Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	24 August 2023
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0039535

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 96 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 66 single and 15 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96

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
Thursday 24 August 2023	09:00hrs to 19:15hrs	Michael Dunne	Lead
Thursday 24 August 2023	09:00hrs to 19:15hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

This inspection was carried out over one day and the inspectors met with many of the residents, staff, and members of the centre's management personnel. Residents' feedback was positive regarding their quality of life, the care, and support they received from staff and the service provided to them. Residents told the inspectors they were happy and content in their environment and that staff were always kind and attentive to their needs for assistance. Residents confirmed that they were well supported to spend their days as they wished and that they had opportunities to in participate in a variety of social activities facilitated for them throughout each day.

Following an introductory meeting with the person in charge, a director involved in the day to day running of the service and the assistant director of nursing, the inspectors spent some time walking through the centre where they met and spoke with several residents.

Inspectors observed that there was a relaxed and calm atmosphere in the centre. Some residents were enjoying breakfast in the dining room or in their own bedrooms. Other residents were still sleeping and staff confirmed that this was in line with these residents' individual routines and preferences. Residents were well-dressed and were neat and tidy in their appearance.

Some residents told the inspectors that they liked to choose the clothes and accessories they wore each day. The inspectors observed that a laundry facility was available in the centre and residents said that they were satisfied with this service. Staff who spoke with the inspectors discussed residents' preferred routines and preferences and the ways with which they respected residents' individual choices. It was evident from residents' feedback to the inspectors that staff in the centre had developed good relationships with the residents and that residents trusted staff and valued their kindness and concern for them.

There were large windows along the corridors and in the communal rooms which gave residents views of the colourful and interesting enclosed courtyards and the local area around the designated centre. Resident's communal areas and the circulating corridors were bright and spacious and filled with natural light. The centre premises covered a large area and comfortable seating was available in alcove areas along the corridors which were observed to be used by residents to rest or spend time sitting with their visitors.

Residents' visitors were observed coming to visit throughout the day of this inspection. Some residents met with their visitors in the alcove areas on corridors.

The general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspectors to be well maintained and visibly clean. However the inspectors observed a malodour in one sluice room and in a bedroom.

The inspectors observed that call bells were available in each bedroom for residents' use and emergency call bells were available in communal area. Inspectors observed that each member of staff carried a mobile telephone which they used to communicate with other. The inspectors observed that staff interactions with residents was frequently interrupted so the staff member could answer these mobile telephones which they carried on their person. The inspectors were told that due to the centre premises covering a large area, staff were provided with these mobile telephones to assist them communicate with each other while they worked. However, the inspectors found that the use of these phones frequently interrupted staff interactions with residents when staff were providing care and support. The use of these mobile phones needed to be reviewed to ensure that staff were not interrupted when delivering care for residents..

A number of residents who spoke with the inspectors were from the local area and told the inspector they were pleased that they could continue to live in the locality they knew so well. A small number of residents said that coming to live in the centre relieved their worries about 'being alone during the night' and their fear of 'strangers coming into their house'. One resident told the inspectors that they were 'afraid all the time' when living in their home in the community and living in the centre meant they were 'no longer afraid' and could sleep peacefully. However, some other residents said they missed their home in the community and were hoping that they could return to live in their home when they were feeling better.

The inspectors observed that residents were busy participating in the social activities which including baking, chair exercises and music held in the main sitting rooms. This meant that the level of activity in these rooms was noisy at times. Inspectors observed that the provider had ensured that an alternative quiet sitting room was available for residents who preferred to be in a quiet area.

Residents were supported to attend day care services and to access local amenities in the community in line with enhanced care plan arrangements. Where residents declined these services and wished to attend activities and entertainments in the centre this was respected by staff.

A staff member's dog spent each day in the centre and mingled among the residents throughout the day. The inspector observed that residents were comfortable in the company of the dog and it was clear that they enjoyed having the dog around.

The inspectors observed that there was two dining rooms available for residents. However both of these rooms were observed to be locked to residents between meals. The person in charge told the inspectors that this action was taken to protect resident from risk posed by a water boiler and to control access to the kitchen when staff were not present.

The inspectors observed the residents' lunchtime meal service and spoke with residents eating in the dining room who said they were satisfied with their meals and that the food always tasted 'beautiful' and it that it was cooked just as they liked it. There was adequate numbers of staff available to assist residents in the dining room and this was a social occasion for many of the residents who were

observed chatting and laughing together. The inspectors observed that the majority of the residents were eating the roast beef dish but staff confirmed that chicken was available as an alternative, which one resident opted for. Residents told the inspector that they felt safe in the designated centre and that they were well cared for.

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

Capacity and capability

Although the provider had made significant improvements since the last inspection, the inspectors found that more focus was now required to bring the designated centre into full compliance with the regulations. While there was regular oversight of the service, information gathered by the management team was not being used effectively to ensure that risks were being identified and managed and that compliance with the regulations was sustained.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors also reviewed the compliance plan submitted by the provider in response to the last inspection of the centre held in June 2022.

Inspectors reviewed records relating to the receipt of unsolicited information received by the Chief Inspector since the last inspection in June 2022 and found that the provider had managed issues raised in these submissions in accordance with their own procedures. Inspectors were unable to substantiate the content of the unsolicited information received.

The registered provider for this centre is Drumderrig House Nursing Home Limited. There was a clearly defined management structure in place that identified individual roles and responsibilities. The management team consisted of a general manager who was rostered as a health care assistant on the day of the inspection, a person in charge, an assistant director of nursing, and a team of clinical nurse managers. The remainder of the team consists of staff nurses, health care assistants, catering, household, laundry, activity co coordinators, and maintenance and administration staff.

The inspectors found that the provider had completed the redevelopment of 11 twin bedrooms to single bedrooms as identified in their compliance plan. This greatly enhanced the quality of life for residents living in these bedroom as they were now able to access their personal belonging, storage areas, and ensuite facilities. Residents were now also able to have a comfortable chair by their bed which had not been possible when the rooms were laid out for twin occupancy. The provider

had also invested in the provision of a number of hand hygiene sinks that met the required standards and were found to be located throughout the centre. This helped to ensure that staff had access to clinical handwash sinks close to the point of care.

There were sufficient numbers of staff available on the day of the inspection to provide care to the residents which was consistent with staff numbers identified in the centre's statement of purpose. All vacant shifts were covered by existing staff. The provider confirmed that there was one vacancy on the team for household staff. On the day of the inspection the designated centre was at full capacity with 96 residents living in the designated centre four of whom were under the age of 65.

Staff were facilitated to attend mandatory training and other training appropriate to their roles, such as continence care, falls management, the use of restraint and medication management. A review of staff files found that they contained all the information required under the regulations which included a current Garda vetting disclosure

There were policies in place in accordance with schedule 5 of the regulations. Records reviewed confirmed that residents had a contract for the provision of services in place. While the provider had made amendments to these contracts since at the last inspection, further information about the total costs of the care for each resident were not clearly set out.

Quarterly notifications were submitted to the chief inspector as required however records showed that not all restraints in place in the centre were included in these notifications..

Overall, there was a low level of complaints in the centre. A review of the complaints log and from speaking with residents showed that complaints were investigated and well managed in line with the centre's own policy and procedures. The complaints policy had been reviewed by the provider and contained the all the information consistent with the legislative changes made to Regulation 34.

The provider prepared an annual review of quality and safety dated the 02 December 2022 however the inspectors were not assured that this document was prepared in such a manner that took account of resident contributions.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed needs, having regard for the size and layout of the centre. Staff were knowledgeable regarding the residents' individual needs and residents were assisted with meeting their needs without delay. There was one vacancy recorded for household staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend up-to-date mandatory training including fire safety, safeguarding residents from abuse and safe moving and handling procedures training.

