



# 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:	29 June 2021
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0032559

## 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. Each resident's dependency needs is assessed to ensure their care needs are met. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, activity, administration, maintenance, housekeeping and catering staff.

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

Number of residents on the date of inspection:	52
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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
Tuesday 29 June 2021	10:00hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 29 June 2021	10:00hrs to 16:45hrs	Mary McCann	Support

## What residents told us and what inspectors observed

There was a welcoming and calm atmosphere in the centre. Resident's rights and dignity were supported and their care was informed by their individual needs and preferences. The centre was recovering from an outbreak of COVID-19 in January 2021 and residents were pleased that visiting restrictions had lifted and daily life in the centre was returning to normal. The inspectors met most of the residents and spent time speaking with five residents. They also spent time observing the care practices in the centre and the daily lives of residents in order to gain insight into their experience of living in the centre. Residents' feedback to inspectors was mostly positive. Staff were observed to be kind and caring towards residents.

On arrival to the centre, inspectors were met by the new person in charge following completion of infection prevention and control procedures including hand hygiene and temperature checking completed prior to entering the centre and residents' accommodation. There was a relaxed atmosphere in the centre. After a short introductory meeting, the person in charge and the inspectors completed a walk around the centre. This tour of the centre gave the inspectors an opportunity to meet with the residents and over the day of inspection, the inspectors met several residents and spoke in more detail with others about their experiences of living in the designated centre. The inspectors also spent time observing residents and staff to gain insight into their experiences of living in the designated centre. The majority of residents who spoke with the inspectors gave positive feedback about the service they received and confirmed that staff respected their rights and were kind and caring to them. However, two residents told inspectors that they felt their day was long and that they did not have enough opportunity to participate in activities that interested them. Another resident told inspectors that they were 'disappointed' with their level of access to the physiotherapist. The person in charge told the inspectors that the physiotherapist attending the centre had changed and she gave assurances that she would ensure that residents were made aware of this and that the services of the physiotherapist was available to residents.

The centre was continuing to recover from the COVID-19 outbreak in the centre in January 2021. Some residents told the inspectors that they had contracted the virus and were grateful that it was over. One resident described her experience as a 'bad memory'. All residents who talked about COVID-19 expressed their satisfaction that they had received the vaccination and their comments included 'feel safe', 'able to get back to some level of normality' and 'feel less fearful'. Residents were very pleased that their families and friends were able to come into the centre to visit them again. Inspectors were told that there was usually a person responsible for facilitating residents' activities on both floors but on the day of inspection one activity coordinator was dividing her time between both floors. The inspectors observed that while group activities were taking place for residents in the ground floor sitting room, residents in the first floor sitting area were listening to music. However, the television was turned on and music was playing on the radio at the same time in this area and the conflicting sound from both was unpleasant and

confusing for residents. During the feedback meeting the inspectors were told that a second activity coordinator had been recruited and was commencing work in the centre on the days following the inspection. Some residents were reading newspapers in the communal areas and one resident choose to relax in the sunshine in the nicely landscaped enclosed outdoor area. The hairdresser had returned to the centre and two residents were having their hair styled in the salon off the first floor sitting area.

Although staff were observed to be busy in the morning with assisting residents to get ready for their day, staff engaged positively and interacted respectfully with residents throughout the inspection. On the day of inspection there were eight care assistants providing direct resident care for residents, two staff nurses, an activity coordinator, a clinical nurse manager and the person in charge working in the centre. There were 52 residents in the centre, some of whom required the assistance of two staff to meet their personal care needs.

The designated centre comprised two separate two storey buildings, the smaller building was not occupied at the time of this inspection and residents were accommodated in the main centre building. The inspectors observed that several residents had personalised their rooms and had their photographs and other personal items displayed. The layout and space in residents' bedrooms met their needs and provided them with adequate storage space for their clothing and personal possessions. All parts of the centre were accessible, with wide circulating corridors throughout. As observed on previous inspections, the decor in several areas including corridors and communal rooms was in need of improvement. The walls along corridors and door frames were scuffed and painted surfaces were damaged. The plaster surface on walls showed signs of damage in other areas. Floor covering on areas of the floor in some areas of corridors and rooms was worn and damaged. Although on the previous inspection, the intercom system in the centre was found to be loud and distracting, it was not used on the day of this inspection.

