

**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-0000336
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:	Paula Cull
Provider Nominee:	Paula Cull
Lead inspector:	Mary McCann
Support inspector(s):	Geraldine Jolley;
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	90
Number of vacancies on the date of inspection:	0

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, individualised, person centred care.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 November 2015 13:30	10 November 2015 19:30
11 November 2015 09:30	11 November 2015 15:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 14: End of Life Care		Compliant
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Not applicable	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection conducted with a special focus on the provision of dementia care. Inspectors wished to evaluate the quality of live for people with dementia living in the centre. The inspectors focused on six outcomes that had direct impact on dementia care and followed up on the four actions from the previous inspection, all of which had been completed. The centre is registered to accommodate 90 residents and all beds were full on the day of inspection. Inspectors used an observational tool in which social interactions between residents and care staff are coded as positive social, positive care, neutral, negative protective or negative restrictive. This is discussed further under Outcome 3).

At the request of the Authority the provider had submitted a completed self assessment on dementia care to the Authority together with relevant policies and procedures prior to the inspection. The provider had assessed the compliance level of the centre as compliant in the six outcomes. Staff had received dementia related training, and the person in charge was committed to providing a quality service for residents with dementia or cognitive impairment. Inspectors found that the residents were well known to the staff, and while the care needs of residents with dementia were met improvements were required to activity provision. There was good availability of communal areas. In particular there were three small sitting rooms which could be utilised better for dementia specific activities as they provide a quite calm area.

Thirty two residents were assessed by their general practitioner or a psychiatrist as having dementia. The person in charge explained that there were a number of other residents who had an element of cognitive impairment. A Mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It also is used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing. No resident was under 65 years of age.

There were procedures in place to assess residents' support needs and vulnerability to risks such as falls, distress caused by disorientation or anxiety. A high percentage of staff had undertaken dementia specific training to equip them with appropriate knowledge to understand the range of dementia characteristics and to enable them to fully engage with residents who had dementia. Two staff members had completed Sonas (a therapeutic activity for residents who are cognitively impaired), training and regular sessions were scheduled for residents. However due to the limited number of residents who can attend these sessions and staff reported that residents 'really enjoyed ' these sessions, more of these sessions need to be scheduled. Residents spoken with by the inspectors stated they had choice in relation to their day to day living in the centre. Overall, inspectors found that there was positive ethos towards the provision of good dementia care and the provider and person in charge both stated that this was an area that they wished to continually develop.

The action plan at the end of the report identifies the improvements that were required to comply 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.

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 14: End of Life Care

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

Theme:

Person-centred care and support

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

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

Findings:

At the time of the last inspection end-of-life preferences had not been consistently recorded for all residents. This had been addressed.

Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. The inspectors reviewed a number of end of life care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. The person in charge outlined how religious and cultural practices were facilitated within the centre.

Judgment:

Compliant

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

The action with regard to pre admission assessments was completed. Pre admission assessments were completed on all residents prior to admission to identify his/her individual needs and choices. These detailed the source of the information.

The health and social care needs of residents with a formal diagnosis of dementia, or

those residents with cognitive impairment were being met.

Residents had good access to general practitioners (GP's), and residents were facilitated to keep their own GP on admission to the centre, and this was evident from the number of different GP's listed in residents' files. Inspectors found that residents also had good access to allied healthcare professionals including dieticians, speech and language therapists, physiotherapists and chiropodists. Inspectors observed that one resident did not look supported in the chair she was using. There was no evidence available to support that this resident had a seating assessment. The person in charge gave an undertaking that she would address this as a priority. A system was in place to ensure that residents with glasses had their eyesight tested on an annual basis. Review of residents' files also indicated appropriate dental referrals. The centre also had access to specialist mental health services.

A comprehensive admission was completed on admission. Assessments were completed which were linked to the care plans (with the exception of social care which is discussed under Outcome 3). Care plans contained the required information to guide the care of residents, and were updated to reflect residents' changing needs. Assessments were completed which were linked to the care plans. A system was in place to ensure that all relevant information was provided on transfer to hospital. Discharge information from acute hospitals was also available within residents' files.

There were systems in place to ensure residents' nutritional needs were met. Residents' weights were checked on a monthly basis, and nutritional care plans were in place which detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists as appropriate. Fluid balance charts and food record sheets contained adequate information to provide a reliable therapeutic record for staff to assess residents. Inspectors observed residents having their lunch in the dining room. There were two sittings for lunch. A care assistant was available to assist and monitor intake at each table. Staff assisted residents as required. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and dining room staff.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

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. 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. The centre was further protected by closed circuit television cameras at entrance and exit points.

