



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	07 August 2019
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0027527

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Drumderrig House Nursing Home is a purpose-built facility that provides care for 107 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately 2 kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 55 single and 26 double rooms all of which have ensuite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	94
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
07 August 2019	19:00hrs to 23:30hrs	Geraldine Jolley	Lead
07 August 2019	19:00hrs to 23:30hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Residents expressed satisfaction with the care they received and with their accommodation. They described staff as caring and very good to them. Eight residents were spoken with during the inspection. While all were positive about the care and attention they received over half said that staff were always very busy. Two residents said they enjoyed activities particularly playing bowls and bingo. Other residents commented that while there were some activities during the afternoons the days were long as most of the day and evening there was nothing in particular to do. Residents said their visitors were made welcome and while there were set visiting times these had not presented a problem for them.

Several residents said the food was very good and said that staff always give alternative meals if the choice available was not something they liked. Residents also said that they were given drinks and snacks frequently during the day.

Residents knew they could make a complaint or raise issues and said the nurse in charge and the the owner of the nursing home were around during the day to sort out concerns or complaints. Visitors interviewed said that when they raised issues they were resolved promptly.

The inspectors observed that some sitting areas where residents sat did not have a staff presence for long periods. They observed that staff were constantly engaged in personal care activities and had no time for social activity or engagement. Some residents were observed to be waiting for attention when they needed assistance.

Capacity and capability

This unannounced inspection was triggered by unsolicited information supplied to the office of the Chief Inspector. This information conveyed that there were regular staff shortages, poor cleaning standards and that recruitment procedures did not reflect good practice standards for staff working with vulnerable people. The concerns raised were substantiated by the findings on the day. The inspectors found the centre was non compliant across a number of regulations that included staffing, governance and management, documentation and risk management.

The inspectors found indicators that the staff resources available were inadequate to ensure care was delivered in a safe, consistent manner. There had been a reduction in the number of staff nurses and carers available for duty due to resignations and illness absence in recent months. This meant that there was a variable skill mix of

staff on duty day to day. Following a review of the staff rosters, residents' care records, dependency needs and feedback from residents, the inspectors were not satisfied that there were sufficient staff on duty during the day and night to meet residents' needs. Staff were observed to be very busy and engaged with residents' direct care needs throughout the evening of the inspection. Some residents were observed to be alone for long periods in communal areas and while assessed as independent there was no staff available to provide them with activities or stimulation appropriate to their needs. Other residents were supervised throughout the late evening by the person in charge who would not normally be on duty at this time. The incident records reviewed conveyed that many falls sustained by residents were unwitnessed and that part of the strategy for prevention of future falls was additional supervision however there were no indicators in the records as to how this was to be achieved or if this measure had been implemented. The nurse who had responsibility for the centre in the absence of the person in charge only worked two days a week and this arrangement could not provide continuity of leadership or adequate supervision for nurses.

The governance and management of the centre needed to be strengthened and improved to ensure that there was sufficient monitoring and oversight of the service and care provided. The provider had ensured that the centre's governance and management structure was clearly defined and all staff interviewed could describe their roles and responsibilities. The provider representative worked in the centre with the person in charge on a day-to-day basis which ensured that a member of the management team was always available to respond to any issues or queries without delay. However the staff shortfall had not been risk assessed and no mitigating actions had been taken to reduce the impact this had created for residents and staff many of whom were working in excess of their contracted hours.

The inspectors reviewed a sample of staff files. They found that several nurses had been issued with contracts or had started the induction stage of their employment without a disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016 being available.

At the feedback meeting, the provider representative and person in charge accepted the findings and the inspectors found there was a willingness to ensure that issues would be addressed to bring the centre into full compliance with the regulations.

Regulation 15: Staffing

Inspectors found that there was an inadequate number of staff and an inadequate skill mix allocated for duty during the day and at night to meet the health and social care needs of residents taking into account the large scale size of the building and the unit structure. There were 94 residents accommodated. There were 32 residents assessed as high or maximum dependency with the remainder assessed as low dependency or independent.

The inspectors were told the usual nurse allocation was four nurses in addition to

the person in charge during the day and three nurses at night. The inspectors saw from the rotas presented for the weeks 29 July and 5 August that these allocations were not maintained. There were three nurses on duty scheduled for day duty including the person in charge. The inspectors were told that the night duty allocation of three nurses could not be maintained every night and day duty nurses were regularly staying on duty late to assist with the night medicine rounds. The arrangements on the evening of the inspection reflected this. The two nurses on duty were assisted with the administration of night medicines by a day duty nurse. The availability of staff varied from the information described in the statement of purpose supplied to the office of the Chief Inspector in August 2019 as part of a new registration application. This described 14.5 nurses and 43 carers employed. The current rotas indicated that there were 12 nurses and 32 carers available for duty. At the time of inspection there were three carers and a nurse unavailable due to illness and one nurse had resigned. A comparison between the statements of purpose supplied in April 2017 when the number of residents accommodated increased from 90 to 107 and August 2019 shows that the resource of whole time equivalent nursing staff has reduced from 16.5 to 14.5. The number of carers available has also reduced as there are 43 described in both statements of purpose but the rota indicated that there were 32 carers available for duty.

