

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Drumderrig House |
| Centre ID: | OSV-0004457 |
| Centre address: | Abbeytown, Boyle, Roscommon. |
| Telephone number: | 071 966 2561 |
| Email address: | paula@drumderrignursinghome.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Drumderrig House Nursing Home Limited |
| Provider Nominee: | Paula Cull |
| Lead inspector: | Geraldine Jolley |
| Support inspector(s): | None. |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 85 |
| Number of vacancies on the date of inspection: | 5 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 March 2017 10:00 To: 21 March 2017 16:30

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

| Outcome | Our Judgment |
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| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Substantially Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Substantially Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This announced inspection was conducted in response to an application to vary a condition of registration which would enable the provider to increase the number of residents accommodated from 90 to 107.

Drumderrig House is a purpose designed building located a few minutes' drive from the town of Boyle, Co. Roscommon. It can accommodate 90 residents who require long term, respite, convalescence or palliative care. Accommodation is provided in single and double bedrooms. A new single storey wing with 17 bedrooms, a dining room, two sitting areas, a visitors' room and a courtyard garden have been added to the existing building. This and parts of the original building were inspected. All areas were found to be in good decorative order and provided a high quality living environment for residents. There was signage at varied points to guide residents who have sensory problems or dementia around the building. Residents had personalised their rooms with photographs, books and ornaments. The inspector was told by three residents that their rooms were warm, comfortable and arranged in a way that

suited them. They also said that they were cleaned each day. There were communal sitting and dining areas where residents could spend time and could eat comfortably together. Residents said they were free to choose where they wished to spend time during the day. There were several courtyard spaces that were secure and had level surfaces so that residents could use them safely.

The inspector was told by residents that they felt "well cared for" and were "content the care and the way things were organized". Residents said they had a good range of activities that included bingo, bowls, music sessions discussions. Three residents said they really liked the music session at weekends. They conveyed that they would talk to staff if they had concerns and said that they felt safe during the day and at night.

The inspector observed the delivery of care and how personal choices were established and facilitated. Documentation such as care plans, medical records, policies and procedures and staff personnel files were reviewed. The inspector found that residents' health care needs were appropriately assessed and addressed. There was good access to general practitioners, pharmacists and allied health professionals.

The inspector found that centre was well organized, staff were available to answer call bells promptly and visitors were made welcome on arrival. There was adequate staff on duty to meet the needs of residents and all areas where residents spent time were observed to be supervised. Activity and care staff were available to ensure that activities were undertaken during the morning and afternoon. The activities the inspector saw in progress that included a bowls session and a sonas (an activity that features music and sensory stimulation and is suitable for people with dementia) session were well organized and engaged residents fully. There were care plans that described social interests, the activities that residents liked and took part in regularly. Staff could describe the varied personal routines of residents and together with residents' feedback this confirmed that a person centred approach was adopted.

The administrative systems of the centre were well organized. All the required records were maintained. Contracts of care were issued and signed, the required policies and procedures were in place and all documents required for staff employed to work with vulnerable people were available.

The last inspection was an unannounced triggered inspection undertaken on 26 May 2016 in response to information relayed to HIQA. The inspectors found that while training and care practice in relation to moving and handling required improvement the care and welfare of residents overall was satisfactory and there was adequate staff on duty. The three actions outlined for attention were reviewed during this inspection and the inspector found that they had been addressed. The staff training records confirmed that all staff had up to date training, residents had a range of comfortable chairs and people who needed specialist chairs were observed to be well supported and seated comfortably.

A high level of compliance was found across the outcomes inspected. Additional staff that included three nurses, three care staff and a cleaner had been recruited and had received an induction programme in preparation for the opening of the new unit.

