

**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: | Droimnin Nursing Home |
| Centre ID: | OSV-0000702 |
| Centre address: | Brockley Park, Stradbally, Laois. |
| Telephone number: | 057 864 1002 |
| Email address: | info@droimninnursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Droimnin Nursing Home Limited |
| Provider Nominee: | Gearoid (Gerard) Brennan |
| Lead inspector: | Sonia McCague |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 68 |
| Number of vacancies on the date of inspection: | 2 |

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 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 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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|-------------------------|-------------------------|
| From: | To: |
| 06 September 2016 10:30 | 06 September 2016 19:10 |
| 07 September 2016 08:30 | 07 September 2016 15:00 |

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

| Outcome | Our Judgment |
|---|--------------------------|
| 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 | Substantially Compliant |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Non Compliant - Moderate |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Substantially Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Substantially Compliant |

Summary of findings from this inspection

The purpose of this inspection was to inform a registration renewal decision following an application by the registered provider to the Health Information and Quality Authority (HIQA).

The provider nominee, person in charge and the staff team were available to

facilitate the inspection process and attend feedback at the end of the inspection.

The centre is registered for 70 residents and was seeking to renew the registration for 70 residents. A separate onsite building aimed at accommodating a further 31 residents was near completion and is to form part of the existing centre. The provider nominee, person in charge and deputy agreed to notify HIQA when this extension/building was complete and operational arrangements were finalised. On the day of the inspection there were 64 residents, four residents were in hospital and there was two rooms vacant for refurbishment purposes.

The inspector met and spoke with residents, relatives or visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

Notification of incidents and information received by HIQA since the last inspection was followed up on at this inspection. This inspection was announced and took place over two days.

Overall, the inspector found that reasonable systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge, deputy and clinical nurse manager responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. However, improvements in relation to the garda vetting of staff prior to working in the centre was required and discussed in the body of the report and in the action plan for response. Since the inspection a written declaration and assurance was provided that all staff working in the centre had Garda vetting.

Training and facilitation of staff was provided relevant to staff roles and responsibilities. Clarity in relation to the frequency of refresher training was required.

The environment was modern, tastefully decorated, clean, warm and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team.

Staff were pleasant and knowledgeable regarding resident's needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

Overall, substantial compliance was found in the majority of outcomes; however, improvements were required in relation to documentation such as care plans, complaints, volunteer roles and responsibilities and the availability or opportunity for social engagement within the wider community.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for response.

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 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose that consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services provided for residents was available.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Statement of purpose was kept under review and had been revised at intervals of not less than one year.

Staff were familiar with the statement of purpose which was reflected in practice.

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 quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. Since the last inspection the management structure had been enhanced operationally by the addition of a clinical nurse manager (CNM).

The provider nominee is the general manager of this centre who attends the centre on a weekly basis. He attended senior management team meetings and was involved in the review of audits and quality reviews undertaken in relation to the care and services provided to residents in the centre.

The person in charge as director of care worked in a supernumerary capacity each week and was supported by a deputy director of care. The CNM and or other senior nurses were responsible to manage the centre at weekends with the support of on-call arrangements by the person in charge or deputy in place.

Management had systems in place to capture statistical information in order to compile reviews of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, incidents, complaints, health and safety, resident and staff matters and medication management.

A comprehensive annual review of the quality and safety of care delivered to residents was completed for 2015. Improvements identified for 2016 were completed as a result of the learning from the monitoring review, satisfaction surveys and audits maintained.

There was evidence of consultation with residents and their representatives to inform care and service provision. Residents and staff were familiar with and complimentary of the management team and arrangements in place.

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:

A brochure and a separate residents' guide was freely available, and the inspector noted that it met the requirements of the Regulations.

A sample of some resident's contract of care was reviewed. The inspector saw that the agreement was signed by both parties, and that it clearly set out the services provided and the fees charged to residents. A service that may incur an additional cost was included in an appendix with the agreed contracts.

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

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

Findings:
The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge told the inspector she worked in the centre on a full-time basis which was reflected in the staff roster received and confirmed by the staff on duty.

