



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	12 January 2021
Centre ID:	OSV-0000702
Fieldwork ID:	MON-0031304

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:	57
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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 12 January 2021	10:00hrs to 15:40hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 19 January 2021	10:00hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 12 January 2021	12:30hrs to 15:40hrs	Helen Lindsey	Support
Tuesday 12 January 2021	12:30hrs to 15:40hrs	Kathryn Hanly	Support
Thursday 14 January 2021	00:00hrs to 00:00hrs	Helen Lindsey	Support
Tuesday 19 January 2021	10:00hrs to 16:30hrs	Mary O'Donnell	Support

What residents told us and what inspectors observed

The centre comprised two buildings but at the time of inspection only one building was occupied. Residents were accommodated in single rooms on two floors. A variety of communal rooms are provided on both floors and there was lift access between floors. At the time of the inspection, the centre had an outbreak of COVID-19 and all the residents were confined to their bedrooms on the advice of Public Health. Therefore, the lived experience for residents at this time was not reflective of how residents normally spent their day and was not in keeping with the overall vision for the centre as set out in the centres statement of purpose of purpose, which advocated resident centred care. On the first day of inspection residents were experiencing the reality of life in isolation in single rooms with significantly depleted staffing levels. Inspectors noted that call bells were consistently ringing and due to staff shortages, morning care was delivered later and the medicines were administered much later than normal. A nurse administering medicines told inspectors she was significantly delayed as she had to attend to residents who needed attention or care. Some residents were anxious to know why staff were not answering the call bell and why there was a delay in delivering care. By the third day the atmosphere in the centre was more relaxed. Call bells were answered within a reasonable time frame and residents appeared to be clean and comfortable and due to the severity of their illness, most of the them were in bed. Inspectors wearing masks visited a number of residents in their rooms but found it difficult to engage residents in conversation. Some residents were hard of hearing, others appeared to be too weak to speak and many of the residents were sleeping. One resident on the first floor was sitting by her bedside reading a newspaper. She had been informed that her test result was positive when the results became available but she said she was shocked when she found out she 'had the virus'. She was not sick but her appetite was poor and she had been seen by a doctor, so she was not unduly worried.

Visiting was currently restricted due to level 5 restrictions and an outbreak of COVID-19 which was affecting most of the residents and staff. Visiting on compassionate grounds was allowed under very strict controls. The centre had a suitable area indoors to facilitate visits when they resumed. While residents understood the need for the restrictions they missed seeing and having their families close. Staff were assisting residents with telephone and video calls to maintain contact with families. Inspectors saw staff assisting resident to go outside for a walk or to smoke a cigarette.

Access to fluids was an issue of concern on the first day, with some residents evidencing signs of thirst and dehydration. A meeting with the provider following the first day of the inspection set the expectation that notwithstanding the COVID-19 outbreak the basic needs of residents (including nutrition and hydration) had to be met. On the third day, all the residents had drinks to hand and a jug of fresh water in their rooms. There were tables with refreshments including bottled water and a variety of juices on each floor. Fluid intake charts were in place for all residents and

many of the residents had food intake charts as well. On the third day, the intake records indicated that residents were receiving adequate fluids. However, inspectors noted that very little fluids were consumed after 7:30 pm. They examined a sample of 25 fluid charts and only three charts had evidence that night staff had given drinks to residents. In addition the food intake charts examined, had no food entries after 4:30 pm.

Residents who spoke with inspectors commented that the food was good and that portions were tasty and adequate to meet their needs. Residents said they were offered tea and biscuits later on in the evening and staff confirmed that they could access nutritious snacks for residents at any time.

Through walking around the centre, the inspectors observed residents had personalised their rooms and had their photographs and personal items displayed. The centre were unable to provide activities due to staff sick leave but planned to resume activities as soon as possible. Residents really missed the activities and told inspectors they found the day very long. While residents were seen to be comfortable, many of the residents appeared too weak to participate in activities. Inspectors noted that staff ensured that residents could listen to the radio or watch a suitable television channel before they left the room. Residents could also listen to Mass on the TV or the radio.