There were two areas of non compliance identified. The format used to record complaints did not enable a full record to be completed and there were several complaints recorded on the one page. The second issue related to liquid medicines that were not dated when opened. The action plan at the end of the report contains the actions required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been revised to describe the proposed alteration to the service as described in the application to vary. The revised version had been sent to HIQA. The information required by Schedule 1 of the regulations was described.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The organisation had a clear management structure in place. Staff knew who was in charge and the reporting structure to be observed. There was good communication between the provider and person in charge to ensure that the governance and management of the centre was managed appropriately. There were systems in place to ensure that the service was safe and effectively monitored. For example there

were audits of events such as falls, and preventative measures were found to be in place to prevent recurrences.

Adequate resources were in place to meet the needs of residents. Extra staff had been recruited to ensure appropriate resources were in place to meet the needs of the increased number of residents. The staff allocation was based on a scheduling tool that took into account the varied dependency needs of residents. The person in charge and provider had calculated the number of increased hours that were needed and had adequate staff available to meet the increased demand.

The premises were well maintained and the new unit was furnished and decorated to a high standard. It was fully equipped. Fire safety was found to be of a good standard. The centre was visibly clean and good practice in infection control and hand hygiene practices were observed.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The contracts of care issued to residents were available in residents' records and were reviewed by the inspector. These were signed by residents or their representatives, and the provider, at the time of admission or shortly afterwards. The fees to be charged and the contribution to be paid by residents as well as charges for items not covered in the fee were outlined.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was managed by a suitably qualified and experienced nurse who had held the role of person in charge since 2013. She was a qualified general nurse and has a full time role. She had completed a number of training courses including training on the safeguarding procedures introduced by the Health Service Executive (HSE) that enables her to provide this training locally.</p> <p>Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) was up to date. She demonstrated that she had a sound working knowledge of the regulations and the HIQA standards that govern designated centres for older people. She was supported in her role by two experienced nurses who take charge in her absence.</p> <p>There was adequate time allocated for the person in charge to undertake her management role including the supervision and organisation of the staff team.</p> |
| <p>Judgment: Compliant</p> |

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

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| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: All the required written operational policies and documents as required by Schedule 2, 3, 4 and 5 of the legislation were available. The administrative systems were well established and records were readily accessible and stored securely.</p> <p>The inspector examined the Schedule 2 documents that are required to be in place for all staff employed in the centre. Four staff files were reviewed and all documents that</p> |
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are required by current legislation were in place. The files had been audited to ensure that the requirement was adhered to and that all documents were in place. There was a vetting record for all staff employed including staff employed during 2017.

The directory of residents was up to date and contained the required details for each resident.

Policies and procedures in relation to risk management were in place and had been reviewed in 2017.

An action plan in the last report required that records completed when residents sustained injuries such as bruising provided information on the extent of the injury and changes that took place. This had been addressed. The inspector saw that accident records provided clear information on all injuries sustained and nursing notes outlining changes were evident.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Staff conveyed a good understanding of what safeguarding meant and could describe indicators of abuse that would lead them to report a possible abuse situation. Staff including new staff to the service had been provided with training on how to prevent, detect and report elder abuse or an adult protection concern. The person in charge had attended training for trainers on the safeguarding procedures introduced by the Health Service Executive. A protection plan had been put in place since the last inspection. This had been reported to the social work team in accordance with established procedures. The matter addressed in the plan was external to the centre.

There was good emphasis on promoting a restraint free environment and evidence that confirmed a greater reliance on the use of safety measures such as bed alarms and low-low beds rather than bedrails to prevent falls and ensure safety. The majority of rooms, including all the rooms in the new extension, had beds that could be adjusted to variable heights to suit the needs of residents.

There was a visitors' record located inside the front door to monitor the movement of persons in and out of the building, to protect the safety of residents and maintain security. Residents interviewed said they were kept safe and were confident that staff were available to protect them during the day and night.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:

The health and safety of residents, visitors and staff was promoted in this centre. There were safety measures in place to ensure safe infection control management and a centre-specific emergency plan and clinical risk assessments were completed to identify specific risk areas relevant to residents' care. The risk management procedures covered the range of risk areas described in legislation and were noted to have been reviewed in January 2017.

