

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drumbear Lodge Nursing Home
Centre ID:	OSV-0005312
Centre address:	Cootehill Road, Monaghan, Monaghan.
Telephone number:	047 84800
Email address:	phil@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualized, person-centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 December 2016 09:45 To: 14 December 2016 19:15

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 08: Governance and Management		Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information and followed-up on progress with completion of the 22 action plans from the last inspection of the centre in October 2015. Findings on this inspection confirmed satisfactory completion of 17 actions. The remaining five actions were progressed but not satisfactorily completed. Partially completed actions are restated in the action plan for this inspection.

Two items of unsolicited information received by HIQA in March 2016 and in December 2016 were also considered by inspectors during this inspection. The information received in March 2016 referenced the use of closed circuit television in

communal rooms and insufficient staff at night and unavailability of staff to attend to residents due to other non-clinical work commitments. This information was partially substantiated in relation to inconsistent staffing levels and skill mix on night duty. The information received in December 2016 referenced incidents of grade 4 pressure ulcers which a resident developed in the centre. Although improvement was found to be required in wound care plan documentation, this information was not substantiated.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the provider completed the self-assessment document by comparing the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The self-assessment and inspection findings are set out in the table above.

Residents' accommodation in the centre was provided on ground floor level, and residents with dementia integrated with other residents. A condition of the centre's registration with HIQA is that a refurbishment plan be completed by 31 March 2017 to address the layout and space available in a six-bedded multi-occupancy bedroom, some twin bedrooms and the dining-room. The layout of the other areas of the centre met its stated purpose and generally provided a comfortable and therapeutic environment for residents with dementia. Inspectors found the provider, person in charge and staff team were committed to providing a quality service for residents with dementia. This commitment was demonstrated in the work that had commenced and in work planned to provide a comfortable and therapeutic environment for residents with dementia.

Inspectors met with residents and staff members during the inspection. They tracked the journey of residents with dementia within the service. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Inspectors also reviewed documentation such as care plans, medical records and staff files among other areas. Inspectors examined relevant policies including those submitted prior to inspection.

There were policies and procedures in place around safeguarding residents from abuse. Staff had completed training, and were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviours of dementia. Improvements were required in care planning and assessment and arrangements to meet residents' activation needs. Residents were safeguarded by staff completing risk assessments and reviewing their needs in relation to the plans of care that were in place to support and optimize their health and wellbeing. Medicines management procedures were in line with legislative and professional requirements. Inspectors found a review of staffing resources was required to ensure staffing levels and skills were appropriate to meet residents' needs.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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: Health and Social Care Needs

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

There were 51 residents in the centre on the day of this inspection; 25 residents had assessed maximum dependency needs, 11 had high dependency needs, 10 residents had medium dependency needs and four residents had assessed low dependency needs. One resident was assessed as being independent. Eighteen residents had a formal diagnosis of dementia and a further four residents had symptoms of dementia.

Inspectors focused on the experience of residents with dementia on this inspection. They tracked the journey of residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end-of-life care in relation to other residents.

Residents had a choice of general practitioner (GP). As many residents were from the locality, they were able to retain the services of the GP they attended prior to their admission to the centre. Residents' documentation records confirmed timely access to GP and allied health professional care. Residents in the centre had good access to allied healthcare professionals including physiotherapy by a physiotherapist employed by the provider and provided as part of the service to residents. Dietetic, speech and language therapy, occupational therapy, dental, ophthalmology and podiatry services were available to residents as necessary. There was evidence that residents' health and wellbeing were promoted with regular physiotherapy optimising their safe mobility and an annual influenza vaccination programme. Residents in the centre had access to mental health of later life services and palliative care services.

There were systems in place to optimise communications between the resident, families, the acute hospital and the centre. Residents' files held their hospital discharge documentation on their admission to the centre including a medical summary letter, multidisciplinary assessment details and a nursing assessment. A summary of the health,

medications, likes and dislikes among other information accompanied residents transferring to hospital. A 'communication passport' document was in the process of development for residents with communication needs. This document detailed their preferences, dislikes and strategies to prevent or to support any behavioural and psychological symptoms of dementia (BPSD). The purpose of this document is that it accompanied each resident with dementia to support their communication needs while accessing services outside the centre. A copy of the Common Summary Assessment Records (CSARs) which details the assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme was available. The person in charge or senior nurse visited prospective residents in hospital or in their home in the community prior to admission to complete a pre-admission assessment. Prospective residents and their families were also welcomed into the centre to view the facilities and discuss the service provided before making a decision to live in the centre. This gave the resident and their family information about the centre and also ensured them the service could adequately meet their needs.