The person in charge is a suitably qualified and an experienced nurse who has worked as the director of care in this centre for over three years. She had sufficient clinical and management experience, and was knowledgeable of the legislation and of her statutory responsibilities.

The person in charge and the staff team facilitated the inspection process by providing documents and information as required. They had knowledge of residents' care and conditions, and were familiar with their significant others.

Staff confirmed that good communications existed within the staff team. Daily handover between shifts and disciplines along with regular staff meetings held offered opportunities to share relevant information. Residents and relatives could identify the person in charge, management and staff members.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, food safety, staff recruitment and residents' care, as well as the centre's statement of purpose. The inspector found that the records were kept secure but easily retrievable and were made available to residents, as appropriate.

Some residents' records such as care plans and risk management records required some improvement to ensure they were up-dated and sufficiently detailed or completed to ensure current information to guide care interventions. These areas highlighted for improvement by the inspector were addressed during the inspection by the person in charge and or deputy.

A record of visitors and the directory of residents was recorded and maintained in the centre.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of rostered staff files were reviewed. While some requirements were found to be compliant with the regulations, it was noted that there were some gaps in documentation in relation to the identification for three staff and garda vetting for one staff. The absence of a completed declaration of garda vetting and clearance for a rostered staff member is reported in the action plan of Outcome 7: Safeguarding.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the Regulations. All policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints, the prevention, detection and response to abuse and recruitment. The policies read had been compiled and reviewed by the person in charge and approved by the general manager. However, the recruitment policy had not been implemented fully due to the absence of Garda vetting for a staff prior to working in the centre.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There were no reported or notified absences by the person in charge since the previous inspection.

The provider nominee was aware that:

- if the person in charge is expected to be absent for 28 days or more, the Authority is to be notified one month prior to the expected absence
- in the case of an emergency absence, the Authority is to be notified within 3 days of its occurrence and within 3 days of person in charge's return and
- suitable arrangements are required during any period of absence made and to notify HIQA accordingly.

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:
Measures were in place to protect residents from being harmed or abused. However, as reported in Outcome 5, from a sample of five staff files reviewed, a declaration of garda clearance was not available or completed for one rostered staff member. The person in charge and general manager took appropriate action as a result of this finding and adjusted the roster accordingly. The general manager, as provider nominee, and the person in charge agreed to provide the chief inspector with a written declaration that all rostered staff had evidence of garda vetting and clearance on their file. A written

declaration and assurance was provided 12 September 2016 that all staff working in the centre had Garda vetting following a check of all staff files.

There was a policy in place which gave guidance to staff on the prevention, detection, assessment, reporting and investigation of allegations or suspicion of abuse. It reflected the national policy on safeguarding vulnerable persons at risk of abuse and was demonstrated in practice following an allegation or suspicion of abuse of a resident by external parties. Staff spoken with confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

A restraint free environment was promoted in line with the national policy. The use of bedrails by 15 residents was reported and regular reviews were maintained and updated in the restraint register. Some residents told the inspector they liked a bed rail to keep them safe and aid movement. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Equipment such as low low beds and floor mats were in use following a risk assessment to reduce the use of bedrails. The inspector noted that decisions to use bedrails were supported with a documented agreement between the staff, resident or representative and general practitioner with was also reflected in a care plan and subject to review. Records to demonstrate regular checks of restraint and release practices were completed when bedrails or lap belts were in use. A policy was in place to define and guide restraint usage.

Because of their medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). Residents were provided with support that promoted a positive approach to behaviour that challenges. Good support from the community psychiatry of later life team was reported and seen in the records reviewed. Staff spoken with were very familiar with appropriate interventions to use to respond to residents behaviour that may challenge. Behaviour logs formed part of the assessment and care plan process and episodes of BPSD were analysed for possible trends and inform reviews. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

Staff managed some residents' monies. Procedures were in place for carrying out and documenting transactions. Balances checked on inspection were correct.

Judgment:

Non Compliant - Moderate

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.