The inspector noted that day to day work practices such as moving and handling manoeuvres, cleaning and the way laundry was managed conveyed that staff had good awareness of health and safety matters. There was a general hazard identification system in place and actions to reduce risk were outlined.

There were systems in place to ensure appropriate infection control management. The inspector saw that there was good availability of hand sanitising solutions and staff could readily access these products as they required them when they moved from one location to another. Hand washing and drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available.

There was an emergency plan in place that described hazard situations that could prompt evacuation of the centre and the plan provided appropriate guidance for staff should this situation arise.

Measures were in place to prevent accidents in the centre and grounds. Hallways and bedrooms were unobstructed and there were handrails in hallways to support residents who had reduced mobility. Grab rails had been fitted in bathrooms, showers and toilets. There was a risk assessment procedure adopted to identify residents most at risk of falls and to alert staff to their degree of vulnerability. Moving and handling assessments had been completed for each resident and these were noted to be up to date and reflected

resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and described the number of staff needed to undertake manoeuvres to ensure residents' safety. Equipment was noted to be in good condition and regularly serviced.

Accidents and incidents were recorded and there were good descriptions of the events and the measures taken to prevent reoccurrences. Information recorded included factual details of the accident/incident, date the event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted.

The fire safety arrangements were satisfactory and there was a fire safety procedure and clear floor plans of the building displayed in several locations that identified the routes to the fire exits. There were several staff trained to fire warden level and all other staff had attended training and had participated in the regular fire drills. A fire register was in place and this contained details of the fire equipment, service records, fire drill records, checks of fire fighting and fire alert equipment and unplanned activations of the fire alarm.

The regular inspections of equipment such as emergency lights and the fire alarm were up to date and recorded. The service records were available for inspection and conveyed that emergency lighting and the fire alarm were serviced quarterly. The fire extinguishers were serviced annually and were last serviced in January 2017. The fire alarm is serviced quarterly and was last serviced 23 December 2016.

Fire exits were noted to be clear and unobstructed during the inspection. There was a daily check undertaken to ensure that none were blocked and were freely accessible. These checks were recorded to confirm the check was completed. Regular fire drills were organised as well as fire alarm tests. The person in charge said these were completed with the least number of staff that could be on duty to ensure the role play was realistic.

Staff could describe how they should respond when the fire alarm was activated and said that progression through each set of fire doors away from the location of the fire to the nearest fire exit was the process they were required to follow.

The centre had a missing person procedure and residents were assessed at the time of admission to determine that the centre was an appropriate environment to meet their care needs.

The provider has contracts in place to ensure that equipment in use is regularly serviced and the service records were available for inspection. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs and were regularly serviced.

Judgment:
Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management of medication. There was a clinical area where medication trolleys and supplies of medication were securely stored. The fridges used to store medication were clean and functioning at an appropriate temperature.

Staff nurses were well informed about the medication in use and residents' medication regimes. Medication was noted to be reviewed as required by residents' doctors, nursing staff and by specialist services. There were regular audits of medication management completed in-house and by pharmacists.

Medications that required special control measures were carefully managed and kept in a secure cabinet that was double locked in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. A blister pack administration system was in use and the same system was supplied by both pharmacists that supplied the centre.

There were policies and procedures that informed staff on the ordering, prescribing, storing and administration of medicines. Prescription records included all the appropriate information such as the resident's name and address, any allergies, weight and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. Medicines to be administered weekly or at other intervals were highlighted to avoid error.

The inspector viewed the medication trolleys and areas where medication was kept. Medication was stored at appropriate temperatures and trolleys were clean and tidy. Liquid formats of medication were available for residents who had swallowing problems. The dates when bottles of liquids were opened needed to be identified to ensure staff knew how long they were open and to ensure use within a reasonable timeframe.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

There were 85 residents accommodated on the day of the inspection. Two residents were in hospital due to acute care needs. There were 33 residents assessed as having maximum or high level care needs, 20 were assessed as having medium level needs and the remaining 32 residents had low care needs. Almost a third of the resident population had dementia and there was a significant number of residents who had mental health problems.

