how the centre was run on a day to day basis. The person in charge told inspectors that she intended to facilitate this in the near future. The provider told inspectors that it was company policy for a resident satisfaction survey to be completed on a yearly basis and this was something they would address immediately.

Inspectors were concerned about the lack of meaningful activities for the residents including those with dementia related conditions. An assessment of each resident's likes and dislikes had not been undertaken and no reference was made to residents' previous life histories. A programme of events was displayed but much of the programme provided very little interaction or stimulation as it was only reading the papers or looking at a film. There was no activity in place suitable for the residents with dementia related conditions. Inspectors heard a resident asking another resident what they should do now. There was no activities coordinator employed and there was no staff member designated with responsibility to provide activities. Instead it fell on the staff on duty who may or may not have the time.

Residents were encouraged to maintain their independence. Residents were seen walking during the day and staff accompanying residents outside for short walks. Residents were offered many choices around aspects of their daily live including mealtimes and times for getting up and going to bed. Residents' privacy and dignity were respected by staff. Staff were observed knocking on bedroom and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred name. Inspectors also heard good humoured banter which some residents were enjoying.

Residents' religious rights were respected. Mass took place on a weekly basis and several residents commented on how important this was to them. The Church of Ireland minister visited regularly and on request. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

## **Regulation 20: Food and Nutrition**

Inspectors' were concerned about the management of residents' weight loss. Nutrition assessments were used to identify residents at risk. However, reassessment following weight loss was not always undertaken. Records showed that some residents had been referred for dietetic review and the treatment plan for these residents was recorded in the residents' files. However, weight records were examined which showed that residents' weights were only checked on a three-monthly basis. Staff spoken with said residents' weights would be checked more frequently if required. However, inspectors reviewed residents' records and saw

where a resident was not reassessed appropriately even though his recorded weight indicated that he had significant weight loss. There was no care plan in place to address this weight loss nor had he been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

There was a large central dining room. Residents chose where they would prefer to have their meal. Inspectors noted that meals were well presented and tasty. Staff were seen to assist residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. Inspectors saw that each resident was asked if they would like seconds. Residents told inspectors they could have anything they wanted at meal times and inspectors saw where a wide variety of dishes were served.

Inspectors saw residents being offered a variety of snacks and drinks. Jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time they asked for them. Relatives also told inspectors that they were always offered tea or coffee.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff, the residents care plans and from speaking directly to residents. Inspectors noted that the catering staff spoke with the residents during the meal times asking if everything was ok.

Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions.

## Environment

### Regulation 19: Premises

The centre was purpose-built, with a good standard of private and communal space and facilities. The first floor was not yet occupied by residents. The ground floor environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

The provider and person in charge were involved in the design of the centre. They included large seating areas near areas of high activity, such as the entrance foyer and at the first floor lift area. There were also adequate smaller quiet areas available for residents to use should they prefer it.

There are adequate assisted toilets available for residents near communal areas and each floor had an assisted bathroom should a resident prefer a bath instead of the shower provided in their en suite bathroom.

There was a secure courtyard area which was easily accessible for residents from the foyer area with a smaller secure roof terrace on the first floor.

The occupied bedrooms were nicely personalised and each bedroom has a locked storage space for residents' own personal use. The bedside lockers had a drawer that could be locked and both the en suite and bedroom doors could be locked by residents. All doors could be opened by a master key should staff need to access a locked room in an emergency. Call bell facilities were available in each room.

The kitchen was found to be well organised and equipped with sufficient storage facilities. Inspector observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as hoists, pressure relieving mattresses, cushions, wheelchairs and walking frames. Handrails were available to promote independence. Hoists and other equipment had been maintained, service contracts were in place and records were up-to-date.

There was adequate storage for assistive equipment such as wheelchairs, hoists and weighing scales to be stored in a discreet manner.

The provider had employed a person for day-to-day maintenance.

## **Article 32: Fire Precautions and Records**

Records of training for staff in fire prevention were made available to inspectors which showed that not all staff had up to date fire training. All staff spoken with were very clear about the procedure to follow in the event of a fire. Training included demonstration in the use of fire fighting equipment and the procedures to be followed to evacuate residents. Fire procedures were displayed in the centre.

Service records showed that the fire alarm system was serviced on a three-monthly basis and the emergency lighting and fire equipment on a yearly basis. Inspectors read the records which showed that daily inspections of fire exits were carried out. The fire panels were in order and inspectors noted that fire exits were unobstructed. There were arrangements in place for detecting, containing and extinguishing fires and the records reviewed confirmed that there was a service contract in place for all fire equipment.

### **Other issues identified at inspection:**

#### **Regulation 5: Statement of Purpose**

#### **Regulation 21: Provision of Information to Residents**

Inspectors read the statement of purpose and the Residents' Guide and noted that neither met the requirements of the Regulations. Both documents needed to be updated to reflect changes in the organisation structure. The statement of purpose did not outline the conditions of registration and the section on complaints needed to be updated following revision of the complaints procedure as outlined earlier.

