

**Health Information and Quality Authority  
Regulation Directorate**

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



|  |   |
|--|---|
| <b>Centre name:</b>  | Drumbear Lodge Nursing Home   |
| <b>Centre ID:</b>  | 0132  |
| <b>Centre address:</b>                                     | Cootehill Road  |
|  | Monaghan  |
|  | County Monaghan   |
| <b>Telephone number:</b>                                   | 047-84800   |
| <b>Email address:</b>                                      | info@drumbearnursinghome.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 provider:</b>                                | Drumbear Lodge Limited  |
| <b>Person authorised to act on behalf of the provider:</b> | Dympna MacMahon   |
| <b>Person in charge:</b>                                   | Caroline McAree   |
| <b>Date of inspection:</b>                                 | 11 June 2013  |
| <b>Time inspection took place:</b>                         | <b>Start:</b> 09:30 hrs <b>Completion:</b> 18:00 hrs  |
| <b>Lead inspector:</b>                                     | Nuala Rafferty  |
| <b>Support inspector(s):</b>                               | N/A   |
| <b>Type of inspection</b>                                  | <input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>                                    |
| <b>Number of residents on the date of inspection:</b>      | 51  |
| <b>Number of vacancies on the date of inspection:</b>      | 0   |

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

|  |                                     |
|--|-------------------------------------|
| <b>Outcome 1:</b> Statement of Purpose   | <input type="checkbox"/>            |
| <b>Outcome 2:</b> Contract for the Provision of Services                       | <input type="checkbox"/>            |
| <b>Outcome 3:</b> Suitable Person in Charge                                    | <input checked="" type="checkbox"/> |
| <b>Outcome 4:</b> Records and documentation to be kept at a designated centres | <input checked="" type="checkbox"/> |
| <b>Outcome 5:</b> Absence of the person in charge                              | <input type="checkbox"/>            |
| <b>Outcome 6:</b> Safeguarding and Safety                                      | <input checked="" type="checkbox"/> |
| <b>Outcome 7:</b> Health and Safety and Risk Management                        | <input checked="" type="checkbox"/> |
| <b>Outcome 8:</b> Medication Management  | <input checked="" type="checkbox"/> |
| <b>Outcome 9:</b> Notification of Incidents                                    | <input checked="" type="checkbox"/> |
| <b>Outcome 10:</b> Reviewing and improving the quality and safety of care      | <input checked="" type="checkbox"/> |
| <b>Outcome 11:</b> Health and Social Care Needs                                | <input checked="" type="checkbox"/> |
| <b>Outcome 12:</b> Safe and Suitable Premises                                  | <input checked="" type="checkbox"/> |
| <b>Outcome 13:</b> Complaints procedures                                       | <input type="checkbox"/>            |
| <b>Outcome 14:</b> End of Life Care  | <input type="checkbox"/>            |
| <b>Outcome 15:</b> Food and Nutrition  | <input type="checkbox"/>            |
| <b>Outcome 16:</b> Residents' Rights, Dignity and Consultation                 | <input type="checkbox"/>            |
| <b>Outcome 17:</b> Residents' clothing and personal property and possessions   | <input type="checkbox"/>            |
| <b>Outcome 18:</b> Suitable Staffing   | <input checked="" type="checkbox"/> |

This monitoring inspection was unannounced and took place over one day. The inspector met with residents, nominated person on behalf of the provider, person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, some policies and procedures and staff files. A general inspection of the nursing home environment was also undertaken.

The centre contained a good standard of private and communal space and facilities. The décor was bright, clean and well maintained. Residents and relatives reported that the centre offered a safe and comfortable environment. Resident's privacy and dignity was respected and social engagement was encouraged and facilitated.

The inspector met and spoke to several residents during the course of the visit and all expressed satisfaction with the level of service provided by the staff in Drumbear Lodge, they were complimentary of the food which they said was always hot and tasty and were particularly happy with having a light lunch and receiving their main meal in the evening. Residents appeared well groomed, dressed neatly and appropriately with clothing clean and pressed and wearing safe footwear.

