

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Drumderrig House
Centre ID:	OSV-0004457
Centre address:	Abbeytown, Boyle, Roscommon.
Telephone number:	071 966 2561
Email address:	paula@drumderrignursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drumderrig House Nursing Home Limited
Provider Nominee:	Paula Cull
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	81
Number of vacancies on the date of inspection:	9

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 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

From:	To:
07 October 2014 10:00	07 October 2014 18:00
08 October 2014 09:00	08 October 2014 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to inform a registration decision. The centre had applied for registration with a change to a person participating in the management of the centre and a change in entity to Drumderrig Nursing home Limited. The Authority had also received unsolicited information with regard to meeting the assessed needs of residents. This report sets out the findings under 18 Outcomes relating to compliance with current regulations and standards. The person authorised on behalf of the provider, person in charge (PIC) and staff team were available in the centre to facilitate the inspection process. The inspector also reviewed the Authority's 22 resident and five relative questionnaires which were received at the end of the inspection.

The inspector was satisfied that systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and two assistant Directors of Nursing were responsible for the governance, operational management and administration of services and resources.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities and further training was planned in cardio pulmonary resuscitation.

The environment was warm, clean and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team. Staff including catering and care were knowledgeable regarding residents needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided. The inspector found that the provider and person in charge demonstrated a firm commitment to meeting the requirements of 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. There was evidence of good practice in many aspects of the service with minor non compliances in Outcome 5 Documentation, Outcome 11 Healthcare, Outcome 13, Complaints and Outcome 14 End of Life care.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:

The provider had submitted a revised statement of purpose as part of the application to register. The inspector reviewed the statement of purpose and found that it did not comply with all the requirements of the Regulations. For example, the arrangements made for residents to attend religious services of their choice required greater detail and the arrangements for the supervision of therapeutic techniques in the centre had not been documented. On day 2 of the inspection, the person in charge had updated the statement of purpose and this revised version complied with the requirements detailed in the Regulations. This has been submitted to the Authority.

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:

There was a management structure in place that identified the lines of authority and accountability. Systems were in place and resources were available to support the delivery of safe and quality care to residents. The inspector found that a system had been implemented to ensure the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were carried out in a number of areas including the management of residents' weights, falls, general practitioner visits, provision of care and infection control. Data was collated, analysed and there was evidence that the results were used to improve service delivery.

There was evidence of consultation with residents and their representatives and a quality of life and satisfaction survey had been completed.

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 comprehensive Residents Guide detailing a summary of the service provided and facilities available for residents was available. However, an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The provider and PIC gave a verbal commitment to address this.

The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and the fee payable by the resident and the fee payable by government funding. No additional fees were payable for social care, physiotherapy or reflexology. A schedule of fees which was in addition to the overall fee was available. This included hairdressing and the chiroprapist.

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:

There had been no change to the role of person in charge since the previous inspection. She has been in post as PIC of this centre since September 2011. The inspector found that the centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

The inspector spoke with the person in charge and found she demonstrated good clinical

knowledge and understanding of her legal responsibilities under the Regulations and Standards. The inspector saw that she was well known to residents, relatives and staff. She is a Sonas licensed practitioner and the trainer for Manual Handling. She had engaged in continuous professional development in the previous 12 months he had completed courses in Dysphasia - signs and symptoms, palliative care, dementia care and difficult wounds. Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

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:

The inspector reviewed a range of documents, including residents' and staff records, directory of residents and insurance policy. The inspector found that records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval however; some improvement was required with regard to ensuring all records were fully complete. For example, fluid balance charts and food record sheets were not fully complete and failed to provide a reliable therapeutic record for staff to assess residents accurate food and fluid intake.

An up to date insurance policy was in place. The provider had put in place an up-to-date insurance policy for the centre. This included 'patients' effects' and public liability. The directory of residents contained all the required information as detailed in the Regulations.

The inspector viewed two staff files of recently appointed staff and the file of the PIC and one of the persons participating in the management of the centre (PPIM) files. All files were found to be in compliance with current legislation. The inspector reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided guidance to staff. All schedule file policies were available.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was familiar with her responsibility to notify the Chief Inspector of the absence of the person in charge. Appropriate arrangements were in place for the management of the centre in the absence of the PIC.