Effective systems were in place for staff development and staff were appropriately supervised according to their roles. An induction programme was completed by all new staff commencing work in the centre and assessment of their progress was completed at regular intervals.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations and were found to be complete. Garda vetting was in place for all staff and the the person in charge assured the inspectors that nobody was recruited without satisfactory Garda vetting. All other records requested during the inspection were made available to the inspector and were well-maintained and stored in an orderly and safe manner.

Judgment: Compliant

Regulation 23: Governance and management

Some actions were required to ensure that the management and oversight systems were effective across key areas as set out below;

- Care plan audits were not identifying some areas needing improvement in residents' care documentation. This created a risk that pertinent information regarding residents' care and monitoring was not available to guide staff. These findings are set out under Regulation 5.
- Audits that were carried out to monitor environmental hygiene did not identify risks associated with current storage arrangements and therefore meant that action plans were not put in place address poor compliance with the regulations.
- Inspectors were not assured that resident feedback was included in the

annual review of quality and safety.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contacts for the provision of services found that not all contracts had the required information in place, for example,

- The total cost of the service was not recorded on the contracts reviewed by the inspector.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose prepared by the registered provider however it had not been updated to include the changes to Regulation 34 complaints which identified the new processes provider's must follow to comply with recent legislative amendments.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified time-frames and as required by the regulations, quarterly reports submitted to the Chief Inspector prior to the inspection did not include all of the restraints identified on this inspection. For example, the restrictions posed by use of sensor equipment that was in use to alert staff when some residents got up from their chairs or beds. Psychotropic medicines administered to a small number of residents was also not notified as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which facilitated residents and family members to raise a compliant should they feel they have reason to do so.

The complaints policy and procedure identified, how the complainant could raise a complaint, the arrangements for receiving feedback and on the remedy to follow should they be unhappy with the outcome of the complaint investigation. This policy had also been updated to reflect legislative changes which came into effect on 01 March 2023.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the centre's policies and procedures were found to be in date and were made available for the inspectors to review. The provider maintained a number of additional polices for local procedures which were found to be stored in conjunction with the policies identified under schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However, inspectors found that some improvements were needed to ensure that residents' healthcare needs were managed effectively to ensure that best possible outcomes for the residents.

The centre is a single story purpose built facility providing accommodation for residents in 66 single and 15 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms.

The overall environment was homely and well decorated and there was a comfortable atmosphere in the centre. Inspectors observed that many residents had brought in personal items and photographs from home to decorate their bedrooms. Following the last inspection the registered provider had committed to reducing eleven twin bedrooms to single occupancy and the inspectors observed that this action had been completed and ensured that residents living in these rooms now had adequate circulating space, space to sit in a chair by their bed if they wished and sufficient storage space to meet their needs.

The inspectors reviewed a sample of care plans and found that all residents had an assessment of their needs and a care plan in place to address their needs. However some care plans and associated care records did not include clear and up to date

information for some aspects of the residents care needs including prescribed treament plans from specialist practitioners. In addition daily care records were not completed for all care given. This omission in the monitoring of care given had not been identified by nursing staff. These findings are set out under Regulation 5. and fluid intake that these were monitored effectively.

Inspector's observed staff and resident interactions and found that where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) that these situations were well managed by the staff team present, however a review of care records indicated that there was inadequate recording of techniques in how to manage these behaviours. This meant that residents may not have the most effective interventions in place to address their identified need.

There was a range of accessible medical and specialist healthcare services available for residents to maintain their physical and mental health well-being. Residents were supported to access general practitioners, physiotherapists, occupational therapists and psychiatric services. However significant actions were now required to ensure that residents could access dietitian services in a timely manner. The current delays in accessing specialist dietary review did not ensure good outcomes for residents with nutritional risks. Overall medication practices were safe and ensured that residents received their correct medications. However some medication instructions were not clearly set out and signed by the prescriber in line with professional guidelines.