This was the third inspection of Drumbear Lodge Nursing Home. A registration inspection took place on 25 October 2011 and a follow-up inspection took place on 13 September 2012. The actions required from both inspections were found to be satisfactorily addressed.

Since the last inspection, the provider has applied for a variation of registration conditions. The application relates to a proposed renovation of the centre and small extension to include the addition of two new office spaces and an additional single bedroom.

During the course of this visit, the inspector discussed this application and the overall environment with the provider and person in charge. The inspector reiterated the guidance issued by the Authority to providers in relation to ensuring facilities meet 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* by July 2015.

Overall, governance systems in place appeared effective and appropriate to ensure safe and suitable care was delivered to residents. The inspection found some improvements were required in areas of practice, such as reviewing the quality and safety of care and a review of the environment, in order to fully comply with the Regulations and the Authority's Standards. These are included in the Action Plan contained at the end of this report.

## Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

### Theme: Leadership, Governance and Management

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### Outcome 1

*There is a written statement of purpose that accurately describes the service 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.*

#### References:

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### Action(s) required from previous inspection:

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

### Inspection findings

Further to the last inspection the statement of purpose was amended to reflect registration number, date of registration, date of expiry and conditions. A revised statement of purpose was viewed at the end of the inspection and was found to contain all of the information as required by the Regulations. The provider was aware of the requirement to keep the statement of purpose under review and notify the Chief Inspector prior to making any proposed changes.

#### Outcome 3

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### References:

Regulation 15: Person in Charge  
Standard 27: Operational Management

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The person in charge was found to be aware of her role and responsibilities and was involved in the day-to-day operational management and governance of the centre.

The person in charge was observed during interactions with staff and residents and was found to have in depth knowledge of residents' needs and preferences on both a personal and clinical level. Residents responded warmly to her and in conversation said they could bring any issues they may have to her attention. Staff said they were supported in their role and the inspector observed that guidance was provided to staff on an ongoing basis throughout the visit.

### Outcome 4

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

#### References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

#### Inspection findings:

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

#### Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required \*

Not all records required to be maintained under Schedule 3 of the Regulations were reviewed on this inspection such as the directory of residents. Those records which were reviewed were found to be substantially compliant.

#### Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required \*

#### Medical Records

Substantial compliance

Improvements required \*

**Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The provider was aware of the responsibility to notify the Authority of the absence of the person in charge. Arrangements for the absence of the person in charge were in place, the provider who is also a qualified nurse with the relevant experience of working with older persons deputises for the person in charge in her absence.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The centre was found to be safe and secure. The entrance and exit doors were secure yet accessible to residents.

In conversation with some members of staff it was found they were aware of their responsibilities in relation to reporting allegations or suspected instances of abuse and were knowledgeable of the signs of potential abuse. Residents spoken too all expressed feeling safe in the centre and could tell the inspector who they would go to if they had any complaints or concerns. Management of residents finances were not reviewed on this inspection.

### **Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Action(s) required from previous inspection:**

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

## Inspection findings

Risk management policies and procedures were in place and reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre were found. Policies and procedures relating to the health and safety of residents were in place.

The entrance to the centre was secure and a visitors log was in use to monitor the movement of persons in and out of the building. The inspector observed this record to be in use. Residents confirmed to the inspector in conversations that they felt safe in their day to day life at the centre.

The environment was noted to be clean and clutter free and there were measures in place to control and prevent infection. Staff had received training in infection control and could explain the procedures in place to control infection. A member of the housekeeping staff was able to describe the cleaning systems in place and how these worked in practice.

Training for staff in the moving and handling of residents was provided and where observed practice was found to be in line with evidence-based practice.

Adequate precautions against the risk of fire, including the provision of suitable fire equipment were found. Arrangements were in place for the maintenance of the fire alarm system and equipment within this centre. Staff were knowledgeable in relation to fire evacuation procedures and staff training was provided on an ongoing basis

The inspector reviewed some of the risk management processes in place to manage risks associated with the use of restraints. It was noted that all beds in the centre were fitted with integral bedrails and these were in use for a number of residents. On review of the decision making processes used to determine whether the restraint is appropriate or safe, it was found that the centre revised its restraint policy and now uses the HSE national restraint policies and procedures. However, it was noted that this policy consistently refers staff to other HSE policies not in use in the centre and therefore the policy was not centre-specific.