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 safeguarding vulnerable at risk of abuse. The person in charge had completed the train the trainer course in adult protection. She stated that they regularly discussed adult protection at handover. 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.

Some residents displayed behaviour that challenged from time to time. Inspectors noted that staff distracted residents who were displaying some aspects of behaviour that challenged. There was a policy, which provided guidance to staff on how to manage behaviours that challenge. 27 staff had attended training on aggression and violence in 2012. Staff spoken with by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Inspectors observed that the person in charge ensured that residents with dementia or cognitive impairment had their concerns addressed appropriately. The person in charge was well known to residents, and staff confirmed that there were no barriers to raising issues of concern. There were systems in place to safeguard residents' money. At times the management team held some residents' property or valuables for safekeeping. There was a secure and transparent system for recording money or valuables received for safekeeping and money returned to residents. These transactions were clearly recorded and verified. There was a locked space available for the storage of valuables. Inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security.

There was a policy in place for behaviour that is challenging, and staff had received training on understanding and managing challenging behaviour as part of dementia care training. Challenging behaviour care plans were in place, and behaviour monitoring logs had been completed. Residents had been regularly reviewed by their GP, and referred to

psychiatry of old age for further specialist input. Inspectors reviewed the use of restraint within the centre, and there was a detailed policy on enabler/restraint use in place to guide practice in this area. There were risk assessments completed for residents who had bed rails in place, and daily records were maintained to ensure the safe use of bed rails. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed and updated with corresponding care plans post falls.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors found that residents were consulted on the organisation of the centre and their privacy and dignity was respected. An independent advocacy service was available. Inspectors found that staff knew residents well and were familiar with their care needs, routines and patterns of behaviour. Residents were facilitated to exercise their civil, political and religious rights. Residents could attend Mass in the centre. There were no restrictions on visitors and residents could meet visitors in private in the visitors' room, and on the day of inspection visitors were observed spending time with residents in the living room and small sitting room area. The person in charge ensured that any resident who wished to vote that this was facilitated.

An activity schedule was in place and an activity co-ordinator works part-time. The weekly activity schedule bingo, card games, Sonas, exercise class. The centre has recently acquired a dog, the residents are delighted with the dog and a rota is in place for caring for the dog which is the responsibility of some residents. Residents told the inspectors, 'the dog is great, he is good company and we love the dog'. Records of resident participation in all activities were maintained to enable review and planning of future activities. Some residents chose to spend time in their bedrooms watching TV, or with visitors or friends according to their own individual preferences.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there were a number of positive interactions between staff and residents. The number and quality of interactions were significantly improved when an activity was occurring. There were a number of negative interactions when residents were sitting in the communal areas and while staff were available at all times for supervision, Inspectors noted on some occasions where there were negative interactions, for example where residents expressed anxiety, this

was not responded to by staff.

While there was a range of activities available, including some recently developed activities for example making bird houses, inspectors found that the provision of regular dementia specific therapeutic activities in small groups required development. Additionally when activities are taking place staff need to be aware that they are occurring and signage needs to be used to indicate this. Inspectors observed that on some occasions when activities were taking place the room to the activity area was not protected from external stimuli for example doors open, staff entering the room while the activity was on-going. Activities were not scheduled taking into consideration the information recorded in the social care assessment. There was no linkage between the social care assessment and the activity offered to meet the individual interest of the resident, and therefore ensure person centred care.

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:

All complaints were being recorded and investigated in line with current legislation.

There was a system in place to ensure that the complaints of residents with dementia or cognitive impairment, his or her family, or representative were listened to and acted upon, and had access to an appeals procedure.

There was a complaints policy in place, and the complaints procedure was displayed in the centre, and also in the visitors' room. Throughout the inspection it was clear that residents were familiar with the person in charge. Residents stated they found the person in charge easy to approach and would tell her if they had any concerns or complaints. The inspectors reviewed the complaints records and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Correspondence relating to complaints was also stored with the complaints, and it was clear that complaints were dealt with promptly.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of the inspection. There was a planned staff roster in place, with any changes clearly indicated, and the staffing in place on the day of inspection was reflected in this roster. With regard to the direct delivery of care to residents Inspectors found there was two staff nurses and the person in charge plus nine to ten carers on duty up to 14:00 hrs, two nurses and six care staff from 17:00 hrs to 20:00 hrs and two nurses and three 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 Inspectors noted that these were the standard staffing levels. This was also confirmed by staff. Household, kitchen, catering and maintenance staff were also available. The provider representative and the person in charge also worked full time in the centre. Staff had up to date mandatory training in place. Staff had also attended a dementia training day that had incorporated training on managing challenging behaviour.