Two assistant directors of nursing were available. One had recently been appointed as Assistant Director of Nursing but had worked in the centre for a considerable period of time pre this appointment as a nurse and pre that as a carer. The inspector met with this nurse and found that she had engaged in continuous professional development including completing a diploma in wound care, nutritional training and end of life care. The PPIM was familiar with most legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector.

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:

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The contact details of the local dedicated elder abuse officer were contained in the policy and the procedure to follow should an allegation be made against a member of the management team. The inspector was informed that management of the centre do not take responsibility for residents' finances. A petty cash system was in operation. The PIC described the procedure in place to safe guard residents' petty cash. These systems remained in place at the time of the inspection.

During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the

event of a disclosure about actual, alleged, or suspected abuse. The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. All recently recruited staff had been provided with up to date, adult protection training.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre and related this to the care provided and the premises being kept secure.

The centre had adapted the national policy on a restraint free environment to ensure residents were prevented from potential harm. Restraints in use included bed rails. Before implementing a restraint measure, an assessment was completed to determine the suitability of the restraint for the specific resident and alternatives to the use of restraint had been exhausted prior to the enactment of the restraint measure. Following the enactment of the policy the use of bed rails had been reassessed and subsequently discontinued for many residents and alternative measures such as low-low beds and bed alarms had been put in place.

The PIC informed the inspector that there was no resident who was displaying behaviour that challenges at the time of the inspection. There was a policy, which gave instructions to staff on how to manage behaviours that challenge. 27 staff had attended training on aggression and violence in 2012.

Judgment:

Compliant

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 inspector found that the provider was compliant in this area. The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement. A comprehensive risk management policy to include items set out in regulation 26(1) had been developed. An emergency plan was in place to guide staff as to how to respond to serious untoward incidents. There was evidence that specific infection control measures had been implemented including the provision and use of hand sanitising agents by staff. Hand washing facilities with suitable means of hand drying facilities were located in all toilet areas. The laundry and the kitchen. Sterilising hand gels were available throughout the centre.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Management were in the process of completing an internal review of procedures following an incident to ensure that their current robust procedures that they had in place were adequate to safeguard residents.

Measures are in place to prevent accidents in the centre and grounds. The centre was clutter free with grab rails and assistive devices available to assist residents. Staff were noted to be using used safe practices to assist residents to mobilise. Manual handling assessments had been carried out for residents and were kept up to date. All staff were trained in moving and handling of residents.

All Staff are trained and know what to do in the event of a fire. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. There are fire drills at six monthly intervals and records are kept which include details of fire drills, fire alarm tests and fire fighting equipment. There is adequate means of escape and fire exits are unobstructed. Notices displaying the procedure to adapt to safely evacuate were prominently displayed throughout the centre. Written confirmation from a competent person that all the requirements of the statutory fire authority are complied with has been received by the authority.

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

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider was compliant in this area. Staff members had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

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

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 found that the provider was compliant in this area. A pre admission is completed on each resident prior to admission to identify his/her individual needs and choices. However it was not clear from the documentation whether this admission was completed with the resident and their loved one or only representatives of the resident. Each resident had a personalised care plan prepared within 48 hours of their admission which details their needs, wishes and choices. Residents were encouraged to be involved in the assessment and care planning process.

At the time of this inspection there were 81 residents living in the centre, 13 of whom were maximum dependency, 12 were high dependency, 21 medium dependency, 35 low dependency. Residents had a mixture of age related medical conditions and cognitive impairment. The inspector found evidence of positive outcomes for residents who had good access to their general practitioner and a wide range of allied health professionals. The care and support provided reflected the nature and extent of residents' dependency

and needs. Records of care assessments were person centred and plans were completed and reviewed.

A process was in place where care plans were reviewed on an ongoing basis at a minimum of every four months. There were no residents with pressure ulcers on the days of inspection. Specialist pressure relieving aids were in place. The inspector reviewed five medical files and found that there was documentary evidence that residents were seen regularly by their General Practitioner (GP).