There was an inadequate resource allocated to social care. An activity coordinator was employed for 15 hours a week. This allocation could not meet the varied assessed needs of residents many of whom had dementia. Residents were observed to spend long periods without staff contact or interaction.

Many staff were noted to work in excess of 40 hours a week. During the week of 29 July 2019 eight nurses worked 50 hours and two worked 58 hours according to the duty rota. Six carers were recorded as working in excess of 45 hours that week. The inspectors observed that care staff were not supervised when undertaking their work and that they mainly worked alone throughout the inspection.

Residents said that while their personal care was delivered to a good standard they were offered showers/baths once a week which did not reflect personal choices or a person centred approach to care. The inspectors observed that residents had to wait for attention when they needed assistance. The presence of unlabelled items in toilets also indicated that aspects of care was not individualised.

Judgment: Not compliant

Regulation 21: Records

The inspectors found that Garda Vetting disclosures were not always procured before staff commenced their induction period in the centre as required by the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Not compliant

Regulation 23: Governance and management

Significant improvement was required in the governance and management of the centre to ensure the effective delivery of care in accordance with the statement of purpose. The staffing numbers as described in the statement of purpose had decreased and no review or risk assessment of the impact or mitigating measures had been put in place. Efforts were made to recruit staff during this period when several staff ceased employment and a further four staff were on long term leave. The registered provider continued to admit new residents to the centre. This put residents at risk as the staffing levels were inadequate to ensure that their care needs could be met effectively all of the time. The provider representative did not have an effective system in place to ensure the service met the needs of all residents and was safe, delivered to a consistent standard and effectively monitored.

The inspectors noted that several areas of the centre did not have a staff presence for extended periods after 20.00 hours. The James wing had no staff visible throughout the inspection, the communal area where some more independent residents spent the evening did not have staff a staff presence and several residents sitting in a hallway had no staff interaction for over half an hour. Other residents were observed to have to wait for attention and one resident had to call for assistance and wait when they wished to give the newspaper to another resident. An urgent action plan requiring that staffing levels that are appropriate to meet the assessed needs of residents be put in place and that adequate risk assessments were undertaken was issued following the inspection.

There were insufficient staff available to ensure that residents had the opportunity to engage in meaningful social activity throughout the day and evening. There was one staff allocated to activity provision for fifteen hours a week. This allocation could not meet the varied needs of the 94 residents accommodated at the time of the inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents were issued with contracts of care and the contracts inspected described the fees and some additional charges for services. The contracts of care should describe all the charges that apply at the time the contract is issued.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to describe the current whole time equivalent staff available to care for residents. As described above the decline in the number of nurses from 16.5 to 14.5 whole time equivalents and the reduced number of carers available for duty was not reflected in the statement of purpose. There was also a decrease in the number of catering staff with six described on the rota and seven outlined in the statement of purpose.

Judgment: Not compliant

Quality and safety

Overall, the quality of care delivered to residents required review to ensure that residents received person centered care in accordance with their individual assessed need, their choices and in line with evidenced based practice. The inspectors found that care practice required review as there was evidence that residents did not have the level of supervision or care interventions their needs indicated. They could not exercise personal choices in relation to when they wished to have baths and showers and they did not have ready access to staff or to meaningful social opportunities throughout the evening of the inspection.

The identification and assessment of risk required improvement as the changing staff situation had not been identified as a potential risk to the operation of the service and admissions continued to be accepted despite the known shortage of staff. Several other risk areas were identified during the inspection. These included doors to critical areas where equipment was stored being left open, bad odours in some areas, sitting areas accessible to residents in darkness and measures for falls prevention were not clearly defined.

The inspectors reviewed a sample of residents' files to determine that appropriate access to a general practitioner and allied health care professionals was in place. The inspectors found that medical reviews were conducted routinely every four months as per regulatory requirements.

Regulation 17: Premises

The centre is a large expansive building that comprises of four distinct units on one level. The Timothy wing accommodates 29 residents, the Darwin unit 27 residents and the James and Brennan units accommodate 17 and 34 residents respectively. A

change had been made to the premises since the last registration. A new corridor to improve accessibility around the building had been added. A registration application in respect of this was made prior to this inspection.

The standard of decoration and maintenance was good with all areas furnished in a home like way. There were good colour contrasts between walls and floors and handrails were visible against the background colours to improve accessibility. Furniture that included arm chairs were provided in a range of styles and colours to suit residents' needs. Residents who had specialist chairs told the inspectors they were very comfortable and had been provided especially for them.