Many of the staff who met with inspectors were new to the centre. There were relief staff from the provider's other centres, HSE staff or agency staff. On the third day of inspection some staff were on duty having returned from a period of isolation or sick leave. Inspectors saw that each resident had a summary of their care needs posted in their room. New and returned staff told inspectors this was really helpful as it supported them to provide safe, personalised care to the residents. Each resident had a personal evacuation plan and a manual handling chart on file and in their rooms. Inspectors observed that not all the manual handling charts reflected the resident's current status. In the case of one resident whom the nurse confirmed required two staff for all transfers, their chart stated the resident required the assistance of one and the chart was last updated in 2016.

The provider had arranged for laundry to be outsourced during the outbreak and two residents said they would be reluctant to use the service again. One lady said two of her dresses were missing and another resident said she planned to do her own laundry in future. Inspectors noticed that alginate bags which were full of laundry were piled in a corner awaiting collection. Staff told inspectors that the external laundry had not provided sufficient net bags for residents' personal laundry. This matter was not resolved on the third day of inspection. Inspectors also observed that there was insufficient shelving to store laundry and supplies of fresh sheets and towels were stored on the floor in the linen room. Some of the towels in use were worn and torn.

Residents reported that the staff were always respectful, kind and helpful. Initially when many of the staff had to self-isolate, there were not enough staff available to clean the premises or to meet residents' needs in a timely manner. This situation improved as the week progressed and on the third day of inspection there were

adequate staff on duty to meet residents basic care needs but there were gaps in the documentation of care delivery. A team of cleaning staff were engaged to clean the centre on day and night duty.

Inspectors on the first day found that there was no running water in the taps at some sinks. Staff confirmed that the problem had arisen during the weekend. In addition, the premises and furniture was heavily stained and worn in parts and this had an effect on the ability to clean to the standards required during a national pandemic. After the first day of inspection, the provider took Immediate action to address the water problem and to de clutter the premises. Significant improvements were found on the second day of inspection. However, the sinks in many of the ensembles had lime scale build up and the sink outlets had a dark biofilm. This was highlighted on the first day of inspection and had not been addressed a week later. On the third inspection day, inspectors saw a hoist parked in an alcove with three slings draped on the handles. There was no tag in place to indicate if the hoist had been cleaned. Staff interviewed could not account for the three slings. The inspector noted that eight days previously a similar situation was brought to the attention of management during the infection prevention and control (IPC) audit. A recommendation was made to introduce a 'clean tag' system and to ensure that hoist slings were not shared between residents.

On the third day of inspection staff were observed following infection control guidelines with the correct use of PPE and hand hygiene. Hand gel dispensers and PPE were located throughout the centre. Additional equipment was available to support staff with cleaning and waste management. Staff told inspectors they changed their uniform on arrival and before leaving work in line with the centre's policy. Staff identified two areas that staff were allocated to change their uniforms and separate break rooms to avoid crossover. Staff told inspectors they were glad that additional staff had been sourced and they now felt supported to care for residents.

The quality of supervision and induction of household staff varied. One staff member told inspectors she was provided with white cleaning tablets and no instruction for their use. Staff who had experience working in other centres identified practices that could be improved in relation to terminal cleaning of vacated rooms and running taps and showers in vacant rooms to prevent Legionella. Inspectors saw items such as plants, a toilet brush and a catheter bag stand were not removed when a room was terminally cleaned.

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

This was an unannounced risk inspection of the designated centre. This risk inspection had been triggered as a result of a significant outbreak of COVID-19 which affected 49 residents and 42 staff and sadly at the time this inspection was completed, had claimed the lives of 14 residents. Inspectors found that the centre received extensive support from a medical consultant and a palliative care consultant for Portlaoise Hospital who visited the centre on multiple occasions to assess residents and prescribe treatments for residents who had COVID-19 and ensure the comfort of residents who were receiving end of life care. At the time of inspection the person in charge, and many of the nurses, care staff and household staff were not available to work due to COVID-19 related illness or the requirement to self-isolate. Prior to the COVID-19 outbreak the centre had a mixed compliance history and significant improvements were found when the centre achieved full or substantial compliance at the previous announced inspection in May 2019. However, the improvements were not sustained and non-compliances relating to governance and management, staffing and inappropriate storage of equipment, which were found in November 2018 were repeated on this inspection. After the first day of inspection, the Chief Inspector met with the provider to discuss the weak governance and management arrangements in the centre, inspectors' findings and concerns about the care and welfare of residents. The provider was required to put a person in charge to manage the outbreak and ensure that residents were assessed as their condition changed and were provided with appropriate care. A new person in charge was appointed later that day.