The centre had policies and procedures relating to health and safety, fire and risk management. A current health and safety statement was available and risk management procedures were in place supported by policies to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from incidents and events involving residents and or staff. Regular audits and reviews of resident occupancy and dependency, staffing arrangements and turnover, falls and incidents, wounds, pressure ulcers and restraint use were maintained. A strategic approach to meeting residents' needs and the monitoring of clinical outcomes was demonstrated.

A balanced approach was taken when managing risk taking and promoting independence, taking each residents preferences and choices into account. Reasonable measures were in place to prevent accidents in the centre and on the grounds. Root cause analysis and risk assessments following incidents or hazard identification were maintained and recorded outlining control measures. Staff were trained in moving and handling of residents, infection control and fire safety. Further training dates for mandatory training was scheduled and to be provided to refresh all staff involved in moving and handling practices.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced as required, and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm. Simulated evacuation drills from various locations in the centre were practiced on a regular basis to incorporate day and night staff and levels.

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

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Residents were protected by safe medication management policies and practices.</p> <p>There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.</p> <p>Nursing staff demonstrated safe practices in medication administration and management. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, return and disposal for unused and out of date medicines.</p> <p>A system was in place for reviewing and monitoring safe medication management practices. The person in charge described an audit system that included the nursing team, general practitioner (GP) and pharmacist to improve the overall management and review of medication management. An arrangement for the review of prescription of medicines on a three monthly basis was in place and records were available to demonstrate this arrangement was implemented in practice to enhance safe practices.</p> <p>Judgment: Compliant</p> |
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Outcome 10: 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

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.</p> <p>Management systems were in place to alert staff to notify the Authority of notifiable events, incidents or accidents within three days.</p> <p>Quarterly reports were provided, where relevant, for example the use of restraint and number of deaths as prescribed in the regulations.</p> |
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A six monthly report to confirm the non-event of three day and quarterly incidents was submitted following the inspection.

Judgment:
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:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

A selection of care records and plans was reviewed. There was evidence of a pre-assessment undertaken prior to admission for residents. There was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls, malnutrition and pressure ulcer development.

The development and review of care plans was done in consultation with residents or their representatives. Each resident's care plan was subject to a formal review no less frequently than at four-monthly intervals. However, some improvement was required to ensure following a review by healthcare professionals or a change in resident's needs or circumstances at the review interval prompted an update or revision of the initial care plan. For example, changes in mobility status or dietary needs were not updated in the actual plan of care and interventions describe for some.

The assessment of each resident's views and wishes for the end of life required further development to inform a related care plan and review as outlined in the centre's policy.

A care plan to include details and information known by staff regarding preferred religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was required to ensure a comprehensive assessment and plan was in place that was subject to regular reviews.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies. Extensive work had been undertaken on falls prevention and management including audits to ensure compliance with the policy. In addition, each fall was analysed to identify any possible patterns or trends. Mobility and daily exercises were encouraged. Residents had mobility aids and modified chairs following seating assessments by an occupational therapist. Hand rails on corridors and grab rails in facilities used by residents also promoted independence.

Weight management is discussed in more detail under outcome 15.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. Psychiatry of later life services were available and provided very valuable services to the residents. A full range of other services was available onsite on referral including speech and language therapy (SALT), dietician and tissue viability advice services. Physiotherapy and occupational therapy (OT) services were available on a referral basis. Chiropody, audiology, dental and optical services were also provided on a referral basis. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Residents were seen enjoying various activities during the inspection. Each resident's likes and preferences were assessed in 'a key to me' record. However, some improvement was required to ensure that this information was reflected in a care plan and used to plan the individual's activity programme.

A dedicated activity staff member co-ordinated and implemented a weekly activity programme for up to 70 residents with varying ability. The support of care staff was provided during group activities. Residents were encouraged to participate in group activities and many of the activities such as skittles were particularly suitable or tailored for the resident group. Some opportunity for one to one activity was described. The inspector was told of a recent initiative 'an imagination gym' that had been introduced to the weekly programme of events. This activity took place in a dedicated room and could cater for a group of up to eight residents. Religious ceremonies, mass, bingo, skittle games, films, reading and music sessions also formed part of the weekly activity programme. While many residents had opportunities to participate in activities that were meaningful and purposeful to them, further exploration of the activity resources were required to ensure each resident had opportunity to engage and participate in an activity which suited their needs, interests and capacities. This is also discussed in outcome 16 and 18.