#### **Regulation 35: Review of Quality and Safety of Care and Quality of Life**

Inspectors were concerned that as yet a system had not been established for reviewing the Quality and Safety of Care provided to residents.

Auditing had not commenced on any aspect of care. This included care plan documentation, incidents and accidents or the use of restraint.

There was no system in place to review the quality of the experience of residents and no evidence of consultation with residents.

## **Article 27: Operating Policies and Procedures**

Inspectors were concerned that the lack of evidence based policies could impact on the safety of care.

Inspectors noted that policies required by the Regulations were at various stages of development and implementation. Staff spoken with were familiar with some policies and not others. Inspectors also noted that some clinical policies needed to be

updated to reflect contemporary evidence based care. For example, the restraint policy did not reflect the national guidelines on the use of physical restraint.

This was discussed with the provider and person in charge during the inspection. They informed inspectors that they have engaged the services of an external company to ensure further customisation of the policies and procedures in line with the Regulations and increase staffs' working knowledge. This was confirmed by email to inspectors and was due to commence at the end of August.

## **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

#### ***Report compiled by:***

Sheila Doyle

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

8 August 2011

## Provider's response to inspection report

<b>Centre:</b>	Droimnín Nursing Home
<b>Centre ID:</b>	0702
<b>Date of inspection:</b>	3 August 2011
<b>Date of response:</b>	2 September 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 and person in charge have failed to comply with a regulatory requirement in the following respect:**

Staff personnel files or the recruitment policy did not meet the requirements of the Regulations.

#### **Action required:**

Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

#### **Action required:**

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

<b>Action required:</b>	
Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.	
<b>Reference:</b>	
Health Act, 2007 Regulation 17: Training and Staff Development Regulation 18: Recruitment Standards 22: Recruitment Standard 24: Training and Supervision	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Droimnín Nursing Homes recruitment policy and procedures will be revised to account for the specific gaps identified in the recent inspection (photograph evidence identification, a third referee and a medical letter from employee's GP).	Immediate/ Completed
Droimnín is in the process of developing a programme in consultation by 9 September 2011 with an external training and development organisation to address any current gaps in staff knowledge viv-a-vis the services being provided within the centre. Training to be completed by 31 October 2011.	09/09/2011 31/10/2011

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>
The risk management policy and associated practices needed further development and did not meet the requirements of the Regulations.
Some staff had not received training in manual handling, fire prevention or elder abuse.
<b>Action required:</b>
Put in place a comprehensive written risk management policy and implement this throughout the designated centre.
<b>Action required:</b>
Provide training for staff in the moving and handling of residents, fire prevention and elder abuse.

<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Droimnín Nursing Homes will develop its risk management policy in line with best practice, to include specifically a policy on self harm.	23/09/2011
Any member of staff who has not already received training in manual handling and patient lifting, fire prevention, elder abuse and infection control will be immediately trained in these aspects.	30/09/2011

<b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The complaints policy and procedure did not meet the requirements of the Regulations.
<b>Action required:</b>  Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.
<b>Action required:</b>  Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.
<b>Action required:</b>  Make available a nominated person in the designated centre to deal with all complaints.
<b>Action required:</b>  Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

<b>Reference:</b> Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Droimnín Nursing Homes operational policies and procedures relating to the making, handling and investigation of complaints will be reviewed and updated and in particular with regard to the following: <ul style="list-style-type: none"> <li>▪ to ensure that it includes an effective independent appeals process</li> <li>▪ the making available of a nominated person to deal with all complaints</li> <li>▪ the making available of a person, independent of the nominated person as per Regulation 39(5).</li> </ul>	16/09/2011

<p><b>4. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Inspectors were concerned that the use of restraint could pose a risk to the safety of residents.</p> <p>Inspectors were also concerned about the management of falls within the centre.</p> <p>Inspectors were concerned about the lack of meaningful activities for the residents including those with dementia related conditions.</p>
<p><b>Action required:</b></p> <p>Provide a high standard of evidence based nursing practice.</p>
<p><b>Action required:</b></p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>
<p><b>Action required:</b></p> <p>Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing.</p>

<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Droimnin Nursing Homes has reviewed its practices in relation to the use of restraints and will update them in line with contemporary evidence based practice.  The occurrence of falls within the centre has been examined and the nursing homes' falls management practices will be adjusted to ensure that all details in relation to falls are properly recorded within resident care plans. This information will be used to inform practice going forward. In addition, the centre is developing a new 'Falls Analysis' tool to aid this process.  A meeting has been held with residents (Residents Forum) and following on from this, and internal management discussions, the centres activation programme has been adjusted and augmented to reflect the desires of the residents regarding activities. In addition, activities specific to the desires and needs of residents with special conditions have also been expanded.	16/09/2011  16/09/2011  Immediate/ Completed