It was found on the sample of care documentation reviewed that those residents who have restraints in place many were identified as using the restraint on request, but it was also noted that the policy directed staff that in order for the restraint to be used on request the residents should have the ability to mobilise in bed, free any trapped limbs and be fully orientated and alert. It was noted that not all residents with restraints in place on this basis met all of these criteria.

#### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place.

Overall, the inspector found evidence of safe medication management practices. Nursing staff were knowledgeable about medication and administration practices. The inspector found that each resident's medication was reviewed regularly by the medical team.

The medication trolley was stored securely in the treatment room. The inspector observed a staff nurse during a medication round and observed safe practice in line with An Bord Altranais agus Cnáimhseachais na hÉireann guidance to nurses and midwives.

**Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Quarterly notifications had been submitted to the Authority as required and within the appropriate timeframe. The person in charge demonstrated an understanding of her responsibilities to maintain records of all incidents occurring in the centre. She was aware that she was legally obliged to notify the Chief Inspector of incidents such as serious injury to a resident or an outbreak of infection and in the main it was noted that these were received in a timely fashion. The Inspector reviewed notifications received by the Authority prior to the inspection and the centres accident and incident log during the inspection and identified two accidents, which resulted in an injury to residents requiring transfer to an accident and emergency unit, these had not been appropriately notified to the Authority. This was discussed with the person in charge who acknowledged that this was an oversight.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

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

Standard 30: Quality Assurance and Continuous Improvement

**Action(s) required from previous inspection:**

The actions required from the previous inspection were in the main satisfactorily implemented.

## Inspection findings

The quality and safety of some aspects of care was monitored and reviewed on an ongoing basis by the person in charge. A system for reviewing some care practices was established regarding areas such as accident and incidents, housekeeping, activities and medication management. The audits carried out were not identifying key areas for improvement in all cases. Further to the last inspection, it was noted that activities to provide appropriate stimulation for all residents with cognitive impairment were not in place. This was found to be partially addressed on this visit. A Sonas programme had been initiated which included sensory stimulation such as music, aromatherapy oils, hand massage, singing and dancing and was observed in progress in the front sitting room in the morning of this visit. Approximately 14 residents were observed singing along to the music and the activities coordinator chatted to each resident as she went to each one to allow them smell the lavender oil and danced with one lady who hugely enjoyed the session. The activities coordinator explained how new activities had been introduced including a recent visit from an animal farm three weeks earlier which the residents really enjoyed as many came from rural backgrounds and were used to having animals around them most of their lives. Artefacts from a heritage kitchen also provided some reminiscence therapy particularly for the ladies who remembered using skillets, mangles and washboards as young housewives. The inspector was told that one to one activities sessions was provided to residents in the rear sitting room when time allowed usually by the care staff in the afternoons.

Annual audits of activities had been conducted from 2010 to 2013 and were reviewed. The audit reflected the list of activities and the numbers which attended but did not identify any recommendations, benefits or learning. There was no evidence of a review of the list of activities in place nor did it refer to any of the activities mentioned by the activities coordinator as recently introduced. A review of the audit on accident and incidents in the centre reflected the need for staff to improve on their documentation. Issues regarding the lack of completeness in all sections were highlighted to staff in February 2012. It was noted that trend identification was not included in the audit process as a means of reviewing the timing or place of falls and improving supervision or using alternative preventative measures to reduce falls.

### **Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care

Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

Residents had good access to general practitioner (GP) services. Two GPs visited the centre during the inspection to review residents. Access to specialist and allied health care services was reported as available and in place to meet the diverse care needs of residents. In a sample of records reviewed, the inspector noted assessments and recommendations recorded by physiotherapists, dieticians and tissue viability nurses. Access to palliative care, opticians and dentists were also reported. Care practices and support services were in place so that residents receive end of life care in a way that meets their individual needs and wishes and respects their dignity and autonomy. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

The arrangements to meet residents' assessed needs were set out in individual care plans. Each resident had a care plan completed. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration. For example, vulnerability to falls, dependency levels, nutritional risk assessment, pressure related skin damage risk assessment and moving and handling assessments.