Judgment:

Non Compliant - Moderate

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:

The location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is located within a retirement village on the edge of a town. It is a two storey purpose built centre registered for a maximum capacity of 70 residents. Forty one bedrooms were located on the first floor, with 29 on the ground floor.

The building design and layout was of a good standard that could comfortably accommodate 70 residents in single occupancy bedrooms with full en-suite facilities. Sitting rooms, seated areas and dining rooms were spacious and decorated to a high standard with colourfully co-ordinated furnishings and fittings.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds, chairs and televisions along with battery operated or motorised pressure relieving aids were seen in use by residents that promoted their well being.

Corridors and door entrances were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents. Bedrooms were spacious to accommodate personal equipment and devices required. Handrails were provided on corridors and grab rails were available in bathroom and toilet facilities. A passenger lift and separate catering lift between floors were available in addition to the enclosed fire exit stairwells throughout.

The centre was clean, warm, well ventilated and well maintained in areas occupied and used by residents, visitors and staff. The reception was staffed daily (Monday to Friday) by an administration staff member. Entry and exit to the centre was controlled at the main entrance by an electronic key pad device. The director of care's office was located in the reception area and other staff offices were centrally located on both floors. Catering facilities were separate from care facilities.

A secure internal courtyard and an internal roof top area were available for residents to access outdoors as desired. These areas were also used by residents who smoked.

Car parking facilities were available at the centre.

A separate onsite building aimed at accommodating a further 31 residents was near completion and is to form part of the existing centre. The provider nominee, person in charge and deputy agreed to notify HIQA when this extension/building was complete and operational arrangements were finalised. They agreed to supply evidence that the premise takes account of the proposed residents' needs, staffing arrangements, HIQA standards and Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

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:

Policies and procedures were in place for the management of complaints. The complaints procedure and comment box was displayed in a prominent place in the reception area.

A record of all complaints was maintained. Records to demonstrate a prompt response to complaints received was carried out with detail of investigations undertaken. However, a record to demonstrate the complainant was informed of the outcome to their complaint and details of the appeals process was not maintained in addition to and distinct from a resident's individual care records.

The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon. The person in charge was the nominated complaints officer and an appeals procedure was in place.

Residents and relatives who were spoken with during the inspection and who completed questionnaires were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

Judgment:
Substantially Compliant

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

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

Findings:
At the time of inspection the inspector was informed that none of the residents were at the end of life.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Involvement of a multi-disciplinary approach to treatment and care that included a palliative care team was available. Medical decisions regarding care and treatment decisions at the end of life were recorded and the inspector found evidence that some residents and relatives' wishes were discussed during the assessment and review process. However, a consistent approach to ensure an assessment of each resident's physical, emotional, social, psychological and spiritual needs are established and identify the family and friends to be informed of the resident's condition, and permitted to be with the resident required further development in the care planning process. This is reported in the action plan of outcome 11.

Staff training in caring for residents at end-of-life was provided on induction.

Staff told that inspector that caring for a resident at end of life was regarded as an important part of the care service provided. Staff members described how residents and their family had choices and were offered the facilities available and supported with refreshments as required. Each resident had a private single room. An oratory facility was available in the centre with suitable equipment and necessary religious artefacts available to improve the level of respect shown to the deceased.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice within a planned menu. Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided. Systems were in place to ascertain residents' views and preferences for a varied menu on a daily basis. A recent review of the menu was undertaken by a dietician with recommendations to be implemented. The inspector read and was told that points outlined in the environmental health officer's inspection report of 10 June 2016 were addressed.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food and fluid consistency and arrangements for intake recording. Communication systems were in place to ensure that residents nutritional and care needs were available to and known by staff supporting residents to eat and drink and to those preparing and serving food.

Systems were in place to facilitate residents to provide feedback on the menu options and choices to inform improvements.