The inspectors found that the registered provider had installed a number of hand hygiene sinks that met the required specifications since the last inspection. Infection prevention and control measures were in place and monitored by the senior management team. There was evidence of good practices in relation to infection control, such as the availability of alcohol hand rube located at key points throughout the centre. Inspectors found that the provider had also carried out a review into the last infection outbreak in November 2022 to identify best practice. However, further improvements were needed in relation to the storage of equipment and supplies, including the segregation of clinical and non clinical items and in the monitoring of high risk areas such as sluices, cleaners' rooms and laundry facilities to ensure they met the national standards.

Residents had access to an independent advocacy service, information about this service was displayed in the centre. Resident meetings were found to be held on a monthly basis with key topics discussed around food, religious services, activities and external services, care support and catering. Although there were improvements noted in the provision of planned activities for residents, records relating to resident participation in activities were inconsistent which meant it was difficult to monitor what activities residents had participated in and to ascertain if residents fully enjoyed the activities provided.

Residents told the inspectors that they felt safe in the designated centre and that

they could inform staff if they had a concern or complaint.

There were low levels of restrictive practices observed on the inspection however inspectors did find that some practices were overly restrictive. For example residents did not have free access to their dining room outside of meal times. In addition some doors to the garden areas were locked which meant that residents could not freely access the well-maintained garden areas from these doors. The provider was informed and immediately ensured that these doors were opened.

Residents who spoke with the inspector's said that they enjoyed receiving visitors in the centre and that it often broke up the day.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents were observed meeting with their visitors in private outside of their bedrooms in a number of alternative comfortable areas as they wished. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks including to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

Premises were well maintained with communal and resident facilities suitable for resident use, however a review of storage arrangements found that they were not well managed and posed a risk of cross contamination in the designated centre. This is described in more detail under regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

The systems in place to monitor residents' fluid and food intake were not effective and did not give adequate assurances that residents with nutritional risks were monitored adequately. For example, a number of residents had unintentional weight loss and were prescribed nutritional supplementation that included fortification of their foods. However, records of each resident's dietary intake were not maintained to ensure that the resident received received adequate amounts of diet and fluids.This was a significant oversight in the monitoring of resident's care. Another

example found that one resident's daily fluid balance record was only only recorded for three days out of a seven day period of review.

Furthermore this pertinent information was not available to nursing staff and the dietitian so that they could review each resident's progress against their prescribed nutritional care plan.

While residents enjoyed the food provided by the designated centre, the manner in which it was presented to some residents who wished to take their meal outside of the dining room increased the risk of poor dietary intake. Residents were routinely presented with their main meal and dessert at the same time with some residents electing to eat their dessert first and were then unable to eat all of the main meal. This was not identified by staff which posed a risk that the resident was not eating a balanced diet. In addition, the menu displayed in the dining room did not have an alternative meal option clearly displayed.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. While there was a risk register which was maintained by the registered provider and reviewed in oversight meetings, a number of risks were identified by inspectors during the inspection were not recorded on the register and are discussed under Regulation 23 governance and management.

Judgment: Compliant

Regulation 27: Infection control

Inspector's found a number of practices that were not consistent with the standards for the prevention and control of health care associated infections published by the Authority. For example:

- There was no hand wash sink available in one of the cleaner's store rooms.
- Personal items including staff handbags and staff clothes were located in a sluice room.
- There was no clinical waste bin provided in one sluice room.
- Mal odours were identified in a sluice room and in one resident bedroom.
- The sink in the laundry room was visibly unclean.
- The linen room floor was stained and in need of cleaning.