<b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Inspectors were concerned that recording of medications that require strict controls was not in line with the legislation and could make investigation difficult in the event of medication going missing.
<b>Action required:</b>  Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.
<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Droimnin Nursing Homes practices and operational policies relating to the ordering, prescribing, storing and administration of medicines has been reviewed with specific attention to the controlled drugs register. Practices have been adjusted to ensure that all aspects are in compliance with regulation and best practice. Medication audits will also commence with immediate effect.</p>	<p>Immediate/ Completed</p>

<p><b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The policy on the detection and prevention of elder abuse required further development.</p> <p>Two staff members spoken to were not knowledgeable about abuse and one staff member had not received training.</p>
<p><b>Action required:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>
<p><b>Action required:</b></p> <p>Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 8: Protection  Standard 9: The Resident's Finances</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Droimnin Nursing Homes policy on the detection and prevention of elder abuse will be reviewed with a view to identifying any gaps and making the necessary improvements particularly with</p>	<p>23/09/2011</p>

regard to actions to be taken in the event of a staff member being accused of abusing a resident and staff training in relation to abuse generally.	
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<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>A system had not been established to provide a forum for residents to discuss any issues or preferences.</p>	
<p><b>Action required:</b></p> <p>Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 10: Residents' Rights, Dignity and Consultation  Standard 2: Consultation and Participation  Standard 18: Routines and Expectations  Standard 20: Social Contacts</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>A Resident Form has been established in the Centre and the first meeting of the forum took place on Tuesday 30 August 2011. The result of this and future meeting will be used to guide practices in the centre going forward.</p>	<p>Immediate/ Completed</p>

<p><b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Inspectors were concerned about the management of residents' weight loss.</p>	
<p><b>Action required:</b></p> <p>Implement a comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 20: Food and Nutrition  Standard 19: Meals and Mealtimes</p>	

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Droimnin Nursing Home has undertaken a comprehensive review of its policy, procedures and practices in relation to weight management and specifically the management of resident's weight loss. Procedures and practices have been adjusted in line with best practice in all regards but with specific reference to the frequency of weighing, care planning around this issue and the involvement of professional dieticians.</p>	<p>Immediate/ Completed</p>

<p><b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Neither the statement of purpose nor Residents' Guide met the requirements of the Regulations.</p>
<p><b>Action required:</b></p> <p>Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.</p>
<p><b>Action required:</b></p> <p>Produce a Resident's Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.</p>
<p><b>Action required:</b></p> <p>Make a copy of the statement of purpose available to the Chief Inspector.</p>
<p><b>Action required:</b></p> <p>Supply a copy of the Residents' Guide to the Chief Inspector.</p>
<p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 5: Statement of Purpose</li> <li>Regulation 21: Provision of Information to Residents</li> <li>Standard 1: Information</li> <li>Standard 28: Purpose and Function</li> </ul>

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Droimnín Nursing Home will undertake an immediate review of its statement of purpose in order to ensure that all matters listed in Schedule 1 of the Regulations are included. Following this review the statement will be sent to the Chief Inspector.</p> <p>Droimnín Nursing Home will review its Residents' Guide in order to ensure that it includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector. Following this review the guide will be sent to the Chief Inspector.</p>	<p>16/09/2011</p> <p>1. 23/09/2011</p>

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

Auditing had not commenced on any aspect of care. This included care plan documentation, incidents and accidents or the use of restraint.

There was no system in place to review the quality of the experience of residents and no evidence of consultation with residents.

**Action required:**

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.

**Action required:**

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

**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:
<p>Provider's response:</p> <p>Droimnin Nursing Home is currently developing a centre specific audit tool to validate the quality and safety of care provided to residents. Once developed, this tool will be capable of being used by all staff to validate all aspects of the centres policies, procedures and related practice at regular intervals and will identify gaps in, and quality of service. Centre quality and safety of care will also be informed by the results of the Residents Forum which has recently been established and will meet monthly.</p>	<p>Audit tool – 30/09/2011</p> <p>Residents Forum – Completed</p>

<p><b>11. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Policies required by the Regulations were at various stages of development and implementation.</p>	
<p><b>Action required:</b></p> <p>Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 27: Operating Policies and Procedures  Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Droimnin Nursing Home has been in operation for six months and is committed at this stage to a full review of all its policies and procedures. In that regard, it has been in contact with an external service provider with expertise in this area with a view to this company facilitating the independent review as well as the further development of all our documentation. This process will involve all members of staff and will involve a significant amount of training as well as the further development of the documentation driving the operations of the Centre. This process will be completed over a three to four month period.</p>	<p>Completed by Year End</p>

**Any comments the provider may wish to make:**

**Provider's response:**

We would like to express our thanks to the Health Information and Quality Authority and to the two inspectors for the professional approach adopted during this inspection. We would like to acknowledge in particular the valuable guidance and support offered during the course of the inspection. In Droimnín, we are committed to developing and implementing the highest standards of resident care and we welcome this inspection and report as an important step in that journey.

**Provider's name:** Droimnín Nursing Home Limited

**Date:** 1 September 2011