Residents' had thorough assessments completed on admission and these assessments were updated every three months thereafter. Resident needs were clearly identified and each need had a corresponding care plan which indicated residents' preferences and was person-centred. Nurses wrote an evaluation of care delivered at least daily and was linked to the care plan in place. Some improvements were found to be required specifically in relation to care plans for end of life care in that they did not reflect the centre's policies regarding decisions to be discussed and agreed with residents and their relatives. However, the person in charge informed the inspector that a number of staff had recently attended training on end of life care with the Hospice Foundation and an information pack to support and guide staff on raising issues of spirituality and death had been received a few days earlier. The person in charge stated her intention to begin to use this as a way of improving this aspect of the care plans. Therefore an action to address this issue is not included in

this report as the person in charge is aware of this and is actively working towards addressing same.

**Outcome 12**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises

Standard 25: Physical Environment

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The premises were clean and maintained to a very high standard. There was a cleaning schedule in place and staff undertaking cleaning duties were observed to be thorough in their approach to cleaning residents' rooms and communal areas.

The Inspector found that there was a sense of homeliness and warmth in the centre. In conversation with a number of residents, all said they were happy and felt well cared for by staff. There were two sitting rooms and one dining room, all of which were used by residents. Residents had access to a well maintained secure courtyard.

Management provided equipment in response to the assessed needs of the residents. Such equipment included standing and lifting hoists, residents' call system, profile beds, pressure relieving mattresses and cushions, wheelchairs and walking frames.

Adequate cleaning, sluicing and laundry facilities were provided with access protected by keypad locks.

Since the last inspection the provider has applied for a variation of registration conditions. The application relates to a proposed renovation of the centre and small extension to include the addition of two new office spaces and an additional single bedroom.

During the course of this visit the inspector discussed this application and the overall environment with the provider and person in charge. The proposed plans to renovate the centre through the addition of two offices and reverting the current office to its original use as a bedroom were found to be appropriate and would enhance the delivery of care to residents by providing the person in charge with an office next to the nurses' station at the heart of the centre. The relocation of the provider's office to the front entrance would also facilitate management to ensure improved service delivery. The provider and person in charge were found to have considered the

impact of the renovations on residents carefully and had already intended to ensure all external builds were completed prior to allowing any internal work to commence. They were also aware of the need to ensure the health and safety of residents were maintained in relation to noise, dust and general works.

The inspector also discussed the communal bedroom and re iterated the guidance issued by the Authority to providers in relation to ensuring facilities meet the Regulations and the Authority's Standards by July 2015. A review of the communal room using this guidance will be required to determine how the room will continue to meet residents' needs.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. On review of the staff rota it was found to be well maintained with all staff that work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed.

Staff morale was found to be high. From discussions with staff, the inspector found them to be confident, well informed and knowledgeable of their roles and responsibilities regarding care. Staff were observed to practice safe moving and handling procedures and were well informed on the reporting processes and procedures in relation to prevention of elder abuse and fire safety. They confirmed that they were supported to carry out their work by the person in charge

All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. Daily 'handover' meetings were scheduled so that each staff group were updated with regard to residents' care and condition.

### **Closing the visit**

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

### **Acknowledgements**

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

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

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

21 June 2013

### Provider's response to inspection report \*

|                     |                             |
|---------------------|-----------------------------|
| Centre Name:        | Drumbear Lodge Nursing Home |
| Centre ID:          | 0132                        |
| Date of inspection: | 11 June 2013                |
| Date of response:   | 11/07/2013                  |

#### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

#### Theme: Safe care and support

##### *Outcome 7: Health and safety and risk management*

**The provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policies and processes in place to assess the risks associated with use of restraints were not reflective of practice in the centre.

The risk management policies in relation to restraint required to be reviewed to ensure it relates to practice in the centre and that it is specific enough to provide clear guidance to staff on the appropriate use of restraints.

##### **Action required:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

|  |                   |
|--|-------------------|
| <b>Action required:</b>  |                   |
| Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.  |                   |
| <b>Action required:</b>  |                   |
| Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.   |                   |
| <b>Action required:</b>  |                   |
| Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.   |                   |
| <b>Reference:</b>  |                   |
| <ul style="list-style-type: none"> <li>Health Act, 2007</li> <li>Regulation 31: Risk Management Procedures</li> <li>Standard 26: Health and Safety</li> <li>Standard 29: Management Systems</li> <li>Regulation 17: Training and Staff Development</li> <li>Standard 24: Training and Supervision</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>There is currently a Restraint Policy and related risk assessments in Drumbear Lodge Nursing Home. This policy has been implemented throughout the centre and staff has been trained with regard to this policy and related assessments.</p> <p>However the PIC and Provider will review the Nursing Homes policy on restraint and aim to to make it more Centre specific. All risk assessments in relation to Restraint will be reviewed and every effort made to ensure that they meet the criteria set out in the restraint policy and procedures. This will then be implemented throughout the Nursing Home.</p> <p>All residents currently with risk assessments relating to restraint will be reassessed to ensure compliance with the Nursing Home policy.</p> | 30/09/2013        |

***Outcome 9: Notification of incidents***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

Two accidents resulted in residents requiring review in hospital. This was not notified within the required three day timeframe but was inappropriately notified to the Authority under the three month notification period.

**Action required:**

Give notice to the Chief Inspector immediately of the occurrence in the designated centre of any serious injury to a resident.

**Reference:**

Health Act, 2007  
Regulation 36: Notification of Incidents  
Standard 29: Management Systems

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

**Timescale:**

Provider's response:

The Person In Charge has revisited and reread the the "NFO3" notification. Going forward the PIC will ensure that all serious incidents/accidents requiring "NFO3" notification are completed and submitted within the required timeframe to Chief Inspector.

Immediately.

**Theme: Effective care and support**

***Outcome 10: Reviewing and improving the quality and safety of care***

**The provider is failing to comply with a regulatory requirement in the following respect:**

The audit system for reviewing care practices did not identify key areas for improvement in all cases. Although there was some analysis of the information gathered, there was no report available on learning outcomes or recommendations to improve care practices as required by the Regulations.

**Action required:**

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

|  |                   |
|--|-------------------|
| <b>Action required:</b>  |                   |
| 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.   |                   |
| <b>Action required:</b>  |                   |
| Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.  |                   |
| <b>Action required:</b>  |                   |
| 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.   |                   |
| <b>Reference:</b>  |                   |
| Health Act, 2007<br>Regulation 35: Review of Quality and Safety of Care and Quality of Life<br>Standard 30: Quality Assurance and Continuous Improvement   |                   |
| <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>The PIC will review the current audit system in place in the Nursing home.</p> <p>Going forward all information gathered will be analysed and a report devised describing learning outcomes and/or recommendations to improve care practices within Drumbear Lodge Nursing Home.</p> <p>A copy of these reports will be given to residents and other attendants at the quarterly resident forum meetings.</p> | 31/10/2013        |

***Outcome 12: Safe and suitable premises***

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|--|
| <b>The provider is failing to comply with a regulatory requirement in the following respect:</b>   |
| A management plan is required to ensure the premises meet the full 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 <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> . |

**Action required:**

The plan should include a health and safety plan outlining the management of proposed works to minimise the impact of the works in terms of safety, noise and dust minimisation and any other potential negative impact on residents care and welfare for the duration of the works.

**Action required:**

Comply with the Planning and Development Acts 2000-2006 and any building Bylaws that are in force.

**Action required:**

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

**Reference:**

Health Act, 2007  
 Regulation 19: Premises  
 Standard 25: Physical Environment  
 Regulation 30: Health and Safety  
 Standard 26: Health and Safety Regulation

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

Provider's response:

Management plan is completed and all other relevant documentation required. Hard copies of same will be forwarded in conjunction with this action plan.

11/07/2013

Operational policies and procedures relating to the Health & Safety, including food safety, of residents and visitors will be put in place.

29/07/2013