The general environment and equipment in the centre was for the most part, observed to be visibly clean. However, exceptions were observed by inspectors which included wall and floor surfaces in some of the corridors, residents' bedrooms, communal and utility rooms were poorly maintained and could not be effectively cleaned. Some shower and sanitary facilities including resident's en-suites required upgrading, as the facilities were damaged, worn and stained. Sluice rooms also required upgrading as they were poorly maintained and did not have sluicing facilities. As a result there were no appropriate facilities for disposing body fluids or other waste. Hand wash sinks were not available in some key areas in the centre and where available were stained, unclean and did not comply with current recommended specifications. These deficits continued to be significant in the context of reducing the potential for transmission of COVID-19 or other infection. Some wall mounted hand sanitizing units were observed to be leaking gel that caused staining to the units and the surrounding walls. Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and they completed appropriate hand hygiene procedures.

Inspectors observed that residents were being encouraged and assisted by staff throughout the day with drinking fluids and the records of their intake were kept up-to-date. All residents had jugs of water covered with a lid within their reach in their bedrooms. Staff were also observed encouraging and assisting residents with drinking fluids during the day and with eating their meals at mealtimes. Residents spoken with confirmed that they were satisfied with the food they received.

Residents told inspectors they were confident that they would be listened to if they were dissatisfied with any aspect of the service and would talk to one of the staff members or their families.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Governance, management and oversight of the service was significantly strengthened since the last inspection in February 2021. Systems to monitor the quality and safety of the service were improved and were informing service improvements. The recruitment of a new senior management team since the last inspection in February provided evidence of good oversight and provision of good standards of care to meet residents' needs. The inspectors were told by the person appointed to represent the provider that the centre was closed to new admissions to facilitate a centre-wide programme of refurbishment of the internal premises and upgrading of utility supply systems. This action combined with an intensive programme of infection prevention and control training for staff provided assurances that high standards of environmental maintenance and effective cleaning and infection prevention and control practices and procedures would be achieved.

This unannounced inspection was carried out to monitor compliance with the regulations and standards. Droimnin Nursing Home Limited is the centre's registered provider since 2011 and the company has two directors on its board. During the current registration cycle changes were made to the company board of directors which were notified to the Chief Inspector as required. Droimnin Nursing Home is part of a larger organisation involved in providing residential services for older people and as such is supported by centralised human resources and finance departments. The management and reporting structure in place was clear with one of the directors nominated to take a lead role on behalf of the provider in the running of the centre. This director was also a director on five other company boards involved in running five other nursing homes and the provider had put arrangements in place to ensure they maintained oversight of the quality and safety of the service provided in Droimnin Nursing Home. The provider was working to bring the centre into compliance with the regulations.

The centre was continuing to recover after experiencing a large COVID-19 outbreak

in January 2021 that affected residents and staff. A post COVID-19 review was completed and areas identified as needing improvement were being actioned by the provider to prevent further infection outbreaks and to strengthen preparedness if further outbreaks occur. Although, the number of residents in the centre was reduced by approximately 50%, the provider maintained pre COVID-19 outbreak staffing levels and skill mix..

A new person in charge and a clinical director were recently appointed and an assistant director of nursing (ADON) and two clinical nurse managers (CNMs) had been recruited. The inspectors were told that a full senior clinical staff team would be in place in the centre by 06 August 2021. The person in charge works on a full-time basis in the centre and was responsible for the day to day operations in the centre. She was supported in her role and reports to the clinical director.

Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Following the outcome of a recent environmental and infection prevention and control audit commissioned by the provider, a five day staff training programme was scheduled to ensure that all staff were knowledgeable in carrying out high standards of infection prevention and control practices and procedures.

A record of accidents and incidents that occurred in the centre were appropriately recorded and followed up to enhance the safety of residents. Notifications were submitted to HIQA as required by the regulations. Systems were in place to ensure all new staff completed an induction programme and were appropriately mentored and that all staff working in the centre had completed satisfactory Garda Vetting procedures.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. Arrangements were in place to ensure complaints were investigated and managed in line with the centre's complaints policy and procedures. One of the inspectors followed up on issues raised in unsolicited information received by the Health Information and Quality Authority regarding safeguarding of residents, visiting arrangements, standards of nursing care and communication. Inspectors' findings on the day of this inspection did not substantiate these concerns.

## Regulation 14: Persons in charge

A new person in charge commenced in the centre on 07 April 2021 on a full-time basis. As required by the regulations, the new person in charge is a registered nurse, experienced in managing a residential care facility and has a post registration qualification in management.