The communal sitting rooms and hallways were found to be clean. There was however a bad odour in some areas that required remedial action and a sink needed repair as the pipework showed evidence of leaking.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk register in place that described a range of risk areas that had been identified and were being managed. The risk register was reviewed. The inspectors found that risk assessment and hazard identification required improvement as several risk factors had not been included in the register. For example the risk associated with the current staff shortage and the changes to the staffing model had not been identified as a risk area.

The inspectors saw other risks that presented hazard to residents. These included:

- doors to rooms that contained a variety of equipment were open and could present a risk to residents,
- substances used in the decoration of parts of the centre had not been securely stored away
- some sitting areas adjacent to where residents were sitting was in darkness and
- falls prevention measures were not specified.

Inspectors found on reviewing the accident and incident record that many falls were unwitnessed and measures to prevent further falls were unclear. The inspectors reviewed the accident and incident record for the months of May, June and July. These records detailed the time of falls, if witnessed or not, treatment given and indicated where appropriate if post fall head injury observations was required. One fall resulted in injury during this time. Recommendations were recorded and included additional supervision for residents and the need to increase fluid intake to prevent infections developing. However there was no evidence of how this supervision was to be provided and the current staffing levels did not appear to take this into account. Three residents had repeat falls. A definitive falls prevention plan

is required to respond to changes in residents' needs following a fall and where the falls review indicates a need to increase fluid intake or to provide extra supervision oversight is required to ensure the plan is consistently implemented..

Judgment: Not compliant

Regulation 27: Infection control

There was adequate supplies of personal protective clothing and staff were observed to use gloves and aprons as they engaged in varied activities throughout the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were floor plans with fire exits clearly marked displayed throughout the centre. The fire safety measures in some areas were compromised by bedroom doors being propped open with footstools which meant that in the event of a fire alarm activation the doors would not close to protect residents as intended and residents would also be obstructed when leaving their rooms.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0027527

Date of inspection: 07/08/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

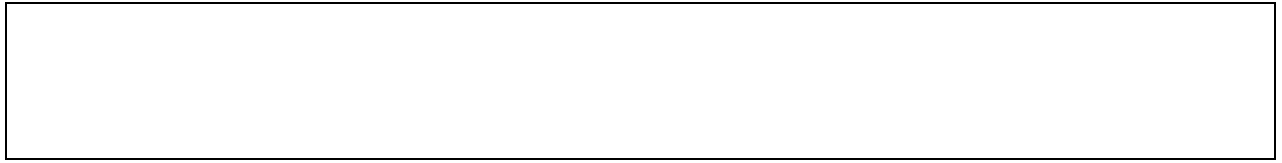
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>We are activitally recruiting staff We have employed 3 nurses which one is awaiting there Irish pin 2 care staff and I other care staff waiting garda vetting. 1 HR person and 1 staff member doing a course on HR. We have increased the hours of the activity coordinator. Any staff member that has not requested extra working hours during the week will be kept to the 40 working hours.</p> <p>We have reviewed the dependency levels of the residents and the size and layout of the building, residents who are high risk are seated in the area where there is full supervision throughout the day, residents who are low risk or independent and don’t require constant supervision sit in other areas, these areas are checked on regularly by staff. Residents who wish to remain in their rooms are checked regularly.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All employees will have garda vetting complete before commencing employment.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>In our application for registration we have include a full time post for a 2nd assistant matron. They have been working as a staff nurse in Drumderrig House for over the last 4 years.</p> <p>Ongoing review of staffing levels in accordance of resident’s dependency levels and taking in the size and lay out of the building.</p> <p>Recruitment of new staff nurses and Carers.</p> <p>We had a residents meeting regarding activities, at this time they don’t want any planned activities organized for the evenings as they like to listen to the news then the rosary, sport, soaps and visitors.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Services that have an extra charge are included in schedule 2 of our contract.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Our statement of purpose will be update as changes happen.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The leak on the sink was fixed.</p> <p>Staff reeducated on the importance of clean fresh smells in the nursing home, use air freshener, open windows, clean up spills straight away and flush toilets when used.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>Staffing risk assessments completed</p> <p>Any seating area that is not in use at night the light will be left on until the night lights come on.</p> <p>All residents on admission have a falls risk assessment completed (Cannard Falls Risk Assessment), this assessment is update at least every 3 months or sooner if the residents care needs change.</p> <p>All staff were re-educated on falls prevention policy in the nursing home.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have installed door guards which is connected to the existing fire system on residents who like to keep their doors open when they are in their rooms.</p> <p>The building contractors were informed to lock away their equipment when they have finished for the day.</p> <p>We have fitted an automatic door closer and key pad lock to each store room</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	13/08/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	10/09/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Not Compliant	Orange	10/09/2019

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	10/09/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	10/09/2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health	Substantially Compliant	Yellow	10/09/2019

	entitlement.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Red	13/08/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Red	13/08/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/09/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	10/09/2019