

**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):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	89
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 May 2016 12:00 To: 26 May 2016 17:30

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced triggered inspection. Drumderrig House Nursing Home is located approximately 2 kilometres outside Boyle, Co. Roscommon. It is registered with the Health Information and Quality Authority (HIQA) to provide care to 90 residents.

Unsolicited receipt of information regarding care and welfare of residents had been received by HIQA. This information and notifications received since the last inspection were reviewed on this inspection. Some aspects of the unsolicited information were substantiated. This related to poor moving and handling techniques of staff while assisting residents. However, the care and welfare of residents was generally well protected and inspectors found that there was adequate staff on duty to meet the assessed needs of residents.

As part of this monitoring inspection, inspectors met with residents and staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. The previous inspection was completed in November 2015. This was a thematic inspection which focused on dementia care. Six actions were documented post this inspection. These included availability of dementia specific activities, linkage between

social care assessments and personalised activity schedules and signage with regard to orientation for residents with dementia. All actions had been addressed.

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 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

Theme:
Governance, Leadership and Management

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

Findings:
Records with regard to the bruising noted on a residents' arm were inadequate to ensure appropriate monitoring of the bruising.

Judgment:
Non Compliant - Moderate

*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:
In one resident's file reviewed, there was documentary evidence of bruising to her upper

arm. This was documented in medical and nursing notes. There was no explanation recorded as to the possible cause of this bruising. Staff informed the inspectors that the likely cause of the bruising was due to a staff member preventing the resident from falling. Staff explained that they were walking with the resident and the resident stumbled and they grabbed her arm to prevent her falling. It was documented that the resident had an unsteady gait and was at risk of falling. While the bruising was recorded in the narrative notes of the care file, there was no incident report completed, however the staff had reported the bruising to the provider and the resident had been medically reviewed. A record of this consultation was available in the medical records. On initial discovery of the bruising no base line assessment was completed by way of a photograph or tracing or marking of the bruise to monitor progress. The nursing narrative notes documented the progression of the wound sporadically. For example, there were eight entries over a 22 day period.

There was a centre-specific policy in place on safeguarding vulnerable adults at risk of abuse. The policy defined principles of safeguarding and outlined the investigation process and procedure to protect residents. Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse.

Actions with regard to maintenance of appropriate records are contained under Outcome 5 -Documentation.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the time of the last inspection 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. This action had been addressed. An occupational therapy assessment was completed, on the 9 December 2015. Recommendations from this assessment were enacted.

Judgment:

Compliant

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):

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

Findings:

An action under this outcome related to the provision of more dementia specific signage to give cues to residents to direct them towards their bedrooms and make residents private areas more easily identifiable to them. This had been addressed.

For residents who have difficulty in finding their rooms their room doors had been personalised. Directional signage was in place to assist residents and visitors find their way around the centre.

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):

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

Findings:

There were four actions detailed under this outcome post the last inspection. All actions

had been addressed.

One action related to the provision of regular dementia specific therapeutic activities in small groups. This had been addressed. The Sonas (a therapeutic activity for residents who are cognitively impaired) programme has been increased to 3 days per week for small group sessions and one to one sessions are also scheduled.

Action two related to ensuring when activities are taking place staff need to be aware that they are occurring and signage needs to be used to indicate this. This has been addressed Signs were available and in use.

Action three related staff responding to residents needs, particularly anxiety. This has been addressed. Social care assessments and care plans were in place which detailed person centred ways of dealing with residents needs. An active activity schedule was in place. The person in charge has discussed with staff ways of responding to anxiety.

The fourth action related to linkage between the social care assessment and the activity offered to meet the individual interest of the resident, and therefore ensure person centred care. Social care assessments and corresponding care plans had been enacted.

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:

Inspectors observed on some occasions when staff were assisting residents to move from a seated position to a standing position they did not use safe moving and handling practices. While all staff had up to date manual handling training, refresher training in safe moving and handling for all staff needs to be completed. Supervision and competency assessments of staff with regard to safe moving and handling of resident needs to be considered to ensure that the training staff receives is adapted into practice.

Additionally an overall review of the adequacy of available equipment in collaboration with the physiotherapist taking into consideration current manual handling needs of all residents needs to be completed.

Judgment:
Non Compliant - Moderate

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:	26/05/2016
Date of response:	01/07/2016

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

No base line assessment was completed by way of a photograph or tracing or marking of the bruise to monitor progress and allow for monitoring of the bruising to elicit whether it was increasing or decreasing.

1. 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 nursing staff have been re-educated on the importance of completing a baseline assessments to monitor bruising, to see whether the bruising is increasing or decreasing and recording daily updates in nursing notes. Photograph, tracing or marking of the bruise will be completed.

Immediate

Proposed Timescale: 01/07/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Refresher training in safe moving and handling for staff is required.

2. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Staff has completed refresher training in safe moving and manual handling.

Proposed Timescale: 01/07/2016

Theme:

Workforce

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

Supervision and competency assessments of staff with regard to safe moving and handling of resident needs to be considered to ensure that the training staff receives is adapted into practice.

An overall review of the adequacy of available equipment in collaboration with the physiotherapist taking into consideration current manual handling needs of all residents needs to be completed

3. Action Required:

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

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

Staff has received refresher training in moving and handling, staff are closely monitored by the management team to ensure they are adapted in to practice.

A review of all moving and handling equipment available in the nursing home was done in collaboration with the physiotherapist. Taking in to consideration the needs of the residents, we have on order 2 Patient Handling Belts.

Proposed Timescale: 18/07/2016