The new person in charge was supported in her role by a clinical director, an assistant director of nursing and a clinical nurse manager. The inspectors were told that a second clinical nurse manager was due to commence working in the centre in

July 2021.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The number and skill mix of staff was appropriate to meet the needs of residents. There was two nurses on duty at all times. The registered provider had recruited staff without delay to replace staff who had left the service since the last inspection which ensured residents care was not compromised. On the day of inspection, a clinical nurse manager was mentoring a newly recruited staff nurse.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff were facilitated to attend mandatory and professional development training appropriate to their roles. Staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and in preparedness for any further infection outbreaks.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had strengthened the governance, clinical management structure and oversight of the quality and safety of the service since the last inspection. The quality and safety monitoring systems in place were informing comprehensive improvements. The provider had ensured adequate resources were available to upgrade the centre premises and protect residents from risk of infection and to ensure that residents needs were met.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The provider had prepared a Statement of Purpose document for the centre and it

detailed the information as required by Schedule 1 of the regulations. The document described the facilities and the services provided and was recently updated with the change of person in charge and the senior clinical management team details.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified timeframes as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy in place to manage complaints and the procedure was displayed. The person in charge was the designated person to deal with complaints.

The inspectors reviewed the complaints log and two complaints were open, both of which were progressed in line with the centre's policy. A person was nominated to ensure the centre's complaints management procedure was adhered to by the person designated to deal with complaints received. On review of the complaints log there was evidence that complaints were documented, investigated and the outcomes were recorded and communicated to complainants.

An appeals procedure was available to complainants who were not satisfied with the outcome of investigation by the centre's designated complaints officer.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies and procedures as outlined in Schedule 5 of the regulations were available and updated within the last three years in line with regulatory requirements. Inspectors were told that the policy informing recruitment, selection and garda vetting of staff dated 09 October 2017 was updated with a computerised human resource package and the change of date to reflect this change was overlooked in error. The inspectors confirmed that new staff were recruited, Garda vetted prior to taking up appointment and each completed a period of supervised induction.

Judgment: Compliant

### Registration Regulation 6: Changes to information supplied for registration purposes

Notification was received to inform the Chief Inspector of a change of directors on the company board that occurred on 26 August 2019.

Judgment: Compliant

### Quality and safety

Overall, management and staff promoted and respected the rights and choices of residents and their healthcare and nursing needs were met to a good standard on this inspection. Residents were consulted with and they had appropriate access to timely medical services. The provider had progressed refurbishment of the centre to be completed within three months. Arrangements were in place to ensure the premises was maintained to a high standard going forward with the recruitment of new maintenance staff and environmental auditing. This work had commenced at the time of this inspection and a new water filtration system had been installed to address high levels of lime in water supply. The refurbishment of the kitchen was completed. Works were underway to commence maintenance and decoration of the internal premises. Therefore, risk of ineffective cleaning and associated risks to residents of cross infection was being comprehensively addressed. The new person in charge was putting arrangements in place to ensure the centre's pharmacist met their obligations.

Pre admission assessment procedures to ensure the service could meet residents' needs was revised and strengthened, following the provider's investigation of a serious incident. On admission residents' nursing and care needs were comprehensively assessed and regularly reviewed in consultation with residents or their significant others. Residents' care plan information informed person centred care and promoted residents' individual preferences. Residents social care needs were appropriately assessed and they had opportunity to participate in social activities. Records of individual residents enjoyment and engagement in activities required improvement. There was satisfactory evidence that the provider ensured that residents had access to timely healthcare and medical services. Monitoring procedures were in place to identify deterioration in any of the residents' health or wellbeing without delay, including monitoring for indicators of COVID-19 infection.

Residents were protected by safe medicines management procedures and practices in the centre. A designated clinical room for storing medicines was available and medicines controlled under misuse of controlled substances legislation were stored

securely. However, the pharmacist responsible for dispensing residents' medicines was not facilitated to meet their obligations to residents and therefore residents could not meet with the pharmacist who dispensed their medicines.

The centre premises was purpose built and consisted of two separate buildings. The smaller self-contained building provided accommodation for 31 residents in 29 single and one twin bedroom over two floors and was not occupied by residents at the time of this inspection. The larger building provided accommodation for 70 residents over two floors, in single bedrooms with full en suite facilities. A variety of sitting and dining communal facilities was provided on both floors to meet residents' individual and collective needs. Residents has access as they wished to a safe outdoor area on the ground floor and a balcony area that optimised views of the surrounding countryside.

While environmental and equipment cleaning was completed, oversight was required to ensure that consistent standards were maintained to mitigate risks of cross infection. The provider had taken action to ensure high standards of infection prevention and control procedures and practices by staff. This included facilitation of an intensive staff training programme for all staff and strengthening of the management team to ensure all staff were appropriately supervised. Ongoing maintenance works were in progress to address environmental issues as discussed under regulations 17 and 27.