- Resident mobility equipment was located in a store room and due to the size of the equipment the store room door could not be fully opened which meant that the room could not be cleaned.
- Poor segregation practices with regard to the storing of clinical and non clinical items together meant there was an increased risk of cross contamination in the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required to ensure that the oversight of medicine management was effective and ensured that residents were protected by safe medicines management practices.This was evidenced by the following findings;

- One resident's medicines were being administered in a crushed format that was not prescribed by their general practitioner (GP).
- The indication for administration of PRN (as required) medicines was not detailed in one of the residents' prescriptions reviewed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some residents' nutrition care plans did not accurately detail the treatment recommendations prescribed by the dietician and tissue viability nurse specialist. This posed a risk that this pertinent information would not be communicated to all staff.

- Inspectors found that the tissue viability nurse specialist's wound dressing frequency recommendation for one resident's wound was not implemented as prescribed.
- Responsive behaviours care plans did not include antecedents and effective de-escalation strategies to inform staff how best to support residents who became distressed or agitated.

Judgment: Substantially compliant

Regulation 6: Health care

Eight residents who had been referred to the dietitian in June and again in July 2023 had not been seen by a dietitian at the time of this inspection in August 2023. These residents had significant nutritional risks including one resident with unintentional weight loss amounting to 13% over a three month period and who had been referred by their general practitioner (GP). There were no arrangements in place to source additional resources in cases where there were significant delays in residents receiving a dietitian review.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

While a positive and supportive approach was taken by staff with caring for a small number of residents who experienced responsive behaviours,inspectors observed that there were overly resrictive measures in place which prevented all residents from having free access to all communal areas of their home.

Inspectors observed that there was restricted access to the dining room while access to all garden areas was limited as a number of doors to these facilities were found to be locked during the tour of the building and prevented residents from having free access to their garden.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies and procedures. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately to protect residents at all times.

All staff were facilitated to complete training on safeguarding residents from abuse. Staff who spoke with the inspectors clearly articulated their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the centre's reporting structures.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that a review of records could not confirm if all residents had opportunities to participate in activities in accordance with their interests and capabilities, For example,

- There was poor recording of residents participation at activities provided, or of residents engagement or enjoyment at these activities.

Although there were regular resident meetings held, there was no evidence found on inspection that resident feedback was been used to improve the service, for example,

- Resident meeting records reviewed on inspection did not include comments from residents regarding how they viewed the service or on what aspects of the service they particularly liked or would like to see changed.

Although the provider was working towards ensuring that residents rights to choose how they would like to be cared for and participate in the home were promoted and respected, some areas of practice prevented this, such as,

- Residents in bedrooms with two beds shared one television which did not ensure that each resident had choice of television viewing and discrete listening.
- Residents could not chose to access the dining rooms between meals without the assistance of staff to open the fob locked doors to these areas for them.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0039535

Date of inspection: 24/08/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Drumderrig House management team has reviewed its policies and procedures in relation to care plan auditing and documentation, nutrition, tissue viability and behavior that Challenge to ensure best care for residents.

• Nursing staff have received refresher training on care plan auditing and documentation, specifically in relation to nutrition, tissue viability and behavior that challenge.

• All nutrition, tissue viability and behavior that challenge care plans have been reviewed to ensure no gaps in documentation and that a clear and concise plan of care is in place in line with best practice.

• Drumderrig House management team will continue to audit these areas to ensure no gaps in documentation and compliance with best practice, additionally all care plans are reviewed and updated every four months or sooner if required/change in a residents plan of care.

• Since inspection, decluttering of store rooms has taken place and items have been removed that had been stored in appropriately. Store rooms are now clutter free and staff have been re-educated on the appropriate storage of items and environmental hygiene.

• To ensure this standard is kept, more in dept environmental audits will be conducted and store rooms will become part of daily checks. These will be overseen by DH management team.