The provider had endeavoured to address the staff shortages caused by the current outbreak. Staff worked additional hours and the provider sourced staff from external agencies. The HSE had also redeployed staff to work in the centre. However, in spite of the best intentions of managers to source additional staff, the inspectors found that there were not sufficient staff on duty with the appropriate skills to ensure the centre was clean and provide safe and appropriate care for the residents.

On the day prior to the inspection the HSE had supported the centre with provision of a senior nurse. At this time the PIC and assistant director of nursing were working remotely and a general manager who was a registered nurse and had previously worked as person in charge was redeployed by the provider to work in the centre. The roles and responsibilities of the management team were unclear and oversight was lacking to ensure that safe, quality care was delivered to residents. This was highlighted by inspectors on the first day of inspection. A senior nurse manager from another centre operated by the provider was redeployed to take charge of the centre on the following day. A clinical nurse manager was already redeployed to commence providing supervision and support on night duty. The provider contracted the services of an external cleaning company to provide teams to work day and night. The centre was de-cluttered and items of furniture which could not be effectively cleaned were removed.

As part of the centre's COVID-19 contingency planning senior staff had developed links with the local public health team, who were providing support and advice during the outbreak. The person in charge who worked remotely liaised with the

public health team on a daily basis and an outbreak control meeting had been held in relation to outbreak management in the centre. The person in charge also actively engaged with the Office of the Chief Inspector during this time and provided regular updates on the outbreak.

The provider had prepared a comprehensive preparedness and contingency plan for COVID-19. The plan included arrangements to cohort those residents with suspected or confirmed COVID-19 in one zone and those residents who had not contracted the virus were cared for in a separate zone. Supplies of personal protective equipment (PPE) and oxygen were procured. Where possible staff and equipment were designated to each zone, including nursing and housekeeping staff. However, the contingency plans were not adequate to deal with the scale of the outbreak in the centre. The HSE had organised for a nurse with expertise in infection prevention and control to do an on-site inspection. Although there was a delay in implementing the recommendations in the report, inspectors found that most of the recommendations were implemented within the week of the inspection. However, arrangements for the upkeep and maintenance of the premises required review.

Regulation 14: Persons in charge

There was a person in charge who had the relevant experience and qualifications in line with regulatory requirements. The person in charge worked remotely while self-isolating and returned to work on the final day of inspection. The provider had organised for a general manager and later, a director of nursing from the provider's other centres to work in Droimnin Nursing Home. They filled the role of person in charge and were responsible for the supervision of staff and oversight of the care and welfare of residents.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found on the first day of this inspection that there was insufficient numbers of skilled nursing, care and cleaning staff available to meet residents' increased care needs and to ensure the centre was clean. Staffing levels were depleted during the COVID-19 outbreak and following the inspection the provider confirmed that there were three HSE staff and 20 Agency staff working in the centre

There were insufficient numbers of nursing and care staff with the appropriate knowledge and skills to meet the increasing dependency and care needs of residents with COVID-19 infection and residents needing one-to-one supervision. Although this had improved over the week the staffing levels on the third day of inspection

were still stretched. For example there was one nurse and six health care assistants on duty of the first floor to care for 28 residents, 25 of whom had contracted COVID-19. The records provided to inspectors showed that 10 residents were maximum dependency and 6 were high dependency. Two senior managers had provided personal care to residents in the morning. Because nursing resources were inadequate, inspectors were not assured that residents who contracted COVID-19 were assessed and had their care needs consistently met. Although this was addressed by day three, on the first day of inspection, residents who contracted COVID-19 did not have their care plans reviewed to reflect their changing needs in line with regulatory requirements.

The centre did not have adequate numbers of cleaning staff available to ensure the nursing home was appropriately cleaned as evidenced under Regulation 27: Infection control. When inspectors enquired about gaps in cleaning schedules for three days from 11-13 January, the supervisor said they didn't have staff to do the cleaning. Following day one of the inspection the provider contracted the services of an external cleaning company to provide household staff for day and night duty, to clean the centre and maintain the standards of cleaning required to prevent transmission of infection during the centre's COVID-19 outbreak.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff training records provided to inspectors evidenced that staff were facilitated to attend specific training in practices and procedures to prevent transmission of COVID-19 infection. While the centre's own staff availed of this training in preparation for a COVID-19 outbreak, refresher training or training of agency staff and other relief staff was not assured. On the first day, inspectors observed that several staff did not put on and remove personal protective equipment as recommended. The provider was required to address this as a matter of urgency. Training was organised and supervision of staff was strengthened. Improved practices were observed on the second and third day of the inspection.