Risks were identified, assessed and appropriate controls were implemented to mitigate the level of the risk to residents and others. Systems such as environmental audits were in place to support identification of risks. Review of risk management in the centre was a standing agenda item in management meetings and there was evidence from the minutes of these meetings that remedial actions were prioritised. An emergency policy was in place and arrangements for alternative accommodation for residents in the event of full evacuation of the centre was identified.

Residents' rights were respected and their privacy and dignity needs were met. Residents were encouraged to socialise safely with their family and friends in line with public health guidance. Residents predisposed to episodes of responsive behaviours due to their diagnosis had person-centred supports in place. 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. The reporting system in place was clear and ensured any disclosures or suspicions were escalated and investigated without delay.

## Regulation 11: Visits

Residents were encouraged and supported to maintain their personal relationships with their families and friends. Scheduled visits were safely facilitated in the centre in line with public health guidelines. Unrestricted window visits were continuing.

Judgment: Compliant

### Regulation 17: Premises

Although works were in progress to address maintenance and infrastructural issues as found on previous inspections in January and February 2021, a number of issues were found on this inspection. These findings impacted on the standard of living accommodation and environment provided for residents.

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

- There was damage on the surface of walls in the sluice rooms including a large hole in the wall in one sluice that exposed drainage pipes.
- cracked tiles and a build up of limescale residue was observed in sinks and toilets in some residents' shared and en suite facilities.
- the majority of the stainless steel sinks were stained with limescale residue and did not comply with current recommended specifications for hand hygiene sinks.
- the wall surfaces around several wall mounted alcohol hand gel dispensers were heavily stained throughout the centre.
- some areas of the centre were not suitably decorated. There was damage to the paint, plaster and painted surfaces along corridors and in residents' bedrooms, on doors, and door frames. Some surfaces including radiators and furniture was worn and poorly maintained and as such did not facilitate effective cleaning.
- a secure area preventing risk of unauthorised access was not provided for storage of clinical and other waste bins stored at the back of the centre awaiting collection.

Judgment: Not compliant

### Regulation 26: Risk management

The centre's risk management policy set out the risks identified in regulation 26(1)(c).

Hazards in the centre including clinical risks were identified, risk assessed and documented in the centre's risk register. The level of assessed risk posed by the hazards described was mitigated with specified control actions. This information included control of COVID-19 related risks. Adverse incidents involving residents were investigated and learning regarding areas needing improvement was implemented. For example, procedures for completing pre-admission assessments was revised and a programme of replacing all window restrictors was in progress.

Management of risk in the centre was a standing agenda item for discussion at management meetings. For example, risk of cross infection identified in recent audits of the environment and infection prevention and control in the centre informed escalation of refurbishment of all areas of the internal centre environment and scheduling of a staff training programme on infection prevention and control practices and procedures.

An emergency plan including the procedures to be followed for emergency evacuation of the centre was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

### Regulation 27: Infection control

The following areas of practice were not in line with the national standards and current national guidance and required improvement.

- an offensive malodour was evident in on area of the residents' dining room, a toilet shared by residents on the ground floor and in a sluice on the first floor. The inspectors were told that this was due to damaged drainage pipes which were scheduled to be repaired in the centre's on-going refurbishment works.
- sluice rooms did not facilitate effective infection prevention and control measures as they were poorly ventilated
- stainless steel waste bins used for disposing used continence wear in shared toilets were not fit for purpose, as the lid did not close fully and posed a risk of cross infection.
- four boxes of gloves were stored on top of a cupboard containing continence wear in one shared toilet. There was a risk of contamination and cross infection with this storage arrangement.
- there was a limited number of dedicated staff hand wash sinks in the centre.
- some wall mounted hand gel dispensers were not clean, did not function properly and were leaking.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

While the inspectors found that residents' medicines were stored and administered safely and as prescribed, the provider had not ensured that a pharmacist responsible for dispensing residents' medicines was facilitated to meet their obligations to residents in line with their regulatory requirements and professional guidance. Therefore, residents did not have access to the pharmacist and the medicine storage

procedures were not monitored by a pharmacist.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and the care plans seen by the inspectors were up-to-date. Staff used a variety of accredited assessment tools to assess each resident's needs, including risk assessment of falling, malnutrition, pressure related skin damage, depression and assessment of the mobility support needed among others. These assessments informed holistic care plans that described each resident's care needs and care interventions needed were described in person-centred terms to reflect each resident's usual routines and individual care preferences.

