



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

## Issued by the Chief Inspector

Name of designated centre:	Drumbear Lodge Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Cootehill Road, Monaghan
Type of inspection:	Unannounced
Date of inspection:	15 September 2021
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0032289

## About the designated centre

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

Drumbear Lodge Nursing Home is a purpose-built, single-storey centre situated close to Monaghan town. The centre provides accommodation for a maximum of 99 male and female residents aged over 18 years of age. Residents are accommodated in single, twin and one multiple occupancy bedroom with four beds. The centre provides long-term, respite and convalescence care for older residents, and residents with acquired brain injury, dementia and palliative care needs. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that their objective is to provide a high standard of evidence-based care and ensure residents live in a comfortable, clean and safe environment to meet their needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	63
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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
Wednesday 15 September 2021	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead
Wednesday 15 September 2021	09:30hrs to 16:30hrs	Helena Budzicz	Support

## What residents told us and what inspectors observed

The centre was coming to the end of a COVID-19 outbreak at the time of inspection and those residents who had tested positive for COVID-19 had completed their period of isolation. Residents spoken with said they were glad that they did not display and signs or symptoms of the infection and had remained well throughout the outbreak. All those spoken with were clearly delighted to be out of isolation.

Residents said that the standard of care they received was good and relatives spoken with confirmed this. Residents were happy with the quality of service they received.

Inspectors observed residents participating in a group activity in one of the larger sitting rooms where social distancing was being maintained. One resident spoken with said it was great to be out of the bedroom after completing a period of time in isolation. Another resident said it was good to see friends again and have a chat. The residents appeared to be enjoying their morning.

Residents spoken with told inspectors they never had to wait long for their call bell to be answered. They said there was always staff available to meet their needs. Inspectors observed staff chatting to resident as they assisted them to mobilise and attend to their care needs.

Residents and relatives knew that if they had a complaint they could raise it with the staff. Both parties were keen to stress that they had no complaints. Relatives informed inspectors that they were kept informed of their loved one's condition throughout the outbreak and window visits were facilitated, which they were grateful for.

Residents said that they looked forward to the music and priest being able to come back into the centre. They explained that these services had stopped due to the COVID-19 outbreak. Residents told inspectors that they missed the bus trips that took place every Friday, which were cancelled due to the outbreak, and that they looked forward to these outings recommencing.

Inspectors observed that the centre was visibly clean and tidy. Excess storage of clean items in the sluice rooms was amended prior to the end of the inspection.

Bedrooms occupied by residents were personalised and each resident had access to a lockable storage space in their bedroom. They also had a secure cabinet where their medications were stored and for which only the staff nurse had access to.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service provider and present the findings under each of the individual regulations assessed.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 and to assess if appropriate arrangements were in place to manage the second outbreak of COVID-19 in the centre.

The Chief Inspector had been notified of an outbreak of COVID-19 in the centre on 21 August 2021. The outbreak occurred after residents and most staff had received their first and second dose of their COVID-19 vaccination. To date 50 residents and 15 staff had tested positive for COVID-19, most of whom displayed no signs or symptoms of the disease. However sadly five residents who had tested positive to COVID-19 died during this outbreak.

The provider is Newbrook Nursing Home Unlimited Company. The company has three directors, one of whom is the named provider representative. The provider representative and the newly appointed person in charge were present during this inspection. They both demonstrated a clear knowledge of their respective roles and responsibilities. The person in charge worked full time, reported to and was supported by the provider representative. A Clinical Nurse Manager (CNM) also supported her. The management team used a computerised software package to oversee practices. However, the newly appointed person in charge and those responsible for completing audits required a more in depth knowledge of how this system operated to ensure the system provided them with a clear and accurate oversight of care being delivered to residents.

Inspectors saw the annual review had been completed and noted its content which did not comprehensively meet the regulation requirements. Clinical staffing levels in the centre were good with enough staff on duty during the day and night to meet the needs of residents.

Staff had access to mandatory training, however the oversight of training needed strengthening to ensure all staff completed training in line with the centre's own policy on training and to facilitate them to carry out their work in-line with best practice guidelines and the centre's policies.

## Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre was received. A completed application to renew had been received together with all the required additional information. A revised application to renew registration together with floor plans and a statement of purpose have been received following this inspection. The provider had reviewed the number of occupants in four of the smaller twin bedrooms and

had voluntarily reduced these rooms to single occupancy together with reducing the occupancy of the four bedded room to a three bedded room.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff resources to meet the assessed clinical needs of residents, having regard to the size and layout of the centre. Inspectors observed that registered nurses were on site during the day and the night to oversee the clinical needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed training in infection prevention and control or hand hygiene. However, there was no evidence that they had completed refresher training since April 2020. This was of concern given that the centre was in a COVID-19 outbreak.