• Drumderrig House has reviewed its annual review layout and going forward, resident feedback will be clearly identified in the yearly review. Feedback will be obtained through surveys and our monthly meetings with our resident's committees.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
- Drumderrig House has reviewed its policies and procedures for the provision of services.
- Furthermore, all contracts are being reviewed/ updated to ensure they reflect the total cost of the service appropriately.
- Additionally, moving forward, administration will ensure that the cost of care is recorded on all contracts. To ensure compliance with this on-going, audits will be conducted by Drumderrig management team.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
- Drumderrig House has reviewed its statement of purpose and it is now reflective of the changes made to comply with recent legislative amendments.
- Drumderrig House will continue to review its statement of purpose to ensure its compliance and up to date, through our monthly meetings & annual review.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Drumderrig House reviewed its policies and procedures in relation to the notification of incidents specifically the notification of all restraints on the quarterly reports.

PIC will ensure all future restraints are submitted on the quarterly reports. To ensure compliance, these will be discussed as part of the monthly care team meetings.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• Drumderrig House has reviewed its polices and procedures in relation to fluid and nutrition.
• Staff have been re-educated on fluid and nutrition.
• Fluid input and output charts have been reviewed and implemented for residents appropriately. Staff have been re-educated by the person in charge regarding the policy and procedures in place for implementing these charts and the importance of maintaining same. CNMs to ensure daily record keeping and PIC and ADON to over see same.
• The resident mentioned during the inspection has an up to date input and out chart which is totaled every 24 hours, this chart is on going.
• Since inspection, A review of dietry intake was completed in conjuction with the diectican. Food diaries are in place for all residents who meet the criteria/guidelines. To ensure compliance CNMs to ensure daily record keeping is being maintained and PIC and ADON to over see same.
• Additionally diectican will continue regualry vists and reviews as required.
• The person in charge has reviewed the way in which the tray's are being presented to residents outside the social dinning room with management and the residents comittees. Residents are now served their meal and deserts seperately or as they requries.
• The dining room menu has been updated to clearly display an alternative meal option. To ensure new options are avaialble, Mangament will continue to discuss meals as part of its monthly meeting with residents committes.
• Regular audits will continue to be completed by PIC, ADON and CNMs to ensure complaince.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Drumderrig House has reviewed its policies and procedures for infection prevention and control to ensure best practice.
• Refresher training has been given to staff on same.

• A clinical hand wash sink has been ordered and will be fitted in the cleaner's store room once received.
• All personal items were removed from the sluice room and only sluice appropriate items to be stored here.
• A clinical waste bin is now insitu in all sluice rooms.
• Mal odour's identified were dealt with on the day of inspection. Drumderrig House has

reviewed its cleaning policy and procedure to ensure no mal odour's in the home. Cleaning supervisor to ensure daily deep cleaning is taking place and recorded. Management to continue with regular audits to ensure this standard is adhered.
• A deep cleaning of the linen room floor has taken place and all stains visible were removed.
• Since inspection, decluttering of store rooms has taken place and items stored inappropriately have been removed, allowing for appropriate cleaning of these areas.
• Store rooms are now clutter free and staff have been re-educated on the appropriate storage of items and environmental hygiene.
• Additionally, to ensure this standard is kept, more in dept environmental audits will be conducted and store rooms will become part of daily checks. These will be overseen by DH management team

• Drumderrig House has reviewed its policies and procedures in relation to segregation and staff have received refresher training on this. Segregation practices were reviewed and a clearly defined 'division line' has been inserted on the floor to separate clean from dirty. Drumderrig House to include this as part of environmental audits to ensure compliance.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Drumderrig House has reviewed its policies and procedures in relation to medication management.

Staff have received refresher training on same.

At present there are no resident's being administered crushed format medications however, going forward if any resident needs to receive medication in a crushed format it will be reviewed and prescribed by the general practitioner (GP).
Drug charts are currently being updated to include the indication for PRN(as required) medications.
Medication audits will be carried out on-going to ensure compliance.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• Drumderrig House has reviewed its policies and procedures in relation to assessment and care plans.

• Since inspection, all nutritional care plans have been updated to reflect the most recent dietitian reccomendations. Staff have received re-fresher training on same.

• All wound care plans have been reviewed and updated to reflect the most recent tissue viability recommendation's. All nursing staff have been re-educated by the Person in charge on the importance of updating a residents wound assessment as prescribed . Resident mentioned during the inspection has an updated wound assessment in place , all other wounds assesment have been reviewed to ensure they're up to date and best pratice.

• All responsives behaviour care plans have been reviewed and updated to include antecedents and effective de-escalation strategies. Staff have ben re-educated on same.

• All care plans will be reviewed and updated every four months or sooner if required/change in a residents plan of care.

• Regular audits will continue to be completed on care plans by PIC, ADON and CNMs to ensure complaince.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
• Drumderrig House has reviewed its polices and procedures in relation to Nutrition and dietican referal. To ensure its reflective of best practice and care for residents.
• Staff have received up-to-date training, knowledge and skills in assessing and supporting people with eating and swallowing difficulties. Provided by our nutrition support team, by in-house and online training. Staff and residents are supported by the speech and language and dietician services as required. Staff follow the detailed instructions given by these services.

• A nutritional assessment is in place in accordance with the resident's care plan and the care plan is reviewed at intervals not exceeding four months and with the residents changing needs. All nutrtional care plans have been reviewed since inspections to ensure no gaps in documentation.

• The residents' weights are monitored on a regular basis in line with resident's care needs, residents' weights and nutritional status are assessed on admission and

monitored using the validated MUST nutritional screening assessment tool.
• Nursing staff will ensure that each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.
• The 8 residents mentioned in the inspection were under the care of the dietitian however, as per the dieticians advice their previous plan remained in place. Since the inspection , the dietitian has re-reviewed these named residents and has documented this infromation on the residents online system.
• The resident with 13% weight loss was under the ongoing care of the dietician and had been seen by the dietician on the 06/08/23. Since the inspection , the dietitian has re-reviewed this resident and documented on the residents online system.
• The Dietitian comes on site every 4-6 weeks but can review residents in between these time periods as required. If a delay of on a site review is to occur, Drumderrig House can laise with the dietican via email / phone and supporting documents can be provided such as food diaries, input and out put charts to ensure an effective plan of care is put in place.
• Going forward, as discussed with our dietican ,the dietitian will continue to review residents in a frequent manner.
• Residents daily Nutrition will continue to be reviewed and monitered by the nursing staff.
• PIC and ADON will conduct regular audits to ensure compliance in nutrition and the best care for residents.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Drumderrig House has reviewed the restrictive behaviours observed on inspection. Following this, The Person in charge has reviewed the restricted access to the dinning room and the communal gardens. The doors to the dining room are now unlocked and the residents have 24 hour access to the area. All doors leading to the communal garden's have been unlocked. Both staff and residents have been educated on this.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Drumderrig House reviewed its system in place for recording of activities in conjunction with our activities team. An array of activities was added to the online allowing for appropriate recording of engagement. Regular audits of record keeping and engagement

to be completed by PIC, ADON and activities team.

• Drumderrig House management has reviewed the way in which resident's meetings are documented. Going forward, meetings will include any comments from residents regarding how they viewed the service or what they liked/disliked or would like to change using a survey-based approach.

• The provider has reviewed the double rooms and a plan has been put in place. Each double room will be fitted with two televisions with discrete listening for each residents occupying the room. They will be fitted in all bedrooms that require them once they are received.

• The residents now have 24 hour access to the dinning room area. This has been dicussed with residents at the monthly meeting.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Not Compliant	Orange	25/08/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	25/08/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or	Not Compliant	Orange	29/08/2023

	dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/08/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	29/08/2023
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	01/02/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	01/02/2024

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	01/12/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	01/02/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	29/08/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief	Substantially Compliant	Yellow	31/10/2023

	Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	29/08/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	29/08/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access	Not Compliant	Orange	29/08/2023

	to such treatment.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	29/08/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	04/10/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/01/2024