There was evidence of incidents of residents developing pressure related skin wounds in the centre over the past 12 months. On the day of inspection, one resident had a pressure related skin ulcer that developed in the centre and was healing in response to the increased care and treatment interventions put in place. Records of regular repositioning to reduce pressure on resident's skin were completed by staff.

Residents or their families on their behalf were consulted with regarding their care plans and subsequent reviews.

Judgment: Compliant

### Regulation 6: Health care

The standards of medical, health and nursing care provided for residents ensured that their needs were met.

Residents had timely access to their general practitioner (GP), specialist medical and nursing services including psychiatry, community palliative care and tissue viability specialists as necessary. Allied health professionals provided timely assessment and support for residents as appropriate and their treatment recommendations were implemented.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors were told that there were two residents in the centre who presented with responsive behaviours due to their diagnosis. These residents were responded to in a person-centred way by staff who used effective de-escalation methods that were described in their care plans. This information ensured that there was a consistent approach to their care by all staff. Records were maintained describing episodes of responsive behaviour to assist with identifying triggers to the behaviours and to develop person centred support plans.

The centre was promoting a restraint free environment and had reduced the number of full length restrictive bed rails in use with trialling of alternative less restrictive supports. Where full length restrictive bedrails were assessed as being the most appropriate intervention, arrangements were in place to minimise the amount of time in use and a safety risk assessment was completed prior to their use to ensure they were safe to use.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Staff were facilitated to attend training and were knowledgeable regarding their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Records reviewed by inspectors gave assurances that all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' interests were been used to inform their access to meaningful social activities. However, records of the social activities residents participated in and their level of engagement was not comprehensively recorded to provide assurances that residents had access to activities that met their interests and capabilities.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0032559

Date of inspection: 29/06/2021

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A schedule of works has been undertaken within the Nursing Home and works have commenced. This schedule of works was shared with the inspectors on the date of inspection. A team of contractors have been on site pre and post inspection to ensure they are completed within the time frames indicated.</p> <p>As part of these works the following items noted during inspection will be completed:</p> <ul style="list-style-type: none"> <li>• All sluice rooms within the Nursing Home will be retiled</li> <li>• Drainage pipes noted as exposed are to be covered</li> <li>• Ensuite bathrooms in bedrooms will be renovated and these renovations will include but not be limited to painting, new flooring and in some instances new sanitary ware.</li> <li>• All bedrooms are to be re painted to include walls, skirting, doors, and door frames.</li> <li>• All stainless-steel sinks to be removed and replaced.</li> <li>• All main corridors will be re painted and all wall mounted alcohol hand gel dispensers will be incased with wipe clean casing.</li> <li>• Soft furnishings have been audited and we are awaiting replacement furnishings to be delivered.</li> <li>• Storage facilities have been reviewed for clinical waste and a new area identified outside the Nursing Home.</li> <li>• Communal areas have been reviewed and Dayroom areas unused within the Nursing Home are currently being utilized.</li> <li>• Visitor's toilets and assisted bathrooms downstairs have been decorated.</li> <li>• All communal areas to be repainted.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Following the inspection, the dining room has been deep cleaned by an independent external company. The issues noted in the inspection had all been included in the schedule of works and the Board of Management has committed to ensuring these works are completed.

Household staff have received independent IPC training.  
 Additional household staff have been employed post inspection.

Audits are completed weekly by the Management Team in respect of IPC. Staff are debriefed regularly and Heads of Department meetings occur formally monthly and informally daily with the Housekeeping Team. Housekeepers are supervised by the Management Team with works inspected visually on a daily basis. The Home is monitored for odours and these are dealt with immediately if noted.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 Senior Management have met with the pharmacy supplier. Due to covid and the fact that their team were not vaccinated they were reluctant to permit anyone on site. However, following our meeting they have committed to being on site on Friday, July 30th to complete the appropriate audits and ensure our full compliance.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Post inspection the activity provision within the home has been audited. All documentation has been reviewed and updated to ensure there is a comprehensive record regarding the activities provided and the level of engagement from the residents.

Care plans have been updated to ensure that they appropriately identify and reflect the needs of the residents and that the activities provided meets their capability and interest. Residents' choice is promoted and the health and wellbeing of the resident is paramount. Residents' choices, wishes and preferences will always be upheld and recorded.

Activity Staff have received a full induction into their new roles and any associated

documentation.

Residents' meetings will continue to occur every 4-6 weeks as previously in place.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	Orange	29/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/10/2021
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her	Substantially Compliant	Yellow	30/07/2021

	obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	13/08/2021