Access to dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in resident condition.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's forum was facilitated and the group met on a regular basis. Residents' family members and their involvement was central to care and services provided.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents from the ground and first floors being able to access all parts of the centre independently or with support at a time of their choosing, for the hairdresser or when a group activity was taking place in an area.

Residents who spoke with the inspector and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs. The inspector established from speaking with residents and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. While arrangements were provided for residents to attend family occasions with staff support, opportunities to socialise and link with the wider community was limited for some residents. Social activities such as day trip activities or outings did not form part of the activity programme. The provider nominee agreed to explore the activity programme further to promote social inclusion, engagement and access to external facilities. This is referenced in the action plan of outcome 11.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their own en-suite and bedrooms and they could receive visitors in private. Residents were of the varied age range, they were seen to be well groomed and dressed in appropriate manner with clothes and personal effects of their choosing.

Respondents who completed questionnaires confirmed that staff informed them of their relatives' health care needs and any changes in the conditions.

Judgment:

Compliant

***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:

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| Person-centred care and support |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector saw that there was adequate space provided for residents' personal possessions and mobility aids. Residents had a locked facility in their bedrooms.</p> <p>There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</p> |
| <p>Judgment: Compliant</p> |

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):
No actions were required from the previous inspection.

Findings:
Staffing levels and skill mix were sufficient to meet the healthcare needs of the residents and the layout of the premise. Staff confirmed that they had sufficient time to carry out their duties and responsibilities and management team explained the systems in place to supervise staff. Staff were seen to be supportive of residents and responsive to their needs.

In preparation for the inspection, relatives and some residents had completed a questionnaire regarding the centre. In these questionnaires, many stated that the staff were friendly, always approachable and available, respectful, caring and polite to them. The inspector also spoke with a number of residents and resident's relatives, who were complimentary of the staff and of the care that they provided to residents.

The inspector reviewed the actual and planned rosters for staff, and found that management, nursing, care and support staff were adequate. Residents alarm bells

were promptly responded to by staff. Residents chose the time that they wished to get up and seek assistance with personal care and dressing and this was facilitated by the care team.

Some residents in discussions with the inspector confirmed that staffing levels were satisfactory and that staff were supportive and helpful. However, as discussed in outcome 11 a review of the dedicated activity staff hours was required to ensure social care services and needs of all residents were met or enhanced, to include those unable to verbalise their wishes. The inspector noted that the activity therapist was delegated alternative work during an afternoon of the inspection and was seen serving tea to some residents at a meal time which resulted in other residents not having opportunities to participate in social and recreational activities at this time.

The management team informed the inspector of an ongoing recruitment process to ensure that the centre was sufficiently staffed at all times. Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records with improvements required to reflect the centre's recruitment policy and as referenced in outcomes 5 and 7. The roles and responsibilities of staff were outlined within an agreed contract seen on staff files and was confirmed by staff. An induction to the service was provided following the recruitment of staff who were also subject to performance reviews thereafter.

Evidence of professional registration for all rostered nurses was available and current.

A staff training programme was planned and available for all staff. Mandatory training in moving and handling, fire training and the prevention, detection and management of abuse or safeguarding had been provided. Manual handling practices observed were safe and appropriate with assistive equipment available for use. However, clarity in relation to the frequency of manual handling refresher training was required and is referenced in the action plan of outcome 5. Staff training was provided in topics relevant to the resident group that included cardio pulmonary resuscitation (CPR), dementia, behaviours that challenge and infection control.

Some volunteers were actively engaged in the centre to support existing services. The person in charge stated that volunteers were supervised on a daily basis, by staff. Evidence of garda clearance was available in the sample reviewed, however, while the roles and responsibilities were agreed and understood, they were not outlined or completed in writing.

Judgment:
Substantially 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:

Sonia McCague
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

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|----------------------------|-----------------------|
| Centre name: | Droimnin Nursing Home |
| Centre ID: | OSV-0000702 |
| Date of inspection: | 06/09/2016 |
| Date of response: | 19/09/2016 |

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

The recruitment policy had not been implemented in full due to the absence of Garda vetting for a staff member prior to working in the centre.

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

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

Garda vetting had been applied for this staff member but it had not been returned at the time of the inspection. This staff member was immediately taken off duty.

Proposed Timescale: Completed

Proposed Timescale: 19/09/2016

Theme:

Governance, Leadership and Management

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

Schedule 2 documentation in relation to the identification for three staff and garda vetting for one staff was not available in the centre.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The 3 staff members that had no photo copy of their Photo Id have now supplied them. As stated above the garda vetting was applied for the staff member in question but had not been returned from the garda vetting unit.

Proposed Timescale: Completed

Proposed Timescale: 19/09/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

From a sample of five staff files reviewed on the day of the inspection, a declaration of garda clearance was not available or completed for one rostered staff member working in the centre.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

As stated above the garda clearance was applied for but was not returned by the day of the inspection, This staff member was immediately taken off duty.

Proposed Timescale: Completed

Proposed Timescale: 19/09/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Resident's assessed likes and preferences in 'a key to me' record should be reflected in a care plan and used to plan and evaluate the individual's activity programme.

The assessment of each resident's views and wishes for the end of life required further development to inform a related care plan and review as outlined in the centre's policy. A care plan to include details and information known by staff regarding preferred religious, spiritual and cultural practices or named persons to assist residents in decisions to be made was required to ensure a comprehensive assessment and plan was in place that was subject to regular reviews.

A consistent approach to ensure an assessment of each resident's physical, emotional, social, psychological and spiritual needs are established and identify the family and friends to be informed of the resident's condition, and permitted to be with the resident required further development in the care planning process.

4. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

As stated by the inspector above, we conduct a comprehensive assessment of all residents on admission. As some residents treat their admission to our centre as a home from home, they may not wish to discuss end of life. Going forward we will draw up a care plan to specify that the resident does not wish to discuss dying or allow them the opportunity to specify who will deal with these matters on his/her behalf i.e. next of kin.

Proposed Timescale: On going

Proposed Timescale: 19/09/2016

Theme:

Effective care and support

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

Each resident's care plan was subject to a formal review no less frequently than at four-monthly intervals. However, some improvement was required to ensure following a review by healthcare professionals or a change in resident's needs or circumstances at the review interval prompted an update or revision of the initial care plan. For example, changes in mobility status or dietary needs were not updated in the actual plan of care and interventions describe for some.

5. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Updates and changes to our resident's care plans have always been documented on the back of the care plan under section 'review/change, also known as care mapping. Going forward we will draw up new care plans to show current status of resident and their needs.

Proposed Timescale: Ongoing

Proposed Timescale: 19/09/2016

Theme:

Effective care and support

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

While many residents had opportunities to participate in activities that were meaningful and purposeful to them, further exploration of the activity resources were required to ensure each resident had opportunity to engage and participate in an activity which suited their needs, interests and capacities.

Social activities such as day trips or outings did not form part of the activity programme. The provider nominee agreed to explore the activity programme further to promote social inclusion, engagement and access to external facilities.

6. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

We will roster additional hours for activities, and we will make external trips available to residents

Proposed Timescale: 01/11/2016

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:

A record to demonstrate the complainant was informed of the outcome to their complaint and details of the appeals process was not maintained in addition to and distinct from a resident's individual care records.

7. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

Written confirmation will be available to show the complainant was informed and the process to explain the appeals process was provided
Proposed Timescale: Completed

Proposed Timescale: 19/09/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A review of the dedicated activity staff hours was required to ensure social care services and needs of all residents were met or enhanced, to include those unable to verbalise their wishes. The inspector noted that the activity therapist was delegated alternative work during an afternoon of the inspection and was seen serving tea to some residents at a meal time which resulted in other residents not having opportunities to participate in social and recreational activities at this time.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

By the 1st of November there will be a 2nd activities co-ordinator recruited for our centre

Proposed Timescale: 01/11/2016

Theme:
Workforce

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

The roles and responsibilities of volunteers were agreed and understood, however, they were not outlined or completed in writing.

9. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

A job description to include roles and responsibilities of volunteers is currently being drawn up

Proposed Timescale: 30/10/2016