

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Drakelands House Nursing Home
<b>Centre ID:</b>	ORG-0000224
<b>Centre address:</b>	Drakelands, Kilkenny.
<b>Telephone number:</b>	056 777 0925
<b>Email address:</b>	info@drakelandshouse.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Drakelands Nursing Home Limited
<b>Provider Nominee:</b>	Anne Fleck-Byrne
<b>Person in charge:</b>	Deirdre Lang
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Vincent Kearns
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	71
<b>Number of vacancies on the date of inspection:</b>	1

## **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.

**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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
05 March 2014 10:00	05 March 2014 18:30
06 March 2014 08:30	06 March 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the 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 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was the fifth inspection since Drakelands Nursing Home was registered in 2010. As part of the inspection the inspectors met with residents, the provider, the person in charge, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner. This documentation was reviewed prior to the inspection and included questionnaires completed by residents and relatives in which feedback was positive.

Previous inspection findings were positive and where regulatory non-compliance had been identified, the providers have demonstrated their willingness, commitment and

capacity to implement the required improvements. The previous inspection was undertaken on 3 October 2012 and the report including the provider's response to the action plan can be found on [www.hiqa.ie](http://www.hiqa.ie).

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspection findings were positive with actions from the previous inspection satisfactorily completed. Inspectors were satisfied the centre was well operated and compliant with the conditions of registration granted. The safety of residents and staff within the centre was actively promoted and a centre-specific risk management policy was in place. Inspectors found the centre to be substantially compliant in 15 out of 18 outcomes. Moderate non-compliance was found in two outcomes and minor non-compliance in one outcome.

Residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day to day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activities co-ordinator. Provisions were also in place to facilitate the practice of religious beliefs with a designated quiet area for meditation and prayer.

**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 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose for Drakelands House Nursing Home outlined the philosophy and features of the designated centre and summarised the facilities available and services provided. The centre is described as a "warm welcoming house that allows people to settle in easily and be relaxed" - the inspectors noted that this ethos was actively promoted by staff and management. A copy of the statement of purpose was included in the Residents' Guide and made available to all residents. The person in charge confirmed that the statement of purpose was kept under review and provided inspectors with a copy that had been updated since the last inspection.

The inspectors review of the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The contracts of care examined by inspectors were in compliance with legislative requirements and included provisions for residents to avail of a variety of activity programmes if they so chose.

**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:**

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

**Findings:**

A new person in charge was appointed to a full-time position as Director of Nursing since the last inspection. The person in charge had the necessary qualifications and experience for this post and was able to summarise the necessary governance arrangements in place such as clear reporting systems with the Assistant Director of Nursing and senior staff, and the use of communication logs and regular minuted meetings. Staff, residents and relatives spoken to were aware that the assistant director of nursing deputised for the person in charge when absent. Throughout the day of inspection the person in charge demonstrated competent knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also demonstrated an understanding of, and commitment to, the requirements of a regulatory framework.

**Outcome 04: Records and documentation to be kept at a designated centre**

*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).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were up-to-date and available as required by the regulations.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident including resident name, contact details for relatives and contact details for GP. The Resident's Guide contained the necessary information and copies were available in the individual rooms of residents.

Inspectors found that the medical and nursing records were comprehensive. The care planning and the record of care provided to residents were accurately documented. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

**Outcome 05: Absence of the person in charge**

*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.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection. The person in charge and the registered nominated provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge and the assistant director of nursing had responsibility for management of the centre when the person in charge was absent. The assistant director of nursing qualified in 1979 and has worked at this centre since April 2012.

The person in charge, the registered nominated provider and assistant director of nursing were contactable in the event of any emergencies and staff indicated they had the necessary contact details in this eventuality.

**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:**

Current risk assessments, operating policies and procedures were available covering essential areas such as manual handling, elder abuse and fire prevention and response. All staff had received up-to-date training in these areas. The person in charge, and those staff spoken with, confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. In the event of such an allegation or incident the staff spoken to were clear on the procedure for reporting the information. Residents and relatives spoken to were also clear on who they could go to should they have any concerns they wished to raise.

Entrance to the centre was restricted and residents spoken to said they felt safe and secure living there. An up-to-date safety statement and policy on residents' accounts and personal property was available on-site. There were systems in place to safeguard and manage residents' belongings including personal finances. A senior member of staff was responsible for the safe-keeping of residents' valuables and monies. These items were secured in a locked filing cabinet and a signed record of deposits and withdrawals was maintained with regular account updates provided to residents or family members.