Judgment:

Non Compliant - Minor

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 premises meet the needs of all residents and the design and layout promotes residents' dignity, independence and well-being. The premises and grounds are well maintained with suitable heating, lighting and ventilation. The centre is homely with sufficient furnishings, fixtures and fittings. The centre is clean, suitably decorated and well maintained. There is adequate private and communal accommodation. The size and layout of bedrooms is suitable to meet the needs of residents with a sufficient number of toilets, bathrooms and showers. Each bedroom has full en-suite facilities and can accommodate a locker a personal wardrobe, a chair and small table.

There is adequate space in each resident's bedroom for the use of assistive equipment such as hoists. Privacy screening to ensure privacy for personal care was in place. The centre has ample communal space with three large sitting room areas two small sitting rooms and a visitor's room. Residents have good access to the well maintained courtyard gardens. Access to areas that may pose a risk to residents such as the sluice room is restricted. There are appropriate staff facilities and adequate storage space for equipment.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider considered complaints as opportunities to review and improve the service. Residents that spoken with by the inspector and from completed residents questionnaires identified who they would speak to if they had any issues or wished to make a complaint. The complaints procedure was displayed at the entrance area and clearly described the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.</p> <p>The inspector viewed a sample of complaints maintained in the complaints register and found that complaints were adequately dealt with and the satisfaction level of the complainant was documented, however, the inspector noted on reviewing a case file that the facts recorded on two occasions constituted a level of dissatisfaction and therefore a complaint. However there was no recording of this in the complaints log. There was recording of an investigation with regard to both these matters and how they were resolved but no recording as to whether the complaint initiator was satisfied with the outcome of the investigation or was informed of the appeal process.</p>
<p>Judgment: Non Compliant - Minor</p>

<p>Outcome 14: End of Life Care <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of care provision, although, some improvement was required to the associated assessment and care planning process. A pain assessment and monitoring chart was in place to ensure where analgesia was administered its effectiveness was monitored.</p> <p>The inspector reviewed a sample of residents' records and while end-of-life preferences had been documented for some residents these had not been consistently recorded for all residents</p> <p>The centre had established good links with the local hospice and palliative care team and was complimentary of the service provided to their residents. 53 staff including the provider and PIC had attended training in End of Life Care. The provider and staff confirmed that overnight facilities and refreshments were available to residents' family members and friends during end-of-life care.</p>

Judgment:

Non Compliant - Minor

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:

A nutritious and varied diet was offered to residents that incorporated choice at mealtimes. The inspector found that staff offered assistance to residents in an appropriate and sensitive way. Residents and staff spoken with confirmed that there were daily meal choices. The inspector found that there was a pleasant dining experience. Mealtimes were unhurried events that provided opportunities for residents to communicate with each other and staff. Residents spoken with were pleased with the menu choices available and were offered snacks and refreshments at various times throughout the day.

Measures were in place to ensure residents' dietary requirements were met. Staff communicated residents assessed nutritional needs to the chef. A list was available in the kitchen of all special dietary requirements. The person in charge had put in place an effective system to monitor residents' nutritional needs. A nutritional assessment tool was used and this was linked to the care plan. Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' GP, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files and reflected in the care plans. 13 residents were prescribed nutritional supplements and these were administered in line with the prescription. Ten residents were on a fortified diet where butter cream and cheese were added to their food. 43 staff had attended training on diabetes management and 56 staff had attended training on dysphasia and nutritional care.

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:

Residents' meetings took place monthly and the inspector reviewed a sample of minutes from meetings that had taken place during 2014. Items discussed at these meetings included meals, the dog and activities. Residents are consulted about how the centre is run and feedback is sought from residents. There was evidence available from reviewing the minutes of the residents meetings that the residents were consulted with regard to getting a dog for the centre. Residents told the inspector they were delighted with the dog and the inspector saw residents enjoying the company of the dog. There was also evidence available from reviewing the minutes of the meetings of consultation with regard to activities with the hens and ducks. During the inspection a number of residents participated in activities including bingo.

Resident had expressed a wish for extra entertainment to come into the centre rather than them going out especially for the winter months. The provider stated she was in the process of organising an extra live weekly music event. Residents told the inspector and this was also confirmed in the completed resident questionnaires that they were enabled to make choices about how they live their lives with regard to their daily routine and where they choose to see their visitors. Residents are facilitated to exercise their civil, political, religious rights, Mass is available weekly in the centre, an Oratory is available and, residents were facilitated to vote in the recent by-election. Residents have access to radio, television, newspapers and information on local events. All shared rooms had curtains that protected the privacy and dignity of residents.

