



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

Issued by the Chief Inspector

Name of designated centre:	Droimnin Nursing Home
Name of provider:	Droimnin Nursing Home Limited
Address of centre:	Brockley Park, Stradbally, Laois
Type of inspection:	Unannounced
Date of inspection:	16 February 2021
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0032029

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:	45
--	----

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
Tuesday 16 February 2021	11:00hrs to 16:00hrs	Helen Lindsey	Lead
Tuesday 16 February 2021	11:00hrs to 16:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On entering the centre inspectors noted there was a more relaxed atmosphere than on the previous inspection days. Inspectors were informed that all residents who had tested positive for COVID-19 infection had completed the required period of isolation and the outbreak was due to be officially declared over on 24th February (assuming no further cases were identified in the interim).

Staff and management described heightened anxieties and the difficulties brought on by the COVID-19 pandemic. Staff expressed empathy with the residents and acknowledged that the recent outbreak of COVID-19 and the associated deaths had been a very sad, difficult and anxious time for the residents. The provider had made counselling services available for staff and residents. Inspectors were informed that post COVID-19 resident rehabilitation had commenced, with the physiotherapist providing advice. There were well established relationships between general practitioners (GPs) and allied health professionals.

Visiting for family and friends was currently restricted due to level 5 restrictions. Some residents spoken with found these restrictions had a negative impact on their quality of life, however, they understood the reason for them. Visiting on compassionate grounds was allowed as per national guidelines. Staff said that they regularly communicated with families and informed relatives as much as possible about the situation in the nursing home during the recent outbreak. Inspectors overheard these conversations taking place.

Inspectors observed interactions between staff and residents and saw that in general, residents were treated with kindness and respect. Inspectors observed activities including a ball game and a quiz taking place, they noted that residents enjoyed the activities and they were supported to maintain social distance. Resident choice appeared to be respected as much as possible. Inspectors observed two residents watching television and reading in a separate day room to pass the day. One of these residents spoke of how they appreciated the view through the windows, and being connected to nature. The view was over the open countryside surrounding the centre

Inspectors spoke with around 10 residents and conversations between the inspectors and the residents took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. Residents were very positive in their feedback to inspectors and expressed satisfaction about the centre and the care provided to them. Residents expressed relief to have recently received their first COVID-19 vaccinations.

The majority of staff that had tested positive for COVID-19 infection had recently returned to work in the centre having completed the required period of isolation. Residents said they were happy to see familiar faces and staff in the centre but expressed concern for the staff that had contracted COVID-19 and were still on sick

leave.

Residents had access to fluids including a wide selection of hot and cold drinks on request throughout the day. Residents were offered a choice of meals and meal options appeared appetising and nutritious. Fluid balance charts were maintained for all residents and many of the residents also had food intake charts. Weekly weight checks were carried out and high calorie options were provided to residents who had a poor appetite and were at risk of malnutrition.

Residents spoke positively about the quality, quantity and choice of food available to them. Staff confirmed that residents were provided access to nutritious snacks on request and a selection of snacks were seen to be available in the communal areas. On the day of inspection the chef was planning to serve pancakes for pancake Tuesday.

Through walking around the centre, the inspectors observed residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient wardrobe space, display space, and storage for personal items. The centre had a practical layout which was supportive to the residents' needs. However, the decor in the communal areas required improvement. The walls along corridors were scuffed, the door frames and skirting boards were chipped, and the plaster on walls showed signs of damage in other areas. An intercom system was in place throughout the centre. This was used to call members of staff to different areas of the centre. Inspectors found this system to be loud, distracting and didn't encourage the feeling that this was the residents' home.