## **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:**

Non Compliant - Moderate

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

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

### **Findings:**

Actions from the previous inspection included the development of clarity around communication with staff in relation to learning from audits, reviews and learning events. In this respect the person in charge referenced a health information alert that had been received in relation to infection prevention control; as a result monthly staff meetings were set up to address the issues identified and a system of bi-weekly audits had been implemented. Measures to review and make safe the windows of the premises had also been undertaken which included the fitting of restraints. A system of daily checks on the fire alarm and exit doors had also been put in place.

Overall, there was evidence that the provider was committed to protecting and promoting the health and safety of residents, staff and visitors with current, site-specific written operational policies and procedures in place for health and safety and risk management.

The policy on environmental cleaning was up-to-date and staff spoken to were familiar with procedures though it was noted that the stated procedure to clean from the cleanest areas first was not always implemented in practice. Infection control procedures were generally seen to be routinely implemented though inspectors noted one instance where a mop was left in a bucket containing water in a cleaning room and utensils containing bodily fluids were on the floor of a sluice room. Both issues were addressed immediately.

Up-to-date maintenance certification for equipment in use was available for examination by inspectors. Staff were also observed to use appropriate techniques and communication when utilising specialist equipment such as hoists. Slings however were not individualised which presented a potential risk in terms of infection prevention control.

A fire policy incorporating an emergency plan was in place and contained appropriate guidance and procedures. Fire precaution systems were in place and included annual checks of emergency lighting, quarterly servicing of the fire alarm and annual servicing of fire equipment. A designated smoking area was provided for residents with individualised risk assessments. One resident was observed smoking under the direct supervision of a member of staff. All staff had been trained in manual handling techniques and the practice in using hoists observed by the inspector was in keeping

with approved techniques.

Training records confirmed that all staff receive ongoing fire training and the last training session was on 18 February 2014. Staff spoken to were able to provide comprehensive details on how to react in the event of a fire.

The design and layout of the centre was in keeping with the requirements of its resident profile with appropriate mobility adaptations such as grab rails and lifts to allow access between floors. An up-to-date risk management assessment was available which included a risk register that recorded hazards specifically identified in the regulations. However, between floors could also be accessed by two sets of carpeted stairs with banisters which had unrestricted access, neither had been risk assessed as a potential hazard. Inspectors also noted unrestricted access to a tea point on the ground floor with a hot water urn.

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

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

A current and site-specific medication management policy was in place which included procedures for ordering, prescribing, storing and administering medicines and controlled drugs. The disposal of unused and out-of-date medicines was facilitated by a daily returns system with the local pharmacist.

The inspectors observed nurses administering medications to residents which was generally carried out in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines 2007. Inspectors noted however that when it was necessary to record a specific administration time there was inadequate space on the medicines administration sheet and this did not facilitate the contemporaneous recording of medications administered.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Inspectors reviewed documentation that verified controlled drugs should be stored in locked cabinets, though this was not fully implemented in practice and in one instance the cabinet was found to be unlocked. Recorded controlled drug stock checks were made in accordance with requirements at the start of each shift and signed off by two members of staff.

Residents' prescriptions seen by inspectors contained appropriate information such as a photograph, name, dosage and route of administration. Prescriptions were regularly reviewed and appropriately signed off by a GP. Monthly medication audits were in place and a system for recording and reviewing medication errors was in place.

**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:**

A record of all incidents and accidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector in accordance with statutory requirements.

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

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Staff and senior management spoken to by inspectors were clearly committed to the provision of person-centred care and had an open approach to learning and development in relation to continuous improvement. Effective audit processes were in place for a range of issues such as falls, medication management and care plan reviews.

The centre also had in place a system to review and monitor the quality of life of residents which included a survey of residents and their relatives on issues such as

acting on the wishes of residents - the feedback on return of this survey was very positive. Staff improvement was encouraged through an annual awards system whereby staff members were voted for by residents and relatives. Photos of nominees and winners were displayed prominently in the entrance hall of the building. Inspectors also noted that a system for consultation was in place in the form of regular residents' meetings the minutes of which reflected significant attendance by residents. Family involvement with relatives was actively promoted and those spoken to were very complimentary about staff, the environment and the service provided.

### **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:**

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

**Findings:**

Inspectors reviewed a number of residents' care plans and found them to be individualised, comprehensive and kept under regular review. There was evidence from signed records on file that residents and their families had been involved in the development of their care plans. An audit of care plans had been undertaken in February 2014.