Given that cleaning is a core requirement for the management of an outbreak, it was evident that there was a knowledge deficit in relation to infection prevention and control.

Appropriate supervision of all grades of staff and oversight of the standard of care and service provided to residents was not in place. Residents' records and information provided by staff, demonstrated that there was poor oversight of residents' care and staff supervision. Records which would normally be completed by staff when care was provided, were not consistently completed. Inspectors tracked the care of four residents for the months of December and January and found the care records for December were completed but there were no entries in the care

records until 12 January which was the first day of inspection.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that documentation was not consistently completed to set out in Schedule 3.

- Turning charts were not in place for a resident who had pressure sores and required frequent changes of position.
- In a number of files examined the care charts were blank for the period between 1-12 January 2021.
- There were some gaps in the daily nursing records of the person's health, condition and treatment given. For example one resident had no entry on 16 or 18 January.

Judgment: Substantially compliant

Regulation 23: Governance and management

On the days of the inspection the centre did not have sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Risks associated with the absence of the person in charge and staff resources during the COVID-19 outbreak were inadequately assessed. The measures in place to mitigate the risks were not effective and this impacted on the quality and safety of the care provided to residents. In addition the risks associated with a poor standard of cleaning in the centre, storage of oxygen and faulty fire doors had not been identified.

They had a general manager to drive improvement and the situation improved after the first day, as the provider sourced additional clinical and housekeeping staff. However, the standard of environmental hygiene required significant improvement. Staff knowledge and skills were lacking and delays in implementing the improvements recommended to contain the outbreak, following IPC audits on 02 and 11 January impacted on the health and welfare of both residents and staff. On the final day of inspection only three of the 52 residents had not had COVID-19 detected when tested.

The normal management structure which identified the lines of authority and accountability for specific roles was not in place. The assistant director of nursing (ADON) deputised for a time for the person in charge (PIC) and both worked remotely up to two days prior to this inspection. A general manager from another

centre operated by the provider and a senior nurse redeployed from the HSE commenced working on-site in the centre on the day before this inspection. It was not clear who was in charge and staff were unclear about the roles and who to report to. The deployment and supervision of staff was not appropriate on the first day to ensure that residents' care needs were met and staff did not have the necessary knowledge or experience with residents to provide relevant information about residents or changes to their condition. After the first day, a person in charge from another centre, was appointed to manage the centre and ensure that residents' care needs were met.

The oversight of key areas such as infection prevention and control and the upkeep and maintenance of the centre were not robust and did not ensure that care and services were safe and appropriate.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. Inspectors reviewed the complaints log which included details the complaint, investigation and outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Staff were familiar with the complaints procedure and residents with whom inspectors spoke said they could raise concerns and were satisfied they would be addressed.

The process could be improved if verbal complaints were documented and used to inform quality improvements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The schedule 5 policies were available for review. Policies were regularly reviewed

and had been updated to include the guidance from the Health Protection Surveillance Centre.(Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

There was a medication management policy in place. However, inspectors found that it was no being implemented in practice. This is discussed under Regulation 29.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was impacted during the COVID- 19 outbreak. Dedicated staff in the centre worked tirelessly to provide care to residents at the height of the outbreak. Many of the staff were sick or unavailable for work and although staffing levels improved as relief staff were employed, residents' care needs increased and there were not enough staff to provide a good standard of evidence-based care and support. While management and staff endeavoured to keep residents as safe as possible, the necessary restrictions had a negative impact on residents' quality of life by the absence of activities and residents being confined to their rooms.

Residents' health care needs were extensively supported by the input of a specialist palliative care and general medicine consultant who came on site on several occasions during the outbreak to assess residents and prescribe medications to relieve symptoms and support their GP with medical care. Such specialist advice ensured that residents received care appropriate to their increasing needs as a result of contracting COVID-19. Residents had remote access to allied health professionals, for example, dietician and speech and language therapy. Podiatry services were provided in the centre as normal. However, validated tools were not used for pain assessments and timely access to prescribed analgesia was not consistently assured.