Residents had a comprehensive nursing assessment completed within 48 hours of admission to the centre. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive health and skin integrity among others. A care plan was developed to inform each resident's care needs. While there was evidence that work had been done since the last inspection in October 2015 to ensure residents' care plans comprehensively informed their individual needs, inspectors found that further improvement was required in some areas. Each resident had a holistic care plan completed in addition to other care plans to inform further specific needs. The inspectors found that while the interventions in holistic care plans were person-centred, the information in some additional care plans tended to be generic. The rationale for developing an additional care plan was also not clear and in some cases there was repetition of individual care plans. The inspectors observed where the interventions documented in one resident's holistic care plan for their end-of-life care needs were not reflected in an additional care plan developed for the same need. The inspectors also found that although recommendations made by allied health professionals were documented, they were not documented in the relevant care plan as an intervention of care. Care plans were reviewed on a three to four-monthly basis or to reflect residents' changing care needs. Daily progress notes were found to be informative and generally linked to care plans. There was documentation available to confirm that residents and their families, where appropriate were involved in care plan development and in reviews thereafter. A pain assessment tool for residents who were non-verbal was available.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services. Palliative care services were supporting three residents with pain management on the day of this inspection. Inspectors reviewed a sample of residents' end-of-life care plans and found that they outlined the physical, psychological and spiritual needs of the residents, including wishes regarding the place for receipt of care. The centre provided a small oratory and the inspectors were told that the refurbishment plan for the centre will include a spacious oratory for residents. Residents were facilitated to practice their religion and had access to clergy to meet their different faith denominations. Single room accommodation was available to meet residents' end-of-life care needs. Residents' relatives were facilitated to be with them overnight during end-

of-life care. Staff were trained to administer subcutaneous fluids to treat dehydration avoiding unnecessary hospital admission during end-of-life care. A remembrance service was commenced recently in the centre to remember deceased residents.

There was evidence of a small number of incidents where residents developed pressure-related skin ulcers in the centre. There was also evidence where residents were admitted with pressure ulcers that had improved with care given in the centre but deteriorated on admission to hospital. All pressure ulcer incidents were appropriately notified to HIQA. Inspectors reviewed pressure related skin injury prevention procedures in the centre and found them to be appropriate. All residents were regularly assessed for risk of developing pressure related skin injury. Care plans were developed to inform interventions to be completed to mitigate risk identified. Pressure relieving mattresses were available and in use. High grade mattresses were in use for residents assessed as being at increased risk of skin injury. Repositioning schedules were also in place for residents at risk. The dietician regularly reviewed the nutritional needs of residents with ulcer wounds or at risk of developing them to ensure their nutritional intake was optimised to promote their skin integrity and healing. The inspectors also reviewed wound management procedures in the centre. A treatment plan was developed in each case and close monitoring of progress with healing was evident and included photographic progress tracking procedures. Wound dressing requirements were updated to reflect changes in recommendations made by the tissue viability nurse (TVN) specialist and documented as interventions in treatment care plans. TVN specialist input and advice was available as necessary to support staff with management of residents' wounds that were slow to heal or deteriorating.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place and required improvement to ensure the recommendations made by the dietician and speech and language therapy specialists were consistently documented. Inspectors saw that a choice of hot meal was offered to residents. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. The chef had a copy of the recommendations made by the dietician and speech and language therapist to inform each resident's specialist dietary needs. Inspectors found that residents on diabetic and fortified diets, and residents who required modified consistency diets and thickened fluids, received the correct diets. The lunchtime meal was a social occasion. Alternatives to the menu provided were available and residents complimented the food they received. Staff sat with residents and provided them with encouragement to maintain their independence and offered discreet assistance when necessary.