The inspector found that care practice was safe, that residents received care and support that met their needs and that there was an emphasis on the promotion of independence. Residents were observed being encouraged to walk from their sitting areas to the dining room for meals for example and to walk around during the morning and afternoon.

The arrangements to meet residents' assessed needs were set out in individual care plans that were maintained on a computer programme. There were evidence based assessment tools used to determine residents' care needs on admission and to assess levels of risk associated with factors that included vulnerability to falls, nutritional care, risk of developing pressure area problems and moving and handling requirements. Three resident's care plans and aspects of other care plans related to the management of mental health problems, dementia and the care of a resident under 65 were reviewed.

The inspector found that residents received care that met their needs and that enabled them to remain well, mobile and comfortable. There were no incidents of pressure ulceration at the time of inspection.

The risk assessments completed prompted the completion of care plans where a need/risk was identified. Care plans reviewed gave a good overview of residents' care and how care was delivered. A nutrition assessment was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was appropriately delivered to ensure well being and prevent deterioration. Reviews and evaluations of care were undertaken at the required intervals and there was information in care records that

confirmed that residents were consulted when care plans were reviewed.

The personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed was described to guide staff. The inspector saw that there was good detail on past life style patterns, family life, significant other people in the resident's life and their hobbies and interests. Residents personal choices in relation to how they spent their day, when they liked to get up and go to bed were recorded. The inspector saw that some residents liked to spend time in their rooms and were free to do this. The activity coordinators confirmed that they invited residents to take part in the scheduled activity but respected when residents choose not to take part and to do something else.

The sitting areas were well supervised throughout the day and staff ensured that residents were comfortably seated and engaged them in conversation when they were with them.

Residents had access to medical services and there was evidence of regular contact with doctors including visits when acute situations arose. Some doctors visited the centre daily. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. The recommendations made by allied health professionals were included in care plans and followed by staff. The inspector saw that food was prepared for residents in accordance with dietician and speech and language therapy recommendations and care staff ensured that dietary needs were adhered to as described.

There was information recorded on residents' dementia care needs and the associated care plans were informed by discussions with the resident, family members and information on residents' backgrounds and social interests. Care plans were person-centred and reflected individual characteristics of the illness, communication capacity, orientation to surroundings and people. Staff were aware of the changing needs of residents and could describe how fluctuating behaviour patterns and responsive behaviours were addressed to ensure residents' well being. Residents with conditions such as depression or changes in mood patterns had care plans that described these features of their illnesses and care interventions to alleviate distress were in place. The centre had established good links with the team for old age psychiatry and reviews by specialist staff were undertaken promptly to prevent deterioration and unnecessary distress.

Residents had opportunities to participate in activities and this aspect of the service was facilitated by activity staff and supported by care staff. There was a good range of activities available to residents. The two activity staff were on duty during the inspection. There was an activity schedule and the activity available each morning and afternoon was outlined. Regular activities included exercises, bingo, bowls, music and sonas sessions. Residents told the inspector they liked talking about old times, their memories and life styles. One resident said that while nostalgia was welcome at times he enjoyed the present especially chatting to other residents and staff and spending time with visitors.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Drumderrig House is a purpose built residential care facility that can accommodate 90 residents. It is situated in a residential area a few minutes drive from the town of Boyle. The premises provide a home like setting for residents. There are several sitting rooms in varied locations around the building. These areas were comfortably furnished, had a variety of seating and good levels of natural light. There are toilets located near communal rooms for residents' comfort and convenience. There are locks on shower and toilet doors to ensure the privacy and dignity of residents is protected. The centre has been modified and extended over the years to meet the changing needs of residents and to increase the numbers accommodated.