Overall, the general environment and equipment in the centre were clean with a few exceptions. Several of the surfaces and finishes including wall paintwork in resident's rooms were worn and poorly maintained. Some shower and sanitary facilities including resident's en-suites required upgrading, as there was damage and worn facilities, for example the sink and shower plug holes and fittings. Sluice rooms also required upgrading as they were small, poorly maintained and did not have sluicing facilities. As a result there were no appropriate facilities for disposing of body fluids and other fluids. Hand wash sinks were not available in some key areas in the centre. The majority of the stainless steel sinks were stained and did not comply with current recommended specifications. These deficits were significant in the context of reducing the potential for transmission of COVID-19 and should be a particular focus for improvement. The provider stated additional wall sanitizing units were to be delivered.

Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. However, stocks of PPE and clinical waste bins had not been removed from outside resident's rooms when residents had recovered and completed their required isolation periods.

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

The governance arrangements at the centre had been strengthened to improve oversight in the centre and to identify potential risks and opportunities for improvement.

This was an unannounced inspection of the designated centre. The centre had been inspected in January 2021, during the recent outbreak of COVID-19. At that time multiple non-compliance's were found, including governance and management, staffing, training and staff development, premises, food and nutrition, infection control and medicines and pharmaceutical services. On this occasion inspectors found the provider had made significant efforts to bring the centre into compliance and addressed a number of issues and non-compliances from the previous inspection.

There was a clear management team in place, who were able to provide up to date information during the inspection. They provided evidence of the improvements that had been made which had a direct impact on the quality of life of residents.

There were clear lines of accountability and responsibility, with individuals aware of their roles and responsibilities at centre. The management team in the centre had been supplemented with additional support to the person in charge and additional Clinical Nurse Managers (CNMs) being appointed, including a CNM on night duty. This improved the oversight of the staff teams working on both floors and also ensured the residents received appropriate care and support. The provider had also continued to provide full staffing levels despite having around 17 vacancies, to ensure all residents received the care and support they required while recovering from COVID-19. A representative of the registered provider also visited the centre on a regular basis to provide support and receive feedback from the clinical management team in relation to resources and any other issues.

The management team had introduced a number of assurance processes including cleaning checklists and audits of environmental and equipment hygiene. However, disparities were found between the high compliance achieved in hygiene audits and the non-compliances observed on the day of the inspection. This indicated confirmation of the effectiveness of these processes and required further attention.

Discussion with staff and review of documentation showed that daily outbreak control meetings were held to advise and oversee the management of the recent outbreak of COVID-19 infection and the provider had commenced a critical review of the outbreak to identify any future learning needs.

Relevant training was provided as part of the continuous professional development programme. Orientation and induction was provided to all new staff members. Infection prevention and control capability and knowledge within the centre was promoted. Efforts to integrate infection prevention and control guidelines into

practice were underpinned by infection prevention and control training. Training was provided on infection prevention and control related topics, including hand hygiene and donning and doffing PPE. Hand hygiene training was delivered onsite by a staff member that had completed a train the trainer course. Nursing staff had completed HSELand training on medication management.

The provider Board were meeting to discuss the future needs of the service following the experience of the outbreak in the centre and to put an improvement plan in place.

Regulation 16: Training and staff development

There was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. All staff working in the centre had received up-to date mandatory training which included fire safety training and safeguarding training every two years. Staff spoken with, including those involved in cleaning practices confirmed they had received training, and inspectors observed good cleaning practices in the centre.

Additional CNM posts had been created by the provider to ensure appropriate supervision of staff on a day-to-day basis, and also to ensure tasks allocated to staff were being completed, such as updating care records.

Judgment: Compliant

Regulation 23: Governance and management

The provider had responded to the COVID-19 outbreak by ensuring there were additional resources available in the centre. This included strengthening the management team, and ensuring a consistent level of nursing, care and cleaning staff to make sure residents' needs were being met.

The deterioration of the premises that had occurred prior to the COVID-19 outbreak indicated there was a gap in the oversight arrangements the provider had in place to ensure the premises were well maintained and was a safe and comfortable environment for the residents and staff who lived and worked in the centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and were updated in line with regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff on duty to ensure that the residents' needs were met in a timely manner. The provider had used agency staff to fill shortages on the staff roster during the COVID-19 outbreak to maintain appropriate staffing levels in the centre. In addition the provider had also contracted 5 days a week to supplement the centre's team of household staff.

