

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Aras Mhic Shuibhne
Name of provider:	Drumhill Inn Limited
Address of centre:	Mullinasole, Laghey, Donegal
Type of inspection:	Unannounced
Date of inspection:	19 May 2025
Centre ID:	OSV-0000312
Fieldwork ID:	MON-0047081

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four-hour nursing care to 48 residents, both long-term (continuing and dementia care) and short-term (assessment, convalescence and respite care) residents. The centre is a single-storey building comprising 40 single en suite bedrooms and four twin bedrooms, located in a rural area with local amenities close by. There is a specialist dementia unit, Murvagh Suite, accommodating 14 residents in single en suite bedrooms, and Warren and Rosnowlagh suites are for the remaining residents. The aim of the centre is to ensure the maximum possible individual care and attention for all of the residents living in the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 19 May 2025	10:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy about the care and support provided by staff. Some residents' comments were that this was a good centre and that they were lucky to be in this centre. Some commented that they could see their general practitioners (GPs) when they had to and said they felt safe living in this centre.

The designated centre is located in Laghey, a rural location in County Donegal. The centre is in a single-storey building, and the residents were accommodated in a mix of single and double rooms. The centre has spacious corridors with handrails on both sides of these corridors, which support residents to move around the centre independently. The communal rooms were also spacious and had comfortable seating arrangements for residents. The furniture in this centre was generally well-maintained. The inspector found that the provider had procured additional furniture to replace the older ones, and they were in transit before being stored in appropriate locations. Residents had access to daily newspapers, television and radio in communal rooms.

The inspector found residents moving around different units and to the secure outdoor areas without any restrictions. These secure outdoor areas had raised flower beds and outdoor seating, and staff were available to support residents in these areas.

The centre featured effective signage and notice boards that provided pertinent information for residents. The residents' guide and the complaint procedure were available for residents and were placed in an accessible location. Details of advocacy groups were on display in the centre.

Staff were found to engage with residents courteously and in a friendly manner, demonstrating respect for their privacy and dignity, particularly during care activities. Staff were also found using appropriate patient moving and handling equipment while assisting residents with their mobility needs.

The clinical equipment used was found to be stored in appropriate locations. The centre had a sluice room (a room dedicated to the hygienic disposal of human waste and for cleaning health care equipment), and staff practices and the cleaning schedules indicated that the clinical equipment was cleaned after its use. The centre appeared clean and well-maintained internally and externally.

The residents had access to wardrobes and sufficient personal storage spaces in their bedrooms. Their bedrooms were personalised with their belongings, and residents who spoke with the inspector said their rooms were comfortable.

The residents' clothes were laundered internally and staff were familiar with the laundry process. There was a system in place to ensure that the residents' clothes

were returned to them in a timely manner.

The centre had a kitchen, and a system was in place to ensure that sufficient quantities of food and fluids were available for residents at all times. The inspector observed that residents were provided with adequate quantities of food and drinks to meet their dietary needs, and staff who spoke with the inspector were knowledgeable about the needs of residents. A variety of food and drinks were offered to residents, and residents had a choice in what food they ate.

A schedule of activities was made available to residents and staff supported residents to take part in meaningful activities. The inspector found residents engaged in activities such as puzzles, card games, and gentle exercises on the day of inspection.

The residents who spoke with the inspector said they were happy with the current visiting arrangements and visitors were coming and going on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the provider continued to ensure a good level of governance and management in this centre by a stable and responsive management team.

The provider of the designated centre is Drumhill Inn Limited, and a representative of the provider, who was employed full-time as a person participating in management (PPIM), provided management support to the person in charge (PIC).

There was a person in charge who worked full-time in the centre, and was well-known to residents and staff, and it was clear that they had responsibility for the day-to-day running of the service. Clear deputising arrangements were in place for the person in charge, and staff were aware of the reporting arrangements.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. Staff meetings occurred regularly. The provider had carried out a number of audits, and the records indicated that audits were carried out regularly to review clinical practices, such as environmental hygiene practices and care planning, and time-bound improvement actions were raised as required. Additionally, residents' meetings were held regularly, and they were involved in the organisation of the centre. An annual review for 2024 had been completed and was available in the centre for the inspector to review.

Staffing resources were kept under review by the management team, and processes were in place to source additional staff if required. Following a review of rosters,

observations and discussions with residents and staff, the inspector found there were sufficient numbers of suitably qualified staff available to support residents' assessed needs.

Additionally, the provider had maintained a training matrix (schedule of training records), which demonstrated that appropriate and mandatory training was available to staff of all grades.