There were arrangements in place to review accidents and incidents within the centre. Seven fall incidents where residents sustained an injury requiring hospital treatment were notified to HIQA since April 2016. Residents were assessed on admission and regularly thereafter for risk of falls. The centre's physiotherapist was involved in developing assessment and treatment plans for residents who fell or were at increased risk of falling. Care plans were in place and following a fall, the risk assessments were revised, medicines reviewed and care plans were updated to include interventions to

mitigate risk of further falls. The inspectors saw that increased staff supervision, low level beds, foam floor mats and sensor alert equipment were among the controls to reduce risk of fall or injury. There was evidence of learning identified from investigations of falls and this was implemented in practice.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. The inspector observed administration of medication to residents and found that practices reflected professional guidelines. The staff nurse was courteous to residents while administering medications and ensured to read medication from the prescription sheet prior to administration. She also took time to explain the rationale for the medication to some residents. The staff nurse signed the medication administration record sheet once she was satisfied the resident had taken the medication. The inspector observed good hand hygiene practices in between dispensing each resident's medication. Storage and record keeping of medications controlled under misuse of drug legislation met requirements. There was a procedure in place for removal of out-of-date or unused medications from stock and return to the pharmacy. Residents' medications were supplied by two pharmacies in line with their choice. The pharmacists were facilitated to meet their statutory obligations to residents including availability to discuss their medications with them. Medication audits were completed and were made available to the inspectors.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were systems to ensure residents were safeguarded from abuse. However, one volunteer did not have An Garda Síochána vetting completed and improvement was required to ensure procedures for managing residents' finances were in line with best practice.

While there was a system in place for managing residents' money and valuables and storing them securely, the records of transactions were not sufficient to ensure residents' money was safeguarded. While many of the transactions were signed by 2 staff members and the resident, a number of transactions had only been signed by one staff member or had no signature present. There was no record of balances kept to verify if the amounts held tallied with the transactions made.

There was a policy in place for the management of restraint. The provider had endeavoured to decrease use of bedrails since the last inspection, and this was observed on inspection. Risk assessments were completed prior to implementing any type of restraint. A restraint register was being maintained in the centre and inspectors saw evidence of restraint being discontinued following review. Periodical release of restraint was being documented in the centre, however the documentation was not in line with the centre's policy and a small number of gaps were noted in these records.

There was a policy and procedure in place for the prevention, detection and response to abuse. There were measures in place to safeguard residents, including residents with dementia. The person in charge monitored the systems in place and ensured that there are no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. Inspectors who spoke with staff were told that they were supported to reports any concerns they may have to the person in charge. Staff training records indicated that all staff had received training in the prevention, detection and response to abuse.

There were processes in place for responding to any incidents of behavioural and psychological symptoms of dementia (BPSD) and residents with responsive behaviours. All residents who were at risk of BPSD or responsive behaviours had a behavioural support care plan in place. Inspectors observed that residents with dementia were comfortable in their environment. Staff spoken with could describe personalised de-escalation techniques they would use to meet the needs of each resident. However, improvement was required to ensure that all staff were aware of need to utilise behavioural support care plans to inform such techniques. No residents were in receipt of PRN medicines (a medicine only taken as the need arises) to manage BPSB or responsive behaviours at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents with dementia were consulted with and supported to participate in the organisation of the centre. Since the last inspection in October 2015, the frequency of residents' meetings was increased and was minuted. There was evidence of effort made to involve residents with dementia. As found on this and the last inspection in October 2015, the layout and space available in a bedroom accommodating six residents, some twin bedrooms and the dining room negatively impacted on some residents' freedom of

choice, privacy and dignity. This finding is actioned in outcome 6. The dining room did not provide sufficient space to accommodate all residents at one sitting and therefore not all residents could dine in this area if they wished. The provider has submitted a refurbishment plan to be completed by 31 March 2016 to address this finding. However, staff were observed knocking on bedroom and toilet or bathroom doors. Privacy locks were in place on all bathroom and toilet doors. Bedroom and toilet and bathroom doors were closed during all personal care activities.

Residents were supported to make choices about their day-to-day lives. While there was opportunity for residents with dementia to participate in activities, this required improvement to ensure the activities provided for them suited their individual interests and capabilities whether on a 1:1 or in a group arrangement. Since the last inspection, the provider has increased activity co-ordination hours to ensure residents' needs were met over seven days each week. The day of this inspection was busy with many families visiting the centre and in attendance for the centre's christmas party. Residents dressed up and attended the hairdresser in preparation. Some residents also wore Christmas jumpers. Santa visited each resident with a present. Staff made good effort to ensure all residents were supported to participate and enjoy the festivities.

Addressing the social care needs of residents was also integral to the role of healthcare assistants. However; inspectors observed that group activities, especially in the main sitting room were regularly interrupted so staff could summon assistance to provide residents personal care. The resident group was also large. There was evidence in residents' documentation records and on the day of inspection that many residents enjoyed the activities provided. Inspectors observed that most residents with dementia enjoyed a music session provided on the evening of the inspection. There were some residents who preferred to listen to the music in their rooms and their wishes were respected. While staff had completed accredited training in sensory-based activity provision suitable for residents with dementia, a robust sensory focused activity programme for residents with dementia was not evident. Approximately 40% of residents had a diagnosis of dementia. This finding was discussed at feedback of inspection findings with the management team. Care staff were observed to make efforts to involve all residents in the other activity sessions provided but the larger group arrangement did not suit all residents. Inspectors also observed that there was improvement needed to ensure consistency in the staff members supervising the large sitting room. Staff designated to supervise this area changed frequently and resulted in many residents been asked the same questions by new staff member.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents with dementia in the centre before undertaking any care tasks and they were consulted about how they wished to spend their day and about care issues. Residents spoken with expressed their satisfaction with opportunities and choices afforded to them in their day-to-day lives. Wheelchair accessible transport was provided one day each week to facilitate residents to go on outings in the local area. Residents' wishes were prioritized when planning excursion venues. Residents' wishes and preferences also informed their daily routine regarding the times they retired to bed and got up in the morning. Based on the preference of residents their main meal was provided in the evening time. There were no restrictions on visitors and residents could meet their visitors in private if they wished. Inspectors observed residents' visitors

visiting them throughout the day of inspection.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in the sitting room and the dining room area. The scores reflect the effect of the interactions on the majority of residents. Inspectors' observed that there was good evidence of positive connective care with individual residents. However, there was opportunity for improved engagement with some residents with dementia in group scenarios. Task-orientated interactions were generally of a good quality and referenced episodes of care provision. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

There was a policy and procedure in place for the management of complaints, which included an appeals process. Staff spoken with on inspection could describe how they would assist a resident with dementia to make a complaint.

A summary of the complaints process was displayed in two locations within the centre, and was also included in the centre's Statement of Purpose. While the complaints process was outlined in the Residents' Guide, it did not reflect current practice in the centre in relation to a second nominated person to review the complaint process.

The person in charge was responsible for dealing with complaints, and a second person was nominated to ensure complaints were appropriately recorded and responded to. However, improvements were required to ensure that complaints were being reviewed in accordance with the centre's processes by the nominated second person in line with the regulations.

A complaints log maintained in the centre was made available to inspectors. While there were a small number of complaints open at the time of the inspection, all closed complaints had been resolved to the satisfaction of the complainant. The complaints log was reviewed by inspectors and all of the information required by the Regulations was recorded. Complaints were seen to be closed out within the designated timeframe.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Staff possessed the appropriate skills and qualifications to meet the assessed needs of residents, including those with dementia. While staffing levels were improved since the last inspection in October 2015, further review was required to ensure that two nurses were consistently rostered on-duty each night. On approximately two to three nights on some weeks, a care assistant was rostered instead of a staff nurse due to a shortage of availability of registered nurses. Residents spoken with confirmed that their needs were satisfactorily met at all times and there was no evidence found that residents did not receive timely care. However, this finding did not provide satisfactory assurances that residents' needs could be met when the staffing skill mix was reduced. For example, staff spoken with on the day of the inspection reported that medication rounds were interrupted or prolonged at times when one nurse was on-duty and was needed to meet other residents' nursing needs. The staffing levels and skill mix on day duty met the needs of residents.

There was a planned and actual staff rota in place, with any changes clearly documented. There was a registered nurse on duty at all times to provide nursing care for residents.

Staff meetings with the various staff disciplines in the centre were held, on average, on a monthly or two-monthly basis. Minutes of these meetings were documented and were available for review by inspectors.

There were procedures in place for the recruitment, selection and vetting of staff. A sample of staff files was examined by inspectors. While almost all of the information required by Schedule 2 of the Regulations was held in these files, improvement was required to ensure that any gaps in the employment records of staff members was followed up on and documented. The person in charge confirmed that all staff had obtained Garda Síochána vetting disclosures and records of up-to-date professional registration for nursing staff was provided to inspectors.

There was an induction programme for newly-recruited staff, which included training and probationary reviews. The provider was actively recruiting new staff to backfill a current deficit in registered nurses. While evidence of annual appraisal reviews was

found in staff files, some improvement was required to ensure probationary reviews following recruitment were consistently documented in line with the centre's recruitment policy and procedure.

Training records for all staff were maintained in the centre and were available for review by inspectors. The records indicated that all staff had received up-to-date mandatory training in fire safety, safe moving and handling practices and prevention, detection and response to abuse. Inspectors observed that staff carried out safe moving and handling procedures with residents in line with best practice during this inspection. The person in charge provided inspectors with evidence showing that newly recruited staff were scheduled to receive training shortly after the inspection. Records also indicated that staff could avail of a variety of training to support their professional development, including dementia care. Staff spoken with on the day of the inspection could describe various elements of the training they completed.

There were a number of volunteers operating in the centre at the time of the inspection. A Garda Síochána vetting disclosure had not been obtained for one of the volunteers who attended the centre on one day each week (actioned under Outcome 2), and the roles and responsibilities were not documented for volunteers.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The layout and space available in a bedroom accommodating six residents, some twin bedrooms and the dining room did not meet their stated purpose to a satisfactory standard. A condition of the centre's registration with HIQA is that the premises will be refurbished to address this finding by 31 March 2017. The provider has revised the refurbishment plan to further enhance the facilities for residents and increase resident occupancy in the centre. Although building work has not commenced to date, it is scheduled to commence at the beginning of 2017. Residents dined in the dining room and in two sitting rooms in a single sitting arrangement. The designated dining room did not provide adequate space for all residents to dine in the dining room if they wished. Inspectors observed that the other areas of the premises met the needs of residents and the design and layout promoted the dignity, independence and wellbeing of residents with dementia.

The centre is a single-storey building. Residents were accommodated in single, twin and a six-bed multi-occupancy bedroom. Residents had access to a variety of communal sitting rooms, a dining room, a small oratory and a hairdressing salon. Residents told inspectors that they were comfortable in the centre. A reception area is located inside the main entrance providing a point of contact for visitors and negating need to access resident areas unnecessarily.

Safe and secure outdoor areas were provided that were attractively landscaped with shrubs, small trees and winding pathways. Outdoor seating was also available in these areas. The centre was warm and comfortable. There was good use of natural lighting and the centre was suitably decorated with comfortable furnishings, fixtures and fittings. There was evidence of effort made to make the centre comfortable for residents with dementia. This finding was particularly evident in the centre's dining room which was decorated in a traditional domestic style with familiar furniture provided including a kitchen dresser. Some memorabilia was available in various parts of the centre.

The centre fabric was clean, brightly painted and well-maintained. Daily, weekly and monthly environmental audits were completed to ensure the centre was risk-free and that areas requiring repair were promptly addressed. Most residents' bedrooms were personalized with their photographs and personal possessions. Each bedroom also had a television and adequate storage facilities. Signage to indicate key areas such as toilets and communal rooms was in place; however, the quality of and the level at which this signage was placed required review. The person in charge advised inspectors that permanent signage was due to be fitted and that doors to key areas would be clearly indicated by a bold colour. Handrails in corridors were in a contrasting colour to surrounding walls to assist residents with dementia with accessing all areas of the centre. Grab rails were appropriately provided in bath, toilet and shower areas, and some of the toilet seats were in a contrasting colour to support residents with dementia. Call bells were in place in bedrooms, toilets and bathrooms. Assistive equipment was available to residents that required support, Floor covering in some areas of the centre contained dark designs. The person in charge had identified this finding and was scheduled for replacement as part of the centre's refurbishment with replacement of floor covering that aided access for residents with dementia.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

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

Findings:

Inspectors found that the management structure was clearly defined. Lines of authority and accountability and reporting arrangements were evident from inspectors' observations and speaking with staff on the day of inspection. Systems and structures were in place to ensure the centre was effectively governed and managed. There was evidence of meetings convened on a monthly basis with the person in charge by the provider and practice development co-ordinator. Meetings were also convened by the person in charge with each staff grade to ensure comprehensive team communication. These meetings were minuted and actions identified were followed through to completion. While improvements were made since the last inspection in October 2015, there was evidence of a shortage of staffing resources provided at night to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function. This finding is also discussed and actioned in outcome 5.

There were comprehensive systems in place to monitor the quality and safety of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were analysed and identified improvements and learning.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2015. A copy was forwarded to the Health Information and Quality Authority (HIQA) and was available for review on inspection. This report was also made available to and discussed with residents.

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:

Catherine Rose Connolly Gargan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Drumbear Lodge Nursing Home
Centre ID:	OSV-0005312
Date of inspection:	14/12/2016
Date of response:	06/01/2017

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Practices in relation to care planning did not support staff to deliver consistent care to residents:

- the information in some care plans tended to be generic.

-the rationale for developing an additional care plan was not clear and in some cases there was repetition of individual care plans.

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

- interventions documented In one resident's care plan for their end-of-life care needs were not reflected in an additional care plan developed for the same need.
- although recommendations made by allied health professionals were documented, they were not documented in the relevant care plan as an intervention of care.

1. 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:

All care plans are being reviewed and one holistic care plan will be developed to cover all aspects of nursing care needs, in order to direct care.

Proposed Timescale: 31/03/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

One volunteer did not have An Garda Síochána vetting.

2. 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:

The Volunteer is in the process of being vetted. This Volunteer will not have access to the Centre until his vetting has been processed. In future all volunteers will be vetted in accordance with our Volunteer Policy.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

The systems in place to manage money and valuables on behalf of residents were not robust.

3. 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 system of managing residents' petty cash is being reviewed and improvements to this system will be made to meet the Regulations.

Proposed Timescale: 31/01/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

While there was opportunity for residents with dementia to participate in activities, this required improvement to ensure the activities provided for them suited their individual interests and capabilities whether on a 1:1 or in a group arrangement.

Groups were too large and there was no evidence of a robust sensory focused activity programme for residents with dementia.

4. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

1) All activities staff have training in sensory focussed activity programmes. All residents have an assessment that outlines their individual interests and capabilities. These are reviewed every four months. A more structured, sensory focussed activities programme will be developed based upon these assessments for our residents with dementia.

2) The planned extension will offer more rooms which will facilitate smaller group activities.

Proposed Timescale: 1) 31st January 2017 and 2) 31st March 2018

Proposed Timescale: 31/03/2018

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The complaints process outlined in the Residents' Guide did not reflect practice in the centre regarding the second nominated person.

There was insufficient evidence to indicate that complaints were being reviewed by the second nominated person in line with the Regulations.

5. 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.

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

All complaints are reviewed as part of the quarterly quality review. Unfortunately this was not made available to the Inspectors on the day of the inspection.

We are now going to record this six monthly review on the Epicare system to provide additional evidence of the review.

Proposed Timescale: 15/01/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Review of night-time staffing levels is required.

6. 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:

Staff nurses have been recruited and are currently working as HCAs. When they have acculturated they will undergo induction as staff nurses.

Proposed Timescale: 30/04/2017

Theme:

Workforce

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

Ensure that supervision of staff undergoing induction is carried out in line with the centre's policy and procedure.

7. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Meetings during employees' probationary period reviews will be documented in line with the Centre's Recruitment Policy.

Proposed Timescale: 15/01/2017

Theme:

Workforce

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

Ensure that there are no gaps in documentation required by Schedule 2 of the Regulations.

8. 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:

All employee files have been reviewed and all gaps in CVs have been satisfactorily explained.

Proposed Timescale: 05/01/2017

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 not set out 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:

The roles of all volunteers has now been set out in writing.

Proposed Timescale: 05/01/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The layout and space available in a bedroom accommodating six residents, some twin bedrooms and the dining room did not meet their stated purpose to a satisfactory standard.

10. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We have revised the plan of the previous provider, Drumbear Lodge Nursing Home Ltd, to address the multiple occupancy room, twin rooms, storage space, laundry area and dining area. We are currently at an advanced stage of discussion with our Bank to access the additional funding required to complete the extension.

Proposed Timescale: 31/03/2018

Theme:

Effective care and support

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

Access for residents with dementia was hindered by floor covering in some area with dark block designs.

The quality and level at which signage to key areas required review.

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Floor covering and signage will be replaced as needed.

Proposed Timescale: 31/03/2017

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

There was evidence of a shortage of staffing resources provided at night to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function.

12. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

Staff nurses have been recruited and are currently working as HCAs. When they have acculturated they will undergo induction as staff nurses.

Proposed Timescale: 30/04/2017