A new single storey wing with 17 bedrooms, a dining room, two sitting areas, a visitors' room and a courtyard garden have been added to the existing building. All rooms are single occupancy and have ensuite facilities of floor level showers, toilets and wash hand basins. Handrails and call bells are accessible in ensuites and in bedrooms. There is adequate storage space. There are built in double wardrobes and drawer space for personal clothing and possessions. All rooms have a space to secure items of value. Over bed lighting, televisions and phone points are available in all rooms. Colour schemes are attractive and sofas and chairs were in bright colours which makes the environment and layout more accessible to people who have vision problems or dementia. Doors are wide enough to move beds and specialist chairs in and out without difficulty. The standard of fixtures and fittings was high quality and all areas of the extension had excellent levels of natural light.

The garden areas are used by residents during the summer months. There are several courtyard gardens that can be accessed from varied points of the premises.

The centre was in good decorative condition throughout and was visibly clean.

Judgment:

Compliant

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Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
Nurses and carers could describe how they would respond to a concern or a complaint from residents. They were aware that complaints were recorded and that the person in charge had responsibility for addressing complaints in the centre.

Policies and procedures which comply with legislative requirements were in place for the management of complaints. All complaints were documented and investigated. There was evidence of good communication between the centre and people who made complaints. There was one recent complaint recorded that was being addressed by the provider and person in charge.

The inspector found that the format used to record complaints required review as a number of complaints could be recorded on the same page and this did not provide adequate space to record the complaint, summarise the investigation and outcome. It was also not in accordance with how personal information should be recorded to protect privacy.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. The inspector was provided with copies of the staff rota and found the staff number and skill mix on duty reflected the planned rota. Residents the inspector talked to said that staff came to attend to them quickly when they needed assistance. Call bells were observed to be answered promptly and residents were supervised at all times in sitting and dining areas.

There were three nurses on duty daily in addition to the person in charge Monday to Friday. There were nine carers on duty for the morning period and this reduced to eight during the afternoon. Two activity staff are also on duty daily in addition to maintenance staff, cleaners and laundry staff.

A proposed rota for the increased number of residents had been completed. This will be adjusted in accordance with residents' care needs and the staff planning tool in use the inspector was told. It is planned that night duty staff numbers will increase from two nurses and four carers to three nurses and four carers.

A staff training and development programme was in place. The training records provided to the inspector confirmed that staff employed had all completed training on the three mandatory topics of elder abuse, fire safety and moving and handling. Other training had been provided on a range of topics that included infection control, palliative care, falls, restraint, diabetes management, resuscitation procedures, responsive behaviours and continence management. There were two actions outlined in the last report and these required that staff have refresher training in moving and handling and that staff are supervised to ensure practice during manoeuvres meets good practice standards. Both actions were found to have been completed. All staff had attended training either during 2015, 2016 or 2017 according to the training record. Transfers of residents from wheelchairs to armchairs were observed to be completed safely. Specialist chairs were appropriate to residents' needs and the inspector saw that residents were comfortably positioned during the day. Staff assisting residents to walk were observed to do this in a safe manner.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment procedure that met good practice standards for the recruitment of staff who work with vulnerable people. The person in charge and provider confirmed that all staff had a completed vetting disclosure and documents on files reviewed confirmed this. There was a record maintained of the professional registration numbers (PIN) of all nurses employed and these were all up to date for 2017.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|------------------|
| Centre name: | Drumderrig House |
| Centre ID: | OSV-0004457 |
| Date of inspection: | 21/03/2017 |
| Date of response: | 03/04/2017 |

Requirements

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

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

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The dates when bottles of liquids medicines were opened needed to be identified to ensure staff knew how long they were open and to ensure use within a reasonable time frame.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

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

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medication bottles will be dated when opened and used with in the required time frame.

Proposed Timescale: Immediate

Proposed Timescale: 03/04/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

the format used to record complaints required review as a number of complaints could be recorded on the same page and this did not provide adequate space to record the complaint, summarise the investigation and outcome. It was also not in accordance with how personal information should be recorded to protect privacy. .

2. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

A new complaints book will made with adequate space to record the complaint, summarise the investigation and outcome

Proposed Timescale: 04/04/2017