Regulation 14: Persons in charge

The person in charge of the centre was a registered nurse and had the required management experience and qualification, and met the regulatory requirements for the role.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their mandatory training needs. A sample of staff records indicated that formal staff supervision was implemented through induction, probation reviews and appraisals. Additionally, the inspector observed that staff were appropriately supervised on a daily basis in performing their assigned duties in accordance with their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and

demonstrated a clear understanding of their roles and responsibilities.
Judgment: Compliant
Regulation 24: Contract for the provision of services
A sample of contracts of care were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room as required by the regulations.
Judgment: Compliant
Regulation 30: Volunteers
There were no volunteers working in the centre. Nevertheless, a volunteer policy was available in this centre, which indicated that all potential volunteers would complete Garda Síochána (police) vetting and provided with a written outline of their role and responsibilities before commencing their role.
Judgment: Compliant
Quality and safety
<p>Overall, the findings on the day of inspection were that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were met.</p> <p>Residents appeared well-cared for with their personal care needs. Call-bells were answered without delay on the day of inspection, and the residents who spoke with the inspector said they enjoyed living in this centre. Care records indicated that assessments, such as pressure ulcer risk assessments and malnutrition risk assessments, were carried out at regular intervals to support the care needs of residents.</p> <p>Residents who required wound assessments by specialist nurses were facilitated, and on-site reviews occurred through a referral programme. Residents' records showed that timely referrals were sent to health care services such as the dietitian, speech and language therapy, occupational therapy and chiropody. Residents were facilitated access to the National Screening Programme, which was in line with their assessed needs. Additionally, a physiotherapist visited the centre every Tuesday to</p>

provide mobility support for the residents.

A range of meaningful activities was provided to residents to support their social care needs. For example, outdoor recreational opportunities, such as boat trips and trips to garden centres, were available for residents. Furthermore, a musician regularly performed at this centre, and residents expressed enjoyment of these musical events. Residents had access to religious services, which included facilitation of a prayer group and frequent visits from a priest. Additionally, residents were encouraged to engage in local events, such as the celebrations for St. Patrick's Day.

The provider had arrangements to facilitate good standard precautions to reduce the spread of infection. Alcohol gel dispensers were available at the point of care for staff to clean their hands between the care of each resident. A sufficient number of trained staff members were allocated to facilitate effective cleaning and decontamination procedures. The centre's cleaning schedule indicated that both regular cleaning and thorough deep cleaning procedures were implemented consistently. Furthermore, carpet cleaning was conducted by an external professional at regular intervals to maintain a high standard of cleanliness.

The provider was not a pension agent for residents, and there were clear and transparent arrangements in place to safeguard residents' finances.

Regulation 10: Communication difficulties

Residents who were assessed having difficulty in communication had an appropriate care plan developed to guide staff to support their communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

The inspector found that the provider had appropriate care and comfort arrangements in place to support residents approaching the end of life. A system

<p>was established in this centre to ensure that residents' physical, emotional, social, psychological, and spiritual needs would be addressed in a timely manner. This included referral arrangements to the community palliative team and the availability of anticipatory medicines to support pain management.</p>
<p>Judgment: Compliant</p>
<p>Regulation 18: Food and nutrition</p>
<p>Meals appeared wholesome and nutritious and met the dietary needs of residents outlined in the residents' individualised nutritional care plan. There was adequate staff to support and assist residents with their meals and refreshments.</p>
<p>Judgment: Compliant</p>
<p>Regulation 27: Infection control</p>
<p>There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The inspector found that there were systems in place to monitor fire safety procedures. Suitable fire safety equipment and systems were provided throughout the centre, and documentation reviewed evidenced that services of the fire alarm and equipment were completed at appropriate intervals.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>The inspector reviewed a sample of medicine records and found that all medicinal products are administered in accordance with the directions of the prescriber of the residents concerned.</p>

Judgment: Compliant
Regulation 5: Individual assessment and care plan
A sample of care files were reviewed, which indicated that the care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to pressure sores and nutritional needs of residents. These were reviewed regularly and when there were changes in the residents' needs or preferences.
Judgment: Compliant
Regulation 6: Health care
Residents had good access to a general practitioner (GP) and to health and social care professionals such as physiotherapy, diabetes nurse specialists, old age psychiatry, palliative care, tissue viability nurse specialists and speech and language therapy. There was evidence of appropriate referral to and review by health and social care professionals where required.
Judgment: Compliant
Regulation 9: Residents' rights
The provider had arrangements in place to ensure residents have access to meaningful activities in line with their preferences and capacity. The provider consulted the residents through regular residents meetings on the organisation of the service. Residents were facilitated to exercise their rights.
Judgment: Compliant
Regulation 8: Protection
All reasonable measures were in place to protect residents from abuse. The provider had a safeguarding policy, which detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspectors reviewed a sample of staff files, and all files reviewed had obtained Garda vetting before

commencing employment.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant