Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Droimnin Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Droimnin Nursing Home Limited</td>
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<tr>
<td>Address of centre:</td>
<td>Brockley Park, Stradbally, Laois</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>07 May 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000702</td>
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<td>Fieldwork ID:</td>
<td>MON-0022840</td>
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About the designated centre

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

Droimnin Nursing Home is a designated centre for older people. The centre has two buildings that are purpose built. The centre provides accommodation for a maximum of 101 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence basis. The centre is located at the end of a short avenue in from the road and within walking distance to Stradbally, Co Laois. A variety of communal rooms are provided for residents’ use including sitting, dining and recreational facilities. The residents in building one have access to an enclosed courtyard. Each resident’s dependency needs are assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 73 |
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:

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<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>07 May 2019</td>
<td>09:30hrs to 18:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
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<tr>
<td>08 May 2019</td>
<td>09:00hrs to 16:45hrs</td>
<td>Catherine Rose Connolly Gargan</td>
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<td>09:30hrs to 18:00hrs</td>
<td>Margo O’Neill</td>
<td>Support</td>
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Views of people who use the service

Inspectors met with residents and some residents’ relatives who were in visiting them on the days of the inspection. Seven residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. All expressed their satisfaction with all aspects of the service they received.

Residents said they were satisfied with living in the centre and although they did not participate in social activities outside the centre but the activities available to them in the centre were entertaining and fun. Residents and their relatives all said staff were kind and caring and they went out of their way to make sure their needs were met. Residents also said staff always came when they needed them and they never had to wait for help. Many residents commented on the happiness of staff working with them, saying they always seem to enjoy their jobs.

Residents told inspectors that there was a peaceful atmosphere in the centre that was relaxed and easy and they could come and go as they wished.

Residents and relatives who spoke to inspectors said they had not needed to make a complaint but knew they could speak to the person in charge or any other staff member if they were ever dissatisfied. The majority of residents and relatives on behalf of some residents were aware they had a care plan and said it clearly described their wishes regarding how they wanted to be cared for by staff. Many residents pointed out the improvements made to the decor of the centre. They also liked the traditional furniture in communal rooms. saying it made the centre homely Residents said they could decorate the bedroom as they wished and a number of them had brought items of furniture from their own home such as favourite chairs mirrors and small dressing tables.

Capacity and capability

This was an announced inspection to monitor ongoing compliance with the Regulations and Standards. Inspectors followed up on notifications and unsolicited information received by the Office of the Chief Inspector since the last inspection in November 2018. Inspectors’ findings are discussed throughout the report. Twelve of the 14 actions required to bring the centre into compliance with the Regulations from the last inspection were satisfactorily completed. Although not yet completed, two remaining actions were progressed by the provider and nearing completion. These actions are restated in the compliance plan from this inspection.
The governance and management structure of the centre was reviewed and strengthened since the last inspection. The management structure was found to be clearly defined and all staff were aware of their roles and responsibilities. The provider appointed a full-time experienced person in charge in February 2019. A new assistant director of nursing and two clinical nurse managers were also appointed to support the person in charge in her role. This senior staffing arrangement ensured that a member of the senior management team was available over seven days each week to respond to any issues or queries without delay. The provider representative met with the person in charge and senior management team on a monthly basis to review the service provided and outcomes for residents. The centre was well managed and there were proactive arrangements in place to monitor the quality and safety of care and the service delivered to residents. The person in charge had robust procedures in place to monitor the standard of clinical care delivered to residents. The outcome of audits and review of complaints, adverse incidents and key clinical parameters such as falls, use of restrictive practices, wounds and medication management informed continuous quality improvements in the centre. Residents’ quality of life in the centre was monitored and the provider and person in charge were committed to ensuring residents enjoyed meaningful lives in the centre.

The provision of sufficient staffing levels with appropriate skills to meet residents' needs in the centre was reviewed by the provider since the last inspection in November 2018. Arrangements were in place to ensure staffing resources were closely monitored and informed by residents' needs. Resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Adequate numbers of staff were available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Staff were facilitated to attend mandatory training and relevant external professional development courses promoting a culture of learning and continuous professional development for staff. Staff were appropriately supervised according to their role and were knowledgeable and responsive regarding residents' needs. Staff appraisals were completed annually. There was a staff recruitment and induction procedure in place in the centre.

Regulation 14: Persons in charge

The person in charge was appointed in the centre in February 2019 and meets the requirements of the regulations. The person in charge is a registered nurse, works full-time in the centre and is suitably qualified and experienced. She had worked in the role of assistant director of nursing up to appointment as person in charge in the centre. The person in charge is engaged in the governance, operational
management and administration of the centre on a full-time basis.

Judgment: Compliant

### Regulation 15: Staffing

Sufficient numbers of staff with appropriate skills were available to meet the assessed individual and collective needs of residents in the centre. Residents were attended to without delay and staff spent time talking to them.

A planned and actual staff rota was available. The roster reflected the staff on-duty on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records were viewed by inspectors and referenced that mandatory training requirements for staff were facilitated. Staff were also facilitated to attend training to support their skills and competencies in caring for residents in the centre.

An induction process, including training, was in place for newly-recruited staff. Annual appraisals were carried out with staff by the person in charge. Staff were appropriately supervised. Staff who spoke with the inspectors said they were well supported by the person in charge and senior staff.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained by the centre and was made available to inspectors. All information as required by the Regulations was detailed in this document.

Judgment: Compliant
Regulation 21: Records

Records of each fire practice, drill and test of fire equipment was maintained. The records of simulated emergency evacuation drills completed did not include details of the location of the simulated fire incident, number of residents and compartment evacuated and action taken where simulated evacuations were not timely.

All other records required under Schedules 1, 2, 3 and 4 of the Regulations were maintained.

Four staff files were examined by inspectors and were found to contain all information as required by Schedule 2 of the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Substantially compliant

Regulation 22: Insurance

Confirmation of up to date insurance as required by the Regulations was made available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance and management structure in the centre to ensure the service delivered was appropriate, safe and consistent. Staff roles were defined and all staff were aware of their individual roles and responsibilities.

Systems in place to monitor the quality and safety of clinical care, the service delivered to residents and residents' quality of life in the centre were comprehensive and informed continuous quality improvement. There was clear evidence that information collated by measuring key clinical indicators and in audits was analysed. This information was reviewed at governance and management meetings and informed improvement plans as necessary. Timely completion of improvement plans was monitored. Regular governance and management meetings were held to ensure good communication and oversight of the service by the provider, person in charge and senior management. These meetings were attended by the provider representative. The person in charge met with staff to review practice in all areas and to share findings from auditing and promote learning.
Adequate resources were provided to meet residents' care needs.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents and informed service improvements for 2019.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Contracts for the provision of care were available for each resident. The contracts outlined the terms and conditions of residency, services to be provided and the fees to be charged. Fees for residency and additional fees charged were described in each resident's contract. Signatory agreement by residents or their family members on their behalf with this arrangement was in place.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The centre's statement of purpose was recently revised and contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management structure, the facilities and the service provided.

Judgment: Compliant

**Regulation 30: Volunteers**

A volunteer residents' advocate worked in the centre. This volunteer's contribution to supporting residents was highly valued by residents and staff. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. These requirements were in place.

Judgment: Compliant
### Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge submitted notifications of incidents to residents to the Office of the Chief Inspector within the specified timescales required by the Regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A policy and procedure was in place in the centre to inform management of complaints received. A summary of the complaints procedure was prominently displayed for information for residents and their relatives in the main reception foyer. Details included the nominated complaints officer in the centre, the appeals process and ombudsman contact details.

A record of complaints raised by residents and relatives was maintained in the centre. The records included details of the investigations carried out in relation to the complaints and of the prompt actions taken to resolve the complaint. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were also included.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The centre’s operating policies and procedures were made available to inspectors. Policies and procedures were noted to be site-specific and included policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All policies were reviewed and updated at intervals not exceeding three years to ensure the information in them reflected best practice information.

Judgment: Compliant
Quality and safety

The standard of nursing and social care provided to residents was substantially improved since the last inspection in November 2018. Inspectors found that residents health and nursing needs were met to a good standard and they enjoyed a good quality of life in the centre. Each resident's healthcare needs were assessed and were informed by comprehensive person-centred care plans that clearly reflected their individual care preferences. Residents had timely access to a general practitioner who visited the centre as necessary. The provider had employed a physiotherapist who attended the centre each week and had also made arrangements to ensure there was no delay in residents accessing speech and language therapy, dietitian and tissue viability services. Comprehensive monitoring procedures were in place with timely interventions for residents with assessed risk of malnutrition or dehydration.

The centre premises is set out in two buildings, both of which are arranged over two floors. provided residents with a comfortable, accessible and therapeutic environment. The centre was visibly clean throughout and was maintained and decorated to a good standard. The centre was decorated in a style that was familiar to residents with an abundance of tactile wall hangings and themed displays located throughout the centre.

Residents were supported to enjoy a meaningful life in the centre. There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities. Assessment of residents activity needs and documentation of activities residents participated in needed improvement.

Residents with behaviours and psychological symptoms of dementia were well supported by their GP and staff in the centre. Residents were encouraged and supported to optimise their independence where possible.

The provider valued residents' views and provided them with opportunities to participate in the running of the centre. An active residents' committee met regularly and residents were consulted with regarding their care and the service provided.

Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff who spoke with the inspectors knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff told the inspectors they were aware of their responsibilities to report and stated there was no impediment to them reporting any suspicions, disclosures or incidents they may witness. Inspectors observed that staff had developed good relationships with residents and were committed to ensuring their care was provided to a high standard.

The provider took a proactive approach to managing risk in the centre and had measures and procedures in place to ensure residents health and safety needs
were met. Some improvement was necessary in documenting a small number of potential hazards to residents' safety. There was procedures in place to ensure residents were protected from risk of fire. The policy needed review to ensure it reflected the recommended evacuation procedures in the centre. A small number of staff who spoke with the inspectors were also not clear on the emergency evacuation procedures in the centre. All staff were facilitated to attend fire safety training and evacuation procedures.

**Regulation 10: Communication difficulties**

The needs of residents with communication difficulties were assessed and they were supported to optimise their communication with aids as necessary.

Judgment: Compliant

**Regulation 11: Visits**

An open visiting policy with protected mealtimes was in place in the centre. Visitors were welcomed and residents were facilitated to meet their visitors in private if they wished in any of the several areas outside of their bedroom. A visitor's room was also available in each of the centre's buildings. Access to the centre was controlled by a receptionist in each building until 17:00hrs each weekday and thereafter by staff. A record of all visitors to the centre was maintained.

Judgment: Compliant

**Regulation 12: Personal possessions**

Each resident had sufficient facilities to store and control their personal possessions and clothing. Residents were provided with a lockable space in their bedrooms to secure their valuables.

The provider was not an agent for collection of any residents' social welfare pensions. Small amounts of residents' money for their day-to-day expenses was kept by the provider in safekeeping on their behalf. The records of transactions examined by inspectors were transparent and balances were accurate.

Judgment: Compliant
**Regulation 13: End of life**

There were no residents receiving end-of-life care in the centre on the days of inspection. Inspectors saw that staff consulted with each resident where possible, or their relatives, as appropriate, to ensure residents end-of-life care wishes were documented. Each resident's individual preferences were described regarding their wishes for their physical, psychological and spiritual care, including where they wished to receive care.

The majority of residents resided in single bedrooms in the centre. A relatives' room was available in each of the centre buildings and provided overnight facilities for residents' relatives to be with relatives in the event of them becoming very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents. Residents had access to an oratory in the centre for their funeral services if they wished.

Judgment: Compliant

**Regulation 17: Premises**

The layout and design of the centre met the individual and collective needs of residents to a good standard. The centre premises was well maintained and was visibly clean throughout. Sitting and dining room accommodation was provided on both floors in each of the premises buildings. A spacious mechanical lift was operational in both buildings and provided residents with access to both floors.

Residents' bedrooms met their individual needs and were personalised and decorated with residents' favourite colours and personal possessions. Residents were encouraged to bring small items of their favourite furniture and paintings from their homes in the community. There was adequate space available for storage and use of residents belongings and assistive equipment. Each bedroom had full en-suite facilities provided. Handrails were in place along all circulating corridors. Grab rails were fitted in en suite toilets and showers to maximise residents functional ability. Access for residents with dementia or vision problems was optimised with bright floor covering that did not have any bold patterns and good use. Each corridor was recently painted in different colours to help residents with accessing their bedrooms. Placement of enhanced visibility signage was underway to promote the independence of residents with dementia and vision problems.

Judgment: Compliant
Regulation 18: Food and nutrition

Arrangements were in place to safeguard residents from malnutrition and dehydration. A validated assessment tool was used to screen residents for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain.

Residents had access to speech and language therapy and dietitian services as necessary. Special diets were communicated to the Chef who made every effort to ensure residents were provided with appetising food that met their individual preferences and needs. Meal preparations were provided as recommended for residents with swallowing difficulties, with unintentional weight loss or gain and for residents with medical conditions such as diabetes. Residents' dietary recommendations were also described in their care plan to ensure they were known to staff. The daily menu was displayed on dining tables and was also communicated by staff to residents to assist them with making informed choices. There was an opportunity for improvement with increasing the font size and pictures of the dishes available to improve visibility for residents with dementia or vision problems. Residents were provided with snacks throughout the day and had a choice of hot meals or alternatives to the menu for lunch and tea. Sufficient numbers of staff in the dining rooms provided residents with discreet and patient assistance with their meals as necessary.

Mealtimes were a social occasion in the centre for many residents with efforts made to ensure friends were seated together where possible.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was prepared and made available to residents. The residents' guide included a summary of the services and facilities available in the centre. Each resident was provided with a copy of the residents' guide document for their information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy was available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of
all relevant information regarding residents’ transfer or discharge to hospital or back into their community. Records were maintained regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

**Regulation 26: Risk management**

The health and safety of residents, visitors and others was promoted and protected by proactive risk management procedures. An up-to-date safety statement or 2019 was available. A risk management policy and risk register was in place to inform management and mitigation of hazards identified in the centre. The measures and actions to control the risks specified in regulation 26(1)(c) were stated. Actual and potential hazards were identified, risk assessed and had controls stated in each case to mitigate levels of assessed risk as necessary. Although proactive measures were in place to reduce the level of a small number of risks found by inspectors, these were not identified in the risk register. The following risks were not identified:

- trip risks posed by the frame of doors to the garden area used by residents who smoked.
- Storage of hoists in circulating corridors

Arrangements were in place to identify, record, risk assess and investigate adverse events involving residents or others. Several improvement measures were implemented in response to an increased incidence of residents falling in the centre and sustaining an injury needing hospital treatment. Measures implemented included enhanced assessments of risk, an increase in staffing levels, alert equipment and input by a physiotherapist employed by the provider. However, further improvement was found to be necessary to reduce the incidence of residents falling during the night. For example approximately 62% of residents were injured during a fall at night not witnessed by staff.

An emergency plan was in place to inform response to major incidents that posed a threat to the lives of residents.

Judgment: Substantially compliant

**Regulation 27: Infection control**

A policy informing infection and prevention and control procedures was available and included management of communicable infections and any infection outbreaks. Hand hygiene dispensers were located at various locations throughout the centre and were used appropriately by staff. Staff were facilitated to attend training in
Infection prevention and control.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were procedures and practices in place to protect residents from risk of fire in the centre. Arrangements were in place to ensure residents' evacuation needs would be met in the event of a fire in the centre. However, the centre's fire safety policy required review as it conflicted with the recommended arrangements in the centre for horizontal evacuation of residents in the event of an emergency. Each resident's evacuation needs were regularly assessed and documented. These assessments included reference to each resident's clinical wellbeing to ensure any issues that might potentially hinder their timely evacuation were communicated to the staff team. All staff were facilitated to attend annual fire safety training and to participate in emergency evacuation drills. Staff were generally knowledgeable regarding evacuation of residents. However, some staff who spoke with inspectors were unsure whether evacuation to the next compartment or outside the centre was the recommended procedure in the centre. Fire fighting equipment was available throughout the centre and emergency exits were clearly displayed and free of obstruction. Emergency evacuation procedures were displayed prominently in both of the centre buildings. However, required review to ensure compartmentation arrangements in the centre was clearly referenced. Simulated evacuation drills were completed to test the efficacy of arrangements in place during day and night time conditions.

Arrangements were in place to ensure daily and weekly fire safety checking procedures were completed. Records of these checks as examined by inspectors were complete. The centre's fire alarm was sounded on a weekly basis to check that it is operational at all times. Arrangements were in place for quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor. The contractor also provided an on-call repair service.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made...
themselves available to answer any queries individual residents had regarding their medicines.

Residents requiring their medicines as crushed preparations was clearly prescribed. Maximum amounts of PRN (as required) medicines permissible over a 24hr period was documented.

There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Each resident’s needs were comprehensively assessed within 48 hours of their admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident’s needs, including risk of falling, malnutrition, pressure related skin damage, depression and mobility support needs among others. These assessments informed care plans to meet each resident’s needs. The interventions needed to meet each resident’s needs were clearly described in person-centred terms to reflect their individual care preferences.

Robust systems were in place to ensure residents’ care plans were reviewed and updated as necessary. Where possible, residents were consulted with regarding their care plan development and subsequent reviews. The families of residents unable to be involved in this process were consulted on behalf of individual residents. Records were maintained of this consultation process.

Although reduced, there was still some incidents of residents developing pressure related skin wounds in the centre. Following review of pressure ulcer prevention procedures and practices in the centre, the person in charge and staff team implemented improvements in monitoring procedures and prevention strategies. However, inspectors found that some measures recommended for implementation in response to the level of individual resident’s assessed risk of developing pressure related skin damage were not consistently implemented.

Judgment: Substantially compliant
**Regulation 6: Health care**

Residents were provided with timely access to medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. A physiotherapist employed by the provider completed an initial assessment of each resident's mobility needs and risk of falling on admission. Physiotherapy, occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietitian services were available to residents as necessary. Community palliative care services were also available to residents as appropriate. Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. A small number of residents with dementia experienced periodic episodes of responsive behaviours. There were systems in place to support residents with managing any episodes of responsive behaviours that they may experience. Staff in the centre were facilitated to attend training in dementia care and managing responsive behaviours. Inspectors saw that residents' responsive behaviours were well-managed with person centred de-escalation strategies implemented by staff who knew residents well. Behavioural support care plans were developed for residents with responsive behaviours that clearly described triggers to behaviours and effective person-centred de-escalation strategies. Residents behaviour support care plans were demonstrated in practice. Residents were referred to psychiatry of older age services as necessary.

A restraint-free environment was promoted. Schedules detailing frequent periodic removal of bedrails was maintained. Documentation was in place confirming assessment of need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and thereafter.

Judgment: Compliant
Regulation 8: Protection

There were systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse, how evidence of the different kinds of abuse may present and clearly articulated awareness of their responsibility to report. Residents confirmed they felt safe in the centre and all interactions observed by inspectors by staff with residents were respectful, courteous and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' views and suggestions were valued and acted upon. Residents were encouraged to participate in the running of the centre. Residents meetings were held at regular intervals and were attended by many residents. Feedback from these meetings was seen to be used to inform the service provided. For example, birds were introduced into the centre, a fund raising event for a local charity was held on 03 May 2019 and a trip out to the cinema was organised on the suggestion of residents. The residents' review of the centre's newsletter resulted in the introduction of a 'kids corner' for their grandchildren.

Inspectors found that residents' privacy and dignity was respected. Each resident's accommodation consisted of a single bedroom and full en suite facilities. Some residents liked to leave their bedroom door open and could do so as they wished, as all doors were fitted with self closure devices in the event of an emergency. Staff were observed to knock on residents' bedroom doors before entering and ensured doors were closed during residents' personal care procedures.

Two activity coordinators facilitated residents' social activities over six days each week. The activity coordinators were in the final stages of completing training on an accredited sensory focused activity programme for residents with dementia. A varied and meaningful activity programme was provided for residents in the centre. There were suitable activities provided for residents with dementia or other residents unable or unwilling to participate in scheduled group activities. Care staff supported activity staff with meeting residents' social activity needs. Residents expressed their satisfaction with the activities provided. However, records of activities which residents participated in and their level of interest in those activities were not consistently recorded in one of the centre buildings to provide assurances that the activities programme met residents' interests and capabilities.

Access to the outdoor enclosed gardens was controlled by electromagnetic locks on the doors. Although staff supported residents to go outdoors, their choice to access
the enclosed outdoor areas at will was compromised by this arrangement. The provider representative advised inspectors that a second television screen with discreet listening equipment would be fitted in the twin bedroom to give residents choice of television viewing. This twin bedroom was vacant on the days of inspection.

Residents were facilitated and supported to meet their wishes to practice their religious faiths. Some residents had a landline telephone in their bedrooms. All residents were provided with access to a telephone if they wished. Newspapers and magazines were available to residents.

Judgment: Substantially compliant
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:

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</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Droimnin Nursing Home
OSV-0000702

Inspection ID: MON-0022840

Date of inspection: 07/05/2019

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21: Records</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 21: Records:</td>
<td>The Person in charge will ensure that records of simulated emergency evacuation drills will be completed to include details of the location of the simulated fire incident. The following will be specified in the report: 1) the number of residents 2) the time taken to complete the simulated evacuation 3) what compartment was evacuated 4) action that are required.</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management:</td>
<td>The following risks are now identified on the Risk Register • trip risks posed by the frame of doors to the garden area used by residents who smoke. • Storage of hoists in circulating corridors. Arrangements are now in place to identify and reduce incidences of residents falling during the night. Measures implemented: • Staff meeting held and continued education provided to all staff. • New falls committee now in place, falls meeting held every month. • Plan implemented at night to ensure closer observations maintained. • Additional falls equipment available for to reduce the risk.</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</td>
<td>The centre’s fire safety policy GM-RF-020 is now updated and includes arrangements in the centre for horizontal evacuation of residents in the event of an emergency.</td>
</tr>
</tbody>
</table>
Fire Training has been changed and is now tailored towards drills as apposed to face to face learning. This ensures that staff clearly understand that evacuation needs to take place either to the next compartment or outside.

Emergency evacuation procedures are now displayed prominently in both buildings, and are colour coded to show compartmentation arrangements.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The person in charge and the management team have implemented a schedule to monitor and assess the risk of Residents developing pressure related skin damage. A member of the Management team will oversee and perform dressings procedure and discuss guidelines with all nurses. If the Residents require any equipment such as pressure cushions or air mattress these will be provided in a timely manner.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Person in charge continues to meet regularly with both activity coordinators. New records of activities which residents participate in and their level of interest are now consistently recorded. This documentation ensures that the activity programme provided meets both the residents interests and capabilities.

The door to the enclosed garden in building 2 is now uncoded thereby allowing freedom of movement to the residents in and out of the garden at will.

The RPR has provided a second television screen with discreet listening equipment in the twin bedroom to give residents choice of television viewing.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 21(1)</td>
<td>The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/06/2019</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/06/2019</td>
</tr>
<tr>
<td>Regulation 26(1)(d)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>11/06/2019</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
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<td></td>
</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Substantially Compliant</td>
<td>14/06/2019</td>
<td></td>
</tr>
<tr>
<td>28(3)</td>
<td>The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.</td>
<td>Substantially Compliant</td>
<td>21/06/2019</td>
<td></td>
</tr>
<tr>
<td>5(1)</td>
<td>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).</td>
<td>Substantially Compliant</td>
<td>11/06/2019</td>
<td></td>
</tr>
<tr>
<td>9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and</td>
<td>Substantially Compliant</td>
<td>11/06/2019</td>
<td></td>
</tr>
</tbody>
</table>

the identification, recording, investigation and learning from serious incidents or adverse events involving residents.
| 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 | 21/06/2019 |