Inspectors observed that staff delivered care in a respectful, timely and safe manner. Staff were supervised appropriate to their role. There were effective recruitment procedures in place, and a random selection of staff files were checked by the inspectors to ensure that all the requirements of Schedule 2 of the Regulations had been met including Garda Vetting and appropriate references. Management confirmed that there were no volunteers working in the centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design of the building contributed positively to dementia care practice. Hallways were wide and unobstructed and there was good contrast in the colours used for floors,

walls and handrails. Communal areas were easy to locate. En suites in bedrooms were visible from beds and chairs to prompt residents to use these facilities. There are secure courtyard gardens available, where residents can access from one entry and exit safely from another entry.

Privacy screening to ensure privacy for personal care was in place in shared bedrooms. The centre has ample communal space with three large sitting room areas two small sitting rooms and a visitor's room. Access to areas that may pose a risk to residents such as the sluice room is restricted.

Inspectors observed that a number of residents had personalised their rooms with personal items including photos. Signage had been provided within the centre using lettering and pictures to identify toilets, however more dementia specific signage should be considered to give cues to residents to direct them towards their bedrooms. The bedroom doors did not have photos or any other personalised features to make them more easily identifiable to residents with dementia.

There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were available, with records available to indicate servicing at appropriate intervals.

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:

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-0000336
Date of inspection:	10/11/2015
Date of response:	04/03/2016

Requirements

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

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

Outcome 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:

Inspectors observed that one resident did not look supported in the chair she was using. There was no evidence available to support that this resident had a seating assessment.

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

1. 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:

An OT assessment was completed, existing chair suitable for seating but requires 'chair infill' to maximise contact between residents spine and back of chair. Family very happy with 'chair infill' and chair.

Proposed Timescale: 10/03/2016

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:

The provision of regular dementia specific therapeutic activities in small groups required development.

2. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We have increased the Sonas programme from 1-2 days a week to 3 days a week for small group sessions, one to one sessions of Sonas is also in place. We also have similar large group session a few times a week.

Proposed Timescale: 10/03/2016

Theme:

Person-centred care and support

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

When activities are taking place staff need to be aware that they are occurring and signage needs to be used to indicate this.

3. Action Required:

Under Regulation 09(4) you are required to: Make staff aware of the matters referred to in Regulation 9(1) as respects each resident in a designated centre.

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

When the Sonas programme is in progress, there is a sign on the door to inform others. For other activities we are now closing the doors to that room and putting up a sign to inform others that activities are taking place. Staff are aware to try and limit the number of interruption in that area.

Proposed Timescale: 10/03/2016

Theme:

Person-centred care and support

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

Inspectors noted on some occasions where there were negative interactions , for example where residents expressed anxiety, it was not responded to by staff.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

All residents are given the opportunity to participate in the activity programme, some residents do not wish to join but enjoy watching. We are extending our one to one Sonas programme to residents who can show signs of anxiety, this programme helps them to relax, as it en -cooperates massage.

We encourage resident to continue to enjoy the activities that they enjoyed before coming to Drumderrig, e. g bingo, gardening, daily walks, reading, outings with families, trips to knock, etc.

All staff were re-educated on the importance of responding to residents who is showing signs of anxiety.

Proposed Timescale: 10/03/2016

Theme:

Person-centred care and support

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

There was no linkage between the social care assessment and the activity offered to meet the individual interest of the resident, and therefore ensure person centred care.

5. Action Required:

Under Regulation 10(3) you are required to: Inform staff of any specialist needs referred to in Regulation 10(2).

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

On admission we collect information from the resident or their family on their individual interests. These interests are in their care plan. We endeavour to continue these interests whilst they are in Drumderrig house. E.g. Gardening, we have an outdoor garden where a resident continues to grow flowers and vegetables. Knitting, there is a knitting class on each week. Traditional music, we have trad music in one day a week.

Proposed Timescale: 10/03/2016

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:

More dementia specific signage should be considered to give cues to residents to direct them towards their bedrooms. The bedroom doors did not have photos or any other personalised features to make them more easily identifiable to residents with dementia.

6. 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:

For residents who have difficulty in finding their rooms we have pictures or their names on their doors.

We have direction signs to bedrooms and Wings high up on the walls.

We are in the process of making more user friendly signs and place them at eye level on the walls to make it easier for residents and visitors.

Proposed Timescale: 30/03/2016