Recognised and appropriate assessment tools were utilised to inform decision making about treatment across a range of issues including wound care and behaviour that challenges. Staff demonstrated a good understanding of techniques to manage challenging behaviour and utilised strategies appropriate to the needs of the resident as well as the behaviour exhibited. Where assessments indicated a referral to allied health therapists such as physiotherapists and dieticians, such referrals were documented and occurred within appropriate timeframes.

Current policies and procedures were in place on risk enablement and restraint and care plans reviewed contained appropriate assessments and the relevant signed consent forms. Overall the welfare and wellbeing of residents was maintained through both evidence based nursing care and appropriate medical and allied health care.

A dedicated activities co-ordinator was on-site every weekday and provided a variety of activities that included SONAS and reminiscence therapies, imagination gym, bingo and music and song. Local community workers also attended the centre to support residents and accompany on outings and shopping trips to the nearby city.

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The premises was on an elevated site overlooking the countryside and nearby Kilkenny. The approach was through a wide entrance with a large garden area including a water feature and pathway. The premises and grounds were well maintained with a gardener on duty on the day of inspection. Ample car parking space was available.

There was a porch with comfortable seating inside one of the entrances which was a dedicated smoking area for residents only. On the ground floor there were two dining rooms, a sitting room and bar area and also a hairdressers. The second floor was serviced by two lifts and here there was a recreation area and another dining area which led onto a sheltered roof garden overlooking a courtyard area.

34 rooms had en-suite facilities and all rooms were fitted with wash-hand basins. The ratio of toilets, bathrooms and assisted showers available was in keeping with standard requirements for the number of residents accommodated. Appropriate ventilation, heating and lighting was provided throughout the premises in keeping with the size and layout of the building and the needs of residents.

Residents' rooms provided sufficient space for storage and personal lockers and could accommodate the use of specialist equipment such as hoists. Certificates were available to confirm equipment such as call systems and assistive devices including hoists and wheelchairs had all been serviced within the previous six months. Records of weekly checks on bed and chair alarms, and bedside rails where in use, were also maintained.

The centre had a separate kitchen with adequate cooking facilities and kitchen equipment including appropriate hygienic storage for food. Suitable facilities and accommodation were available for staff including toilets and a staff room.

Cleaning rooms were appropriately equipped with a sluice sink, wash-hand basin and locked storage for chemicals. A current laundry and linen management policy was in place and staff were familiar with, and implemented, the associated procedures.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Written operational policies and procedures were in place, effective from November 2009, relating to the making, handling and investigation of complaints. A copy of the complaints procedure was clearly on display in the entrance area and also included in the Residents' Guide, a copy of which was available in individual rooms.

The procedure outlined the complaints process including the nominated person to deal with complaints, expected time frames and details of the independent appeals process. A complaints log was reviewed which contained details of the complaint and complainant along with a record of action taken and any feedback provided or outcomes. The log indicated that both verbal and written complaints were recorded. Residents and relatives spoken to were aware of the complaints process and knew how to go about making a complaint and who to approach.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Good care practices and facilities were observed to be in place so that residents could receive end of life care in a way that meets their individual needs and wishes and respects their dignity and autonomy. Family and friends are facilitated to be with their relative and overnight accommodation can be made available at the centre as necessary. Management and staff spoken to were clear in their understanding and commitment to the support of residents' wishes. In one instance the widow of a resident who died was able to have his wake at the centre and management also made provisions for a video link that enabled her to see his funeral service.

A current policy was available and the person in charge stated that a process by which residents' wishes can be discussed following admission, and captured as part of their individual care plan, was in place. Care plans reviewed contained a record of family meetings and also discussions signed and dated by the resident. In some instances residents had recorded their request not to be transferred to hospital and to remain at the centre. Palliative care can be provided by a dedicated care team on call and provisions are in place to accommodate religious and spiritual needs with local priests and ministers available to attend as required.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**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:**

Inspectors noted policies and procedures in relation to management of nutrition were in place with effective systems for communicating specific dietary requirements to those preparing food including a wall chart and folders with details of individual requirements readily accessible in the kitchen. Residents' weights were monitored as part of a regularly reviewed care plan and an appropriate nutritional assessment tool was in place to assess residents' nutritional status.

Inspectors observed lunch service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious in content and appetising in presentation. A choice of desserts was available and residents spoken to were complimentary of the food and satisfied with the variety and quality. Snacks were regularly offered to residents and available on request. Water and mixed drinks were visibly available and also seen to be regularly offered by staff.

Residents were provided with opportunities to eat their meals while seated at dining tables in communal dining rooms which were bright, clean and attractively decorated. There was also the option of eating in their bedroom accommodation if they so wished. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques.