Care planning was paper based and the standard was good and mostly described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans. However, clinical oversight to ensure that care plans were implemented was lacking. Care plans had been updated to reflect specialist advice and residents had end of life care plans but some were generic and did not include the residents' preferences and wishes. Inspectors found that care plans were routinely updated four monthly and the sample of care plans examined showed the most recent review was in November 2021. Residents who contracted COVID-19 had not had their care plans reviewed and informed by a comprehensive nursing assessment as their condition changed. Over the course of

the week, the clinical management team reassessed residents and updated care plans were in place to reflect the needs of residents who contracted COVID-19 on the final day of inspection.

Normally there was a person centred ethos of care in the centre and residents' rights and choice were respected. However, the restrictions in place due to the COVID-19 outbreak impacted on residents' autonomy. Residents were informed of changes in the centre and they told the inspectors about the new rules which confined them to their bedrooms and placed restrictions on visits from family and friends. While some residents were not happy about these restrictions, they understood the need for it. Inspectors observed that staff engaged with residents who tried to leave their rooms but it was not possible to consistently supervise residents to ensure that their movements were restricted. Residents told inspectors that they were treated with respect and that staff regularly checked in with them. They were concerned that staff they were fond of were ill and grateful to the relief staff who replaced them. However, inspectors observed little social interaction between residents and staff as many of the staff were new and did not know the residents well enough to socially engage with them. During the pandemic, residents were supported to use telephones and social media platforms to keep in contact with family and friends. Suitable arrangements were in place for the clinical management team to make contact with relatives and keep them updated about their loved one's health and welfare.

Fire drills were carried out on a regular basis, and included comprehensive information to support learning. Residents had a personal evacuation plan which was accessible to staff in an emergency and all bedroom doors were fitted with adjustable self-closing devices. The fire procedures and evacuation plans were prominently displayed throughout the centre. The fire safety equipment was tested and serviced regularly. However, arrangements for the maintenance and testing of fire doors required review to ensure they were fit for purpose.

The procedures in place for the prevention and control of health care associated infections were found to be ineffective. Prior to the inspection, the provider had received advice from the infection control team in the HSE who completed audits in the centre. There was a delay in implementing the recommendations following the audits. During the week of inspection improvements were observed as additional procedures were put in place in line with HSE recommendations to help contain and manage the outbreak of COVID-19. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Hand hygiene stations were set up and good hand hygiene practices were observed. Signage was improved to demarcate the zones which were COVID free and COVID positive. Separate staff rooms, rest rooms and changing rooms were organised, so that staff working in separate zones did not mingle. The staff uniform policy had also been updated and included mandatory changing of uniform when coming on and off duty.

The design of the facilities supported residents to self-isolate in their rooms but the maintenance of the premises was inadequate and the programme for environmental hygiene and cleaning of equipment was poor. Although household staff had been

depleted due to the outbreak, it was apparent that the poor state of the ensembles and wear and tear of furniture and fittings was an issue before the COVID-19 outbreak. Furniture was visibly dirty and there was no system to steam clean fabric covered seating. Hard surfaces which were worn or damaged could not be effectively cleaned.

Inspectors found that issues highlighted on the first day of inspection, such as laundry stored on the floor of the laundry cupboard, grime on sanitary wear and dirt on residents' equipment had not been addressed a week later. Terminal cleaning of vacated rooms was not up to standard and the system for communicating with the maintenance team required significant improvement. The maintenance staff member confirmed that the log where staff recorded maintenance issues was not made available to him and he operated from a different book.

Regulation 11: Visits

With the exception of window visits, visiting was temporarily suspended in the centre in line with level five restrictions due to COVID-19. Residents who were very ill or at their end of life were facilitated with indoor visits on compassionate grounds. There were procedures in place to protect residents and visitors and staff were familiar with the guidelines on safe visiting.

Judgment: Compliant

Regulation 13: End of life

Residents had end of life care plans but they required improvement to ensure that the residents wishes for their future care needs including, end-of-life care were reflected in the plan. Following day one of the inspection the senior nursing team addressed the request to ensure that residents had their care plans amended to include COVID-19 and these care plans were in place for the majority of residents.

