

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Drumderrig House
<b>Centre ID:</b>	ORG-0000336
<b>Centre address:</b>	Abbeytown, Boyle, Roscommon.
<b>Telephone number:</b>	071 96 62561
<b>Email address:</b>	paula@drumderrignursinghome.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Paula Cull
<b>Provider Nominee:</b>	Paula Cull
<b>Person in charge:</b>	Domini (Catherine) Weston
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	90
<b>Number of vacancies on the date of inspection:</b>	6

## 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 judgements 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.

**Compliance with 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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 February 2014 11:00 To: 04 February 2014 16:30

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of an unannounced monitoring and compliance inspection, which took place on 4 February 2014. This was the thirteenth inspection of this centre. Previous inspection reports are available on [www.hiqa.ie](http://www.hiqa.ie). The purpose of the inspection was to review the action plan from the previous inspection and to evaluate the level of compliance by the provider and person in charge in certain areas with 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.

The inspector met with residents, the provider, relatives, person in charge and staff members during the inspection. The Inspector observed practices and reviewed documentation such as care plans, medical records, medication charts and policies and procedures. Residents spoken with by the inspector were complimentary of the service provided and stated they were "looked after well, the food was good and staff were helpful and caring".

The inspector reviewed the action from the previous inspection of July 2013 and found that this action had been addressed. There were privacy curtains in all twin bedrooms.

Overall, the inspector found that the centre was in substantial compliance with 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.

**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.**

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The post of person in charge is full-time. She is a nurse with a minimum of three years experience in the area of nursing of the older person as required by the regulations. She demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. She demonstrated a sufficient knowledge of the legislation and her statutory responsibilities according to the regulations. She was actively engaged in the governance, operational management and administration of this centre on a daily basis. She worked on the floor supervising staff and directly in the delivery of care to residents. She maintained her professional development and had recently completed courses in nutritional care and diabetes management. Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The contact details of the local dedicated elder abuse officer were contained in the policy and the procedure to follow should an allegation be made against a member of the management team.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

The inspector was informed that management of the centre do not take responsibility for residents' finances. A petty cash system was in operation. The PIC described the procedure in place to safe guard residents' petty cash.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents confirmed that they felt safe in the centre and contributed this to the presence of staff and the doors being secure.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. A health and safety statement was available. There were appropriate arrangements in place for the identification and investigation of accidents and incidents. An emergency plan which contained procedures to take in the event of loss of heat, water or light, fire or flood. A generator was available that automatically connected should a power outage occur.

There was a policy in place for the prevention and control of infection. Best practice guidelines with regard to dealing with an outbreak of influenza were available. Staff were observed taking appropriate measures in relation to hand hygiene. Records to confirm resident and staff offer and uptake of the flu vaccine were maintained.

A risk management policy was in place. Risks were identified and control measures were in place to mitigate the risk. The inspector observed that there were measures in place to prevent accidents, such as hand-rails and the environment was clutter free. The PIC delivered the training in manual handling. She had completed the appropriate course to qualify her to do this. The staff training matrix demonstrated that staff were trained in the moving and handling of residents.

Records of the maintenance of equipment were recorded at appropriate intervals. Appropriate signage for the evacuation of the centre and fire evacuation plans was available in all areas. Fire drills also occurred regularly and staff were able to identify the actions to be taken should the fire alarm be activated. Training records confirmed that all staff had up-to-date training in fire safety and prevention. Fire equipment had been serviced at appropriate intervals. An individual evacuation plan was available for each resident.

Falls management practices were in line with evidence-based practice. All residents who sustained a fall were subject to neurological observation to ensure they did not sustain a head injury. All residents who had a fall were reviewed by their GP. The physiotherapist reviewed residents post a fall, the use of low-low beds, crash mats and sensor mats were in use to assist with risk reduction to try and prevent re-occurrence of falls.

### **Outcome 08: Medication Management**

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

**Theme:**  
Safe Care and Support

**Judgement:**  
Compliant

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

No actions were required from the previous inspection.