Accommodation was provided over two floors, and a staff team was allocated to each floor. This was a precaution to reduce the risk of transmission of infection by limiting staff contact with each other and to limit the number of staff who were in contact with each resident.

There was an increased number of CNM posts in the centre to increase the knowledge, skills and supervision of the staff teams. The provider had also strengthened the managerial oversight in the centre, with additional manager hours provided, and a night shift supervisor in place.

A number of agency staff were still working in the centre, but this was reducing as the centres own staff returned after recovering from COVID-19.

Judgment: Compliant

Quality and safety

Residents care and support needs were being met by a team of staff who knew them well. Significant improvements had been made in relation to infection prevention and control systems in the centre but further action was required. The premises also required improvements to ensure they provided a safe and well maintained environment.

The provider had arranged for the centre to be deep cleaned. Additional equipment and items surplus to requirements had been removed and stored off-site. Sufficient supplies of PPE were available and efforts had been made to de-clutter the centre by positioning tidy stations of equipment in key areas of the centre. Storage rooms for clean equipment had been tidied and only stored appropriate items. While efforts had been made to address the storage issues, maintenance and infrastructural issues remained outstanding. Barriers to effective hand hygiene practice were again

identified during the course of this inspection. For example, there was a limited number of easily accessible dedicated hand wash sinks available for staff use. Inspectors also found that improvements were required in the management of clinical waste and PPE throughout the centre, for example the placement of bins. It was noted the backlog of clinical waste had been removed from the outside of the centre.

Medicines management processes had improved since the previous inspection. Resident's nursing assessments and risk assessments had been updated, and any changes had been reflected in their care plans. There were sufficient nursing staff to ensure residents received medications on time, and that care needs were met in line with residents' identified needs.

Following the COVID-19 outbreak there was a focus on ensuring residents were receiving an appropriate diet and had access to sufficient fluids throughout the day. This included providing residents with meals with were fortified with butter and cream and prescribing supplements where necessary. Residents were offered hot and cold drinks through the day in line with their preferences.

Regulation 17: Premises

A number of maintenance and infrastructural issues required action to ensure appropriate standards were in place. A number of the concerns identified had the potential to impact on infection prevention and control measures. These issues had been identified on the previous inspection.

Inspectors found that not all areas of the centre were kept in a good state of repair:

- ancillary rooms including the sluice room and cleaners rooms did not facilitate effective infection prevention and control measures as they were small and poorly ventilated. There was damage on the walls in some rooms, and the sinks and surfaces were heavily marked with a white residue.
- sanitary facilities including resident en-suite bathrooms in the rooms required upgrading. Inspectors observed cracked tiles, worn and broken drains and a build up of residue in sinks and toilets
- access to hand wash sinks in the areas inspected were not close to resident's bedrooms. There was a limited number of dedicated staff hand wash sinks in the centre and the majority of the stainless steel sinks were stained and did not comply with current recommended specifications for hand hygiene sinks.
- wall mounted alcohol hand gel dispensers were heavily stained throughout the centre.

Areas of the centre were not suitably decorated. There was damage to the paint, plaster and painted surfaces along corridors and in bedrooms, on doors, and door frames. Some surfaces and furniture was worn and poorly maintained and as such did not facilitate effective cleaning.

Judgment: Not compliant

Regulation 18: Food and nutrition

The menu offered a choice of meals, and staff reported other options were available if requested by residents. Residents had access to fresh drinking water and other drinks and snacks were available at all times.

There were sufficient staff to support residents who required assistance or support with their drinks and meals.

Judgment: Compliant

Regulation 27: Infection control

A number of improvements had been achieved since the previous inspection. The following areas of practice were not in line with the national standards and current national guidance and so required further improvement.

Clinical waste bins were not available in all sluice rooms. There were many clinical waste bins available on corridors and staff continued to routinely dispose of all PPE as clinical waste after transmission based precautions had been discontinued. This practice was not in line with national guidelines.