From the sample of files reviewed the inspector noted that residents' social needs had been documented and associated care plans had been developed.

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:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were encouraged to personalise their rooms and the inspectors visited rooms with personal photographs, pictures and other personal belongings. There was sufficient storage space in residents' bedrooms for their belongings. Each resident also had a

secure area where they could store personal valuables.

The laundry room was spacious and well equipped and minimised the risk of cross infection. Residents expressed satisfaction with the service provided and the safe return of their clothes to them. There was a policy on the management of residents' personal property. A record of each individual's property was completed on admission and was updated at three monthly intervals.

There was a protocol for the return of personal possessions to relatives when a relative passed away. The inspector saw a sample of the canvas bag that was used for resident's person items following the death of a resident.

Judgment:

Compliant

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:

The inspector observed that exchanges between staff and residents were positive, with staff taking time to acknowledge and greet residents when entering communal and bedroom areas. The staff displayed good knowledge of residents' needs, their likes, dislikes and preferences.

Residents were observed to be relaxed and comfortable when conversing with staff and were complimentary of the staff when speaking with the inspector, stating "staff are great, they would do anything for you, staff is excellent, staff are very nice". Systems of communication were in place to support staff to provide safe and ensure appropriate care. There were two hand-overs each day to ensure good communication and continuity of care from one shift to the next.

With regard to the direct delivery of care to residents the inspector found there was two staff nurses and the PIC plus seven carers on duty up to 17:00 hrs, two nurses and five care staff from 17:00 hrs to 20:00 hrs and two nurses and two carers from 20:00 hrs until 08:00hrs. From a review of the working staff roster this was the usual levels. From review of additional rosters past and planned the inspector noted that these were the standard staffing levels. This was also confirmed by staff.

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection, however staffing levels after 17:00 hrs needs to be kept under review as there is a drop from seven care staff to five care staff. Residents, staff spoken with and from an analysis of the completed questionnaires no concern with regard to staffing levels was expressed. The inspector observed that call-bells were answered in a timely fashion, staff were available to assist residents and residents were supervised in the dining room throughout meal times. Staff on duty informed the inspector that when staff were off sick or on leave that they were replaced by regular staff working extra shifts or staff who worked part-time. The review of adequacy of staffing levels by the PIC requires review to ensure its accuracy and take into consideration staff breaks.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for registered nurses. All registered nurses had up-to-date registration. There was a training programme in place. Most recently there has been training provided in nutrition and end of life care. All staff had up to date mandatory training in fire safety, adult protection and manual handling in place. Refresher training in cardio-pulmonary resuscitation was planned.

Judgment:

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:

Mary McCann
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:	Drumderrig House
Centre ID:	OSV-0004457
Date of inspection:	07/10/2014
Date of response:	04/11/2014

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:

Fluid balance charts and food record sheets were not fully complete and failed to provide a reliable therapeutic record for staff to assess residents accurate food and fluid intake.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

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 staff have been re-educated on the importance of completing the food and fluid charts correctly to include the supplement drinks taken by the resident throughout the day.

Proposed Timescale: 31/10/2014

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:

A pre admission is completed on each resident prior to admission to identify his/her individual needs and choices. However it was not clear from the documentation whether this admission was completed with the resident and their loved one or only representatives of the resident.

Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We have updated our pre-admission form to include who provided the information. This new document will be completed for all new admissions.

Proposed Timescale: 31/10/2014

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:

On a case file the facts recorded on two occasions constituted a level of dissatisfaction and therefore a complaint. However there was no recording of this in the complaints log. There was recording of an investigation with regard to both these matters but there was no recording as to whether the complaint initiator was satisfied with the outcome of the investigation undertaken or was informed of the appeal process available.

Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct

from a resident's individual care plan.

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

The record of dissatisfaction from the resident's next of kin which was documented in the residents file will be recorded in the complaints log as a late entry following discussion with the HIQA inspector.

Proposed Timescale: 31/10/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

End-of-life preferences had not been consistently recorded for all residents

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

We are in the process of changing the style of our care plans and developing new person centred care plans for all our residents. All resident will had an end of life wishes documented in the new care plans.

Proposed Timescale: 31/10/2014