Judgment: Substantially compliant

Regulation 17: Premises

Arrangements for the upkeep and maintenance of the centre were disorganised and ineffective. Furniture which was worn and surfaces which were damaged or had a build up of grime could not be effectively cleaned. This provided an unsafe environment for residents and impacted on the implementation of effective infection

prevention and control measures. Issues identified included:

- The sluice facilities were not sufficient, and were not in line with national guidance-- for example there was no sluice hopper.
- Walls, skirting and door frames were badly chipped throughout the centre, which meant the surfaces were not properly cleaned.
- Furniture throughout the centre was seen to be worn, with damaged surfaces, impacting on the effective cleaning of surfaces.
- Damaged items of furniture were observed around the centre for example a cupboard with the door hanging off and a bed frame held with a screw driver instead of a bolt.
- Storage space for laundry and equipment was inadequate. Equipment was stored in corridors that were also emergency escape routes.
- Some fire doors required repairs.

Judgment: Not compliant

Regulation 18: Food and nutrition

On the first day of inspection residents who were confined to their bedrooms did not have water jugs in their rooms. This was addressed on the day and residents were provided with fresh jugs of water in their rooms. Drinks stations were also set up on both floors.

Inspectors were not assured that adequate quantities of food and drink were provided to residents based on their nutritional assessment and care plan.

- Intake records showed that a resident who required small regular meals and another resident with significant weight loss had their first meal at 11 am and a their last meal at 4:30pm.
- There was little evidence that night duty staff provided residents with food and drink. 21 of the 25 fluid charts examined had no entries after 7:30 pm to indicate that night staff had offered drinks to residents.
- A resident with significant weight loss who was due to be weighed weekly, had not been weighed for over four weeks. This was not in line with the centre's policy or the resident's nutritional care plan.

Judgment: Not compliant

Regulation 26: Risk management

The centre's risk management policy set out the risks identified in schedule 5.

The risk register had been updated to include the risks associated with COVID -19. However, the assessment of risk and some of the controls put in place to mitigate the risks associated with COVID-19 were ineffective. This is discussed under regulation 23.

There were arrangements in place for recording and investigating and learning from serious events involving residents.

The provider had a plan in place to respond to major incidents likely to cause disruption of services or serious damage to property.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to and compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection.

Over the three days of the inspection the provider had made significant progress towards implementing the recommendations in the public health audit. However, the findings on each day of the inspection showed that the gaps in practice increased the risk of cross-infection in the centre, many of these issues are highlighted in the first section of the report.

Issues identified included:

- signage was not clear throughout the centre to delineate COVID-19 positive and negative areas in the centre
- clean laundry was not being stored to reduce the risk of cross contamination
- the frequency and standard of cleaning, and maintenance of toilets and bathroom facilities did not ensure they were clean for residents to use safely
- on the first day examples were identified of sinks with no running water
- the cleaning arrangements throughout the centre were not adequate and numerous examples were seen of unclean areas and equipment
- staff spoken with were not clear of the correct use of the products they were using
- the storage arrangements in the centre were not adequate. Equipment, laundry and consumables were placed in areas throughout the centre, and clinical waste stored in rooms with clean items
- clinical waste was seen through the centre, and in large amounts outside of

the centre

- The bins in the centre were not large enough to hold the waste being generated. New larger bins did not have the correct size bags fitted
- there was no oversight of the issues above and evidence of significant delay in relation to the recommendations from and external IPC audit being implemented.

Personal Protective Equipment (PPE) issues identified on the first day of inspection were addressed through staff training and supervision. PPE stations were erected close to bedroom areas, with suitable arrangements for staff to access appropriate PPE and clinical waste bins were provided for safe disposal of PPE after use. Inspectors were assured that staff used correct procedures for donning and doffed PPE by the third day of inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

One the first day of inspection some escape routes were obstructed by PPE and other equipment such as mattresses and chairs. This was highlighted and addressed. All escape routes and exits were observed to be clear on subsequent inspection days.

Records of weekly fire safety checks were being completed which included the fire alarm, fire doors (internal or external) and emergency lighting. The maintenance person told inspectors that he checked that door closures were functioning and that fire doors closed when the alarm was activated. The fire doors were not checked to ensure that they were fit for purpose. Inspectors observed that incorrect signage was in use on some fire doors and also that seals to contain smoke were missing from some of the compartment fire doors. Inspectors reviewed a report by an external company which identified these issues in November 2020 and corrective action had not been taken.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Measures were not in place to ensure safe medicine management practices and procedures in the centre on the first day of inspection. Immediate action was taken to address the issues identified and a week later good practice was observed regarding medication management in line with current NMBI Guidance for

Registered Nurses and