While equipment in the units inspected were generally clean, there were some exceptions. For example the wheels on some equipment, such as commodes were visibly dirty. A bedpan viewed was not cleaned properly, which could increase the risk of cross-infection. Inspectors were not assured that all equipment was cleaned completely on a daily basis in line with local cleaning schedules. The centre had introduced a tagging system to identify equipment that had been cleaned, however, this system had not been consistently applied at the time of inspection as some items of equipment were not labelled.

Inspectors observed that cleaning trolleys were generally clean. However, more detailed cleaning in crevices was required to ensure that equipment used for cleaning did not contribute to the dispersal of dust or micro-organisms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate medication management practices were seen to be in place in the centre on the day of inspection.

There were procedures in place for the disposal of unused and out-of-date medicines, including controlled drugs. There was also appropriate storage arrangements in place, including medicinal refrigeration and storage of controlled drugs.

Residents' prescriptions had been reviewed recently to ensure they continue to meet the needs to the residents and there were documented pain assessments, and records showed that pain relief was administered as required.

Medication management practices were audited regularly by nursing management and staff were aware of the medication incident reporting process.

Judgment: Compliant

Regulation 6: Health care

Nursing assessments and care plans had been reviewed and updated in late January and early February. Residents' care needs were being assessed and monitored. Records reflected the focus on key areas of health following a COVID-19 infection. This included mobilizing, weight loss and nutrition. There were nursing tools in place for pain assessments and records showed these were being completed at the time of the inspection.

There was support from allied health professionals provided from the local HSE area which was ongoing as required following the recent COVID-19 outbreak and the general practitioner (GP) visited the centre regularly.

Judgment: Compliant

Regulation 13: End of life

Staff were using recognised end-of-life signs to alert others in the area when a resident was on their final journey. Each resident had an end-of-life care plan that set out any preferences they had expressed. There were arrangements to ensure residents' spiritual needs could be met during the current circumstances of level 5 restrictions. Families were able to visit their relatives and arrangements were in place to provide guidance on the correct procedures for entering the service.

Judgment: Compliant

Regulation 28: Fire precautions

An assessment had been completed by an external provider in relation to the standard of the fire safety equipment in the centre, including fire doors. Records showed they had confirmed the products required for repairs and there was a date scheduled for the improvements to be completed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 13: End of life	Compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0032029

Date of inspection: 16/02/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider gives assurances to the Chief Inspector that the nursing home has good oversight arrangements and will ensure the premises were well maintained and was a safe and comfortable environment for the residents and staff who lived and worked in the centre.</p> <p>The Deputy Director Role has been filled and the candidate will commence on 05/04/2021 with additional PPIM Support commencing in the Nursing Home on 29/03/2021.</p> <p>The internal management structure has been realigned as recommended by HIQA with two CNM continuing to support the management team.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Walls and skirting re-plastered and repainted post initial inspection • Door frames noted as requiring attention have been painted post inspection • Furniture throughout the centre that was worn was removed following the first day of inspection and has not returned on site. • All wall mounted hand gels are thoroughly cleaned and form part of the cleaning schedule daily • The Board of Management has committed to reviewing all the issues noted during inspection and ensuring they are attended to as part of the ongoing maintenance programme in the Nursing Home post the Covid Outbreak. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• All equipment within the Nursing Home has in place either a cleaning regime and/or a tag system which clearly denotes when the item was last cleaned and by whom. This process is overseen on the floor by the Nurse on Duty and the Team Leader. It is audited by the PiC to ensure compliance.• Adequate storage arrangements are now in place in the centre to ensure compliance with IPC and avoid clutter.• Clinical waste collection bins now placed in Sluice room• All other clinical waste bins removed from corridors keeping in line with national guidelines	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant		20/01/2021
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	05/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	20/01/2021

	associated infections published by the Authority are implemented by staff.			
--	--	--	--	--