Judgment: Substantially compliant

### Regulation 22: Insurance

The centre had a current certificate of insurance, which provided cover against injury to residents, staff and public.

Judgment: Compliant

### Regulation 23: Governance and management

The systems used to monitor the services provided to residents were not robust enough. The annual audit schedule was not clear. Inspectors reviewed the audits completed to date in 2021; most of those completed to date had obtained 100% compliance. These findings did not reflect the inspectors' findings on inspection. The audit tools used required review to ensure every aspect of the area of care being audited was reviewed in full by the auditor.

A contingency plan had been put into place to minimise the risk of residents or staff contracting a COVID-19 infection. However, a review of the centre's response team was required, including references to most current public health guidelines.

The annual review report for 2020 had been completed and although residents and their families had been consulted about the service in 2020, their feedback on the service was not included.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

An updated statement of purpose dated September 2021 had been submitted to the Chief Inspector as part of the application to renew registration. It met the legislative requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place. The policy set out the complaints process and the name of the person responsible for managing complaints in the centre. There was an appeals process outlined in the policy. The complaints procedure was on display in the centre.

Complaints were investigated and this was recorded in the complaints database. All complaints were responded to within the time frames outlined in the centre's complaints policy. There was a record of the outcome of the complaint and of the complainant's satisfaction with how the complaint had been followed up.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures outlined in Schedule 5 of the regulations were available for review. They had all been reviewed and updated within the last three years.

Judgment: Compliant

## Quality and safety

On this inspection, inspectors found that residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Despite the COVID-19 restrictions, residents were generally satisfied with the quality of the service.

Residents medical and health needs were met. Inspectors saw entries from the tissue viability nurses, speech and language therapists and a dietitian in residents' files. Furthermore, consultant specialists in Gerontology, Psychiatry of Old Age and Palliative Care were available to provide additional expertise and support. A physiotherapist visited the centre on a regular basis. Residents were monitored for signs and symptoms of COVID-19, and their temperature was recorded daily. There was a COVID-19 swabbing programme in place in the centre.

A review of a sample of care plans indicated they were person-centred and provided good guidance on the care to be delivered to residents on an individual basis. However, some improvements were required in the wound care plans and to ensure that residents were kept informed of changes to their care plan and were involved in the care planning process if they chose to.

The centre was clean and well equipped with alcohol gel dispensers and information posters to assist and remind staff about infection control practices. Inspectors noted that although there were three housekeeping staff rostered to work each day they all finished at 16.00 hrs. The number of housekeeping hrs had not increased despite the current outbreak. This had a negative impact on some infection control practices.

Residents' rights were upheld and the activities programme was varied and interesting. Communication with residents and families had been appropriately maintained throughout the COVID-19 outbreak and safe visiting arrangements were in place in line with public guidance. Inspectors saw that residents were comfortable and that their privacy was respected by staff. The activity coordinator continued to provide individual activities and support to residents.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any signs of abuse. Staff were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Effective systems were in place for the maintenance of the fire detection and alarm system and emergency lighting. All residents had personal emergency evacuation plans in place and these were updated regularly.

## Regulation 11: Visits

With the exemption of windows visits, visiting was temporarily suspended in the centre in line with the public health advice due to the current COVID-19 outbreak. The staff was committed to ensuring residents and their families remained in contact. Staff supported residents by means of video and telephone calls as appropriate. Compassionate visits were also accommodated.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had sufficient units in their bedrooms in which they could store their clothing and personal belongings, including lockable storage for valuables.

Records relating to residents' finances were well maintained and were available on file. Invoices and receipts were maintained, and residents or their relatives were made aware of the fee structure and any expense in relation to medical items and so on. The provider acted as a pension agent for four residents, and procedures in place were in line with the Department of Social Welfare guidance.

Judgment: Compliant

## Regulation 13: End of life

End-of-life care assessments were in place and included information on compassionate visiting arrangements being facilitated. Advanced care directives 'Ask me what I want' were in place for residents.

Judgment: Compliant

## Regulation 17: Premises

The layout of four twin bedrooms and one four bedded room did not ensure each resident occupying these bedrooms had access to an adequate amount of private space. These twin bedrooms situated to the rear of the centre were small. The resident occupying the inside bed in these twin bedrooms had space for a bed and a chair, or a bed and a bedside locker behind their privacy screen. Since this inspection the provider has reduced the beds in these four twin bedrooms from two

beds to one bed. In addition, the provider has reconfigured the four bedded room and reduced the number of beds in this bedroom from four to three beds. This facilitated all three residents to have their personal belongings stored within their private bed space.

Judgment: Compliant

### Regulation 27: Infection control

A number of issues that had the potential to impact infection prevention and control measures were identified during the inspection. For example;

- Inspectors observed some inappropriate storage practices. For instance: Clean items were stored in the dirty sluice room. Basins were stored on the floor of some en suites. Packets of wipes were stored on top of some toilet cisterns.
- Arrangements to ensure that hoist slings were not shared required strengthening.
- Inspectors observed some staff wearing face masks inappropriately around the centre.
- The area surrounding the stainless steel sink in one clinical room was not clean.
- Wooden shelves in one of the sluice rooms could not be cleaned properly.
- The taps in one clinical wash-hand basin were not as per best practice guidelines
- There were no housekeeping staff on duty after 16.00 hrs to ensure enhanced cleaning during an outbreak.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements required in relation to fire safety included:

- There was no call bell available for residents in the smoking shelter.
- Inspectors reviewed fire drills completed in the centre; however, the drills simulated did not provide assurance that residents in compartments could be safely evacuated. The provider undertook to organise a drill to simulate the evacuation of the largest compartment with night-time staffing levels and evidence that this had taken place was submitted within 48hrs after this inspection.
- Further drills are required to ensure all staff are familiar with compartmental evacuations and to achieve optimal time frames.

- There was no cautionary signage in place to alert people of the risks associated with oxygen cylinders or concentrators.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. There was good pharmacy oversight with regular medication reviews carried out.

The inspectors observed good practices in how the medicine was administered to the residents. The nurse took time in ensuring the resident understood what they were taking and medicine was only signed for after the administration, which was in line with best practice. In between each resident the nurse decontaminated their hands using alcohol hand rub and good hand hygiene technique. Medicine that was to be administered in a crushed format was appropriately prescribed and dispensed.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of four residents' care records evidenced that not all care plans had been developed to guide the staff in the delivery of daily care needs in a timely manner. For example:

- Inspectors reviewed three residents with wounds. While skin assessment and notes when the dressing was changed were recorded, there was no supportive care plan in place to guide the staff and to document the wound progress and measures to promote wound healing.
- Improvements were required in the formal reviews of care plans with the resident or where appropriate with the family at intervals not exceeding four months.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to a general practitioner who attended the centre on a weekly basis or more often as necessary. Allied health professionals also supported

the residents on site where possible and remotely when appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from risk of abuse and any allegations of suspected, witnessed or disclosed abusive interactions were investigated. Staff reported that safeguarding training was provided and observations demonstrated that residents were treated with kindness and respect.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were respected, and the activities programme was available to residents. Residents were supported to access the independent advocacy services. The privacy and dignity of residents were respected. The centre had adequate arrangements for residents to communicate freely and had access to radio, television, newspapers and other media.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0032289

Date of inspection: 15/09/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. IPC refresher arranged for 7th October 2021 for any staff requiring it.</li> <li>2. Newly recruited staff will complete online HSEland IPC training as part of their induction.</li> <li>3. IPC hubs will be carried out in the Centre depending upon the assessed training needs.</li> </ol>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The Centre's contingency plan has been updated.</li> <li>2. Acting DON received training on the Audit Schedule by the Clinical Operations Manager on 15th September 2021. The Audit Schedule and associated tools are under review.</li> <li>3. The Annual Review of the Quality and Safety of Care for 2021 will include feedback from Residents and their Families.</li> </ol>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. Infection control training for new staff 7/10/21 completed.</li> <li>2. Individual hoist slings have been ordered for residents and these are in the process of being delivered. Hooks for slings are being installed by Maintenance in the residents' bedrooms.</li> <li>3. A note in communication book, on the Centre's Staff Whatsapp Group and reinforced at Team Meetings that PPE must be worn correctly. This will be supervised on an ongoing basis by the nurses on duty in the Centre.</li> <li>4. All Treatment Rooms have been deep cleaned and these will be checked as part of our IPC Audit Schedule.</li> <li>5. Maintenance are replacing the wooden shelves in one of the Sluice Rooms.</li> <li>6. Taps in the clinical handwash sinks will be replaced as appropriate.</li> <li>7. Housekeeping hours reviewed.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Callbell installed by Maintenance in smoking hut on 5th October 2021 and in working order.</li> <li>2. A simulated night-time fire drill evacuation completed was completed on 16th September 2021. In addition the numbers of residents in the largest compartment has been reduced from sixteen to eleven.</li> <li>3. Fire safety training was completed in house on 7th October 2021 and the evacuation of largest compartment was reassessed in the training.</li> <li>4. Cautionary flammable signage for oxygen cylinders has been ordered.</li> </ol>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> <li>1. Nurses reminded on the need for inclusion of wound care plans in holistic care at the monthly nurses meeting.</li> <li>2. Care plans to be reviewed at intervals of at least four months. This will be audited by the CNMs.</li> </ol>	



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	18/10/2021
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	31/12/2021
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	31/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/10/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	18/10/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/10/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	21/10/2021

	than 48 hours after that resident's admission to the designated centre concerned.			
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	21/10/2021