**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:**

No actions were required from the previous inspection.

**Findings:**

The atmosphere at the centre was friendly and relaxed with a comfortable familiarity between staff and visitors during any interactions observed by inspectors. Visitors could attend the centre at any time; a number of visiting rooms were available and residents could also receive visitors in their rooms.

The provider, person in charge and staff had a good knowledge and understanding of residents' backgrounds and interests. The preferences of residents were seen to be accommodated as a matter of routine. For example residents could remain in bed late or return for a nap after meals if they so wished. Provisions were in place to facilitate outings for residents in the nearby city and residents spoke of regular shopping trips. Residents could also exercise choice as to whether they partook in activities or not.

Inspectors saw evidence that residents receive support in using information technologies to facilitate communication and the pursuit of individual interests including for example the development of a personal website for an artist resident.

Residents' meetings were held on a weekly basis and inspectors saw minutes of these meetings which showed that residents were involved in events at the centre. For example residents had recorded a CD to support fund raising in the local community and a copy of the CD was available for sale at the centre. A copy of the Residents' Guide was seen to be available in residents' rooms in the course of the inspection.

Inspectors also examined individual resident's care plans and noted signed and dated records of consultations with residents and relatives regarding ongoing care needs.



The statement of purpose describes an ethos in which the residents' capacity to exercise personal autonomy and choice is maximised - "residents will be assumed to be capable of making choices about the way they live and what they do". Inspectors found this to be actively implemented in the management of the centre.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A policy was in place for residents' personal property and possessions and adequate space was available for residents to store belongings in an easily accessible and secure manner. A record of residents' personal property was maintained and up-dated on an annual basis usually coinciding with the resident's birthday.

Arrangements were in place for the regular laundering of linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoken to understood the requirements in relation to segregation of garments and infection control procedures. No formalised system of clothing identification was in place; families were required to maintain a system of identifying their relatives' clothing items. In the event a resident was not in receipt of such family support this responsibility was undertaken by centre staff.

**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:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Staff spoken to were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, manual handling and fire procedures and prevention. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

Volunteers had been vetted and where there was a verbal instruction in relation to their role and responsibilities this was not set out in written agreements.

**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:***

Mairead Harrington  
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 report<sup>1</sup>

<b>Centre name:</b>	Drakelands House Nursing Home
<b>Centre ID:</b>	ORG-0000224
<b>Date of inspection:</b>	05/03/2014
<b>Date of response:</b>	28/03/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

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

**Theme:** Safe Care and Support

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

Risk assess and make safe the unrestricted access to stairwells with banisters.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Risk assessments were undertaken on the day of inspection and given to the inspectors. Drakelands Nursing Home Ltd building Engineer has been requested to review the banisters to assess for any risks that may pertain.

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

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

Risk assess and make safe unrestricted access to hot water urn on ground floor.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

A risk assessment was carried out on the day of the inspection and a baffle lock applied to the door of the "Stills Room" to ensure it can be locked when not in use. Staff only signs are prominently displayed. The door is locked when not in use. Staff were alerted to the potential hazard and signage was put in place to warn of the hazard of scalding.

**Proposed Timescale:** 05/03/2014

**Theme:** Safe Care and Support

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

Ensure implementation of effective infection control procedures in relation to the storage of cleaning equipment, the disposal of contaminated waste and the allocation of individualised slings for hoists.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: 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.

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

Slings have been ordered to ensure individualised allocation.

Laundered mop heads will be aired hanging upside down in both cleaning rooms.

Specific urinal holders to be purchased to facilitate further storage of urinals.

**Proposed Timescale:** 30/04/2014

## Outcome 08: Medication Management

**Theme:** Safe Care and Support

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

Ensure adequate systems to allow for the accurate contemporaneous recording of medications administered.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

A meeting is planned with the pharmacist to review the MARS to provide additional space to record contemporaneous administrations of medication.

**Proposed Timescale:** 30/04/2014

**Theme:** Safe Care and Support

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

Ensure implementation of standard procedures to securely store controlled drugs.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

All staff nurses have been re-educated on Drakelands House Nursing home written operational policies relating to the ordering prescribing storing and administration of medicines.

**Proposed Timescale:** 28/03/2014

## Outcome 18: Suitable Staffing

**Theme:** Workforce

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

Ensure instructions to volunteers in relation to their role and responsibilities are appropriately recorded.

**Action Required:**

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

A written role description is signed by all volunteers which outlines their role and responsibilities in the organisation. A copy of this is kept on the volunteers file

**Proposed Timescale:** 28/03/2014