**Findings:**

Staff members had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice.

The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing,

storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and all discontinued medication. Maximum does of PRN (as required medication) was recorded in medication charts reviewed.

### **Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed records of accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

### **Outcome 11: Health and Social Care Needs**

*Each residents 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 residents 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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

At the time of this inspection there were 84 residents living in the centre, 13 of whom were maximum dependency, 12 were high dependency, 27 medium dependency, 29 low dependency and three were independent. Residents had a mixture of age related medical conditions and cognitive impairment. Overall, the inspector found evidence of positive outcomes for residents who had good access to their general practitioner and a wide range of allied health professionals.

Clinical care including assessments and interventions accorded with evidence-based practice, with involvement and consultation with residents and/or their representative and the staff team. The care and support provided reflected the nature and extent of residents' dependency and needs. Records of care assessments and plans were completed and reviewed. The care plans were person-centred. The inspector viewed care plans with regard to wound care and found that these were appropriately managed. There was access to specialist services and the centre was adhering to specialist advice given with regard to dressings. Photographic evidence of the wound was available to ensure that there was a base line obtained for comparative purposes to monitor whether the wound was progressing or regressing. A wound assessment/dressing chart was in place and an accompanying care plan, staff reported that the wound was progressing well. Specialist pressure relieving aids were in place. Staff were observed to be caring and kind in their approach to residents and residents told the inspector "the staff are great".

A record of the resident's health condition and treatment given which was linked to the care plan was completed on a daily basis. These were detailed so staff would know what changes, if any, had occurred.

The inspector reviewed three medical files and found that there was documentary evidence that residents were seen regularly by their General Practitioner.

There was documentation in place regarding restraint and enablers. The policy on restraint was based on the national policy and the person in charge and provider were keen to promote a restraint free environment. Restraint measures in place included the use of bedrails and specialist chairs. The inspector reviewed records with regard to restraint measures in place. There was a risk assessment completed prior to the use of the restraint. The risk assessments documented the safety issues with regard to using or not using the restraint measure and a balancing clinical judgment was made as to whether to use or not use the restraint measure. At the time of inspection there were 16 residents using enablers and 10 residents subject to a restraint measure. Where enablers were used staff explained to the inspectors that this was primarily the use of bedrails to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. Training in the use of restraint measures and enablers had been provided by the person in charge to all staff in January 2014. A review process was in place.



**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

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

**Findings:**

At the time of the last inspection the inspector noted that the curtains provided in shared bedrooms did not protect the privacy and dignity of residents. This had been addressed and all shared rooms had curtains that protected the privacy and dignity of residents.

Residents are consulted about how the centre is run and feedback is sought from residents with regard to for example meal times, outings, decor of centre. Residents are enabled to make choices about how they live their lives with regard to their daily routine and where they choose to see their visitors. Residents are facilitated to exercise their civil, political, religious rights, Mass is available weekly in the centre, an Oratory is available and residents who wish to vote are facilitated to do so. Residents have access to radio, television, newspapers and information on local events.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

From discussions with staff it was clear that they were familiar with the organisational structure, their roles and responsibilities and reporting systems. The inspector observed that exchanges between staff and residents were positive, with staff taking time to acknowledge and greet residents when entering communal and bedroom areas. The staff displayed good knowledge of residents' needs, their likes, dislikes and preferences. Residents were observed to be relaxed and comfortable when conversing with staff and were complimentary of the staff when speaking with the inspector.

The inspector found that the levels and skill mix of staff were sufficient during the inspection to meet the needs of residents. The inspector checked the staff rota and found that it was well maintained with all staff that work in the centre rostered and identified. Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were two handovers each day to ensure good communication and continuity of care from one shift to the next.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for registered nurses. All registered nurses had up-to-date registration. There was a training and development programme in place. Most recently there has been training provided in restraint management, falls prevention and elder abuse – recognition and protection.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

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

***Report Compiled by:***

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