



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:	19 October 2022
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0035611

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:	70
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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 19 October 2022	09:20hrs to 16:20hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the centre and observed that improvements had been made to the centre since the last inspection which took place in September 2021.

The environment was welcoming and decorated in a homely manner. There was a comfortable and calm atmosphere in the centre. The interior decoration of the bedrooms varied between rooms giving an individual appearance to each bedroom. The largest fire compartment had been reduced from 16 beds to 11 beds with the reduction of bed numbers from 99 to 94 since the last inspection. The centre's renewed registration for 94 beds was granted on 20 December 2022 and this certificate of registration was on display in the centre.

The standard of infection prevention and control observed was good. There were sufficient numbers of hand sanitisers dispersed throughout the centre and a random selection of those checked were functioning appropriately. However, the taps in one clinical wash hand sink required review to ensure they met the required standard. Staff demonstrated good hand hygiene practices throughout the morning. The centre was clean, tidy and free from clutter.

The food was of a good quality and quantity and the inspector observed that residents were offered extra portions if they wanted. The inspector observed that there was a good selection of choices on offer to the residents. Residents told the inspector that they had 'plenty to eat' and 'lots of choice'. One resident said that they had lovely food but wasn't too hungry today and therefore had opted to have toast for lunch. Another resident said they preferred a light lunch and was therefore having sandwiches and a biscuit. A variety of drinks were available to residents throughout the day including, cups of soup, tea, coffee, water and soft drinks. Water and a glass was available in each room visited by the inspector.

There was a friendly relationship between the staff and residents. The inspector observed staff chatting with residents in a kind, patient and friendly manner as they supervised them mobilising. Staff knew the residents well and enabled them to feel at home in the centre. One resident described the staff as "excellent", another said the biggest asset of the centre were the staff.

There was a list of activities displayed on the resident's notice board, this reflected residents' access to a schedule of activities seven days a week. Residents said they enjoyed the wide variety of activities especially the bus journeys out and around the local area, the weekly music and exercise classes. One resident expressed their dissatisfaction when the bus trip and the music was cancelled at short notice, another was not always satisfied with the bus route taken by the bus driver. Another resident told the inspector they could not read the activities notices on the board as the print was too small. Residents' feedback was given to the management team at the end of the inspection. Overall residents appeared happy with the service

provided to them.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall this was a well-governed centre. The provider was Newbrook Nursing Home Unlimited Company. The person in charge was supported by a clinical director and the registered provider representative. The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a monthly basis. There was a system in place for monitoring the service delivered to residents. However, oversight practices required strengthening to ensure audits undertaken led to improvements in practices, that consultation with residents and their families was included in the annual review and infection prevention and control issues were addressed without delay.

The inspector found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

The assistant director of nursing (ADON) deputised in the absence of the person in charge. Both the person in charge and ADON worked full-time in the centre and on any given day, one of them was nominated to provide out of hours on call support if needed.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions and hand hygiene.

All the required documents were available for review however, some improvements in the information recorded in the directory of residents was required to ensure it met the regulatory requirements.

Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff had completed updated training in infection prevention and control and hand hygiene in 2022.

There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 19: Directory of residents

The computerised residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses of a number of residents' next-of-kin were not included.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although management systems were in place to ensure the service delivered was safe, effective and monitored, the inspector found that not all audits had an action plan in place, a responsible person for implementing that action plan and a date for completion. Stronger oversight of this area was required.

While an annual review was in place, there was no evidence that the annual review was prepared in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There were contracts for the provision of service available for inspector to view. These were in line with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform the Chief Inspector of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspector was assured that residents received a good standard of service. Residents told the inspector that they felt safe living in the home.

The inspector found that wound assessments and care plans were in place for residents with wounds. Those documents reviewed gave a clear and concise account of the wound and its progress.

Residents were receiving visitors with no restrictions and those spoken with said they thoroughly enjoyed having people coming in to see them.

Infection prevention and control practices were overall good and most of the issues identified on the last inspection in relation to this area of practice had been addressed. Further issues outlined under regulation 27 below require further review.

The laundry services were good and the residents confirmed this by telling the inspector that their clothes were regularly laundered and returned to their rooms.

The inspector was assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements which were listed in the kitchen. The chef prepared meals according to this list and was also knowledgeable of the resident's individual preferences.

The fire procedures and evacuation plans had been enlarged and were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a supply of fresh drinking water. There was a choice of food available to resident at each meal. Through cross-referencing a number of residents nutritional needs assessments and care plans with the food been served to them,

the inspector was assured that residents' dietary needs were being met.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018), however a number of issues that had the potential to impact infection prevention and control measures were identified during the inspection. For example:

- The system in place for storing hoist slings required review to prevent the risk of cross-contamination.
- The taps in one clinical wash-hand basin were not as per best practice guidelines
- The inspector observed some inappropriate storage practices. For instance: commodes stored in a communal shower room and boxes stored on the floor in one store room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector followed up on issues outstanding from the previous risk inspection and found that each issue had been addressed, as follows:

- There was a call bell available for residents in the smoking shelter.
- Simulated fire drills conducted in the largest fire compartment (11 bedded) provided assurance that residents in this compartment could be safely evacuated.
- Frequent fire drills had taken place to ensure all staff were familiar with compartmental evacuations.
- Cautionary signage had been put in place to alert people of the risks

associated with oxygen cylinders or concentrators.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' wound assessments and care plans were reviewed. Each had a wound assessment completed. There was evidence of referrals being made to members of the allied health care team and records reviewed assured the inspector that residents had been seen as requested. There was also evidence of the resident's and, where requested by the resident, their families input into their care plan.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0035611

Date of inspection: 19/10/2022

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The computerized Directory of residents has been reviewed and updated to contain all details of the next of kin.</p>	
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>Further training has been provided since inspection for all senior staff and all audits will have actions where appropriate going forward.</p> <p>The Annual Review has been discussed at the Residents Meeting and the next Annual Review will be prepared in consultation with Residents/Relatives by the PIC/Deputy Pic before the end of this calendar year.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

The system for Hoist Slings has been reviewed. All residents who require a hoist sling will have the sling stored in their own bedroom.

-The taps for the Clinical Wash Basin will be ordered. Where replacing taps is not possible then sink units will be replaced to meet best practice Infection Control Guidelines.

-The Storage areas have been reviewed since inspection and equipment stored in appropriate areas. All boxes have been moved from Floor level to shelved area.

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/11/2022
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	30/12/2022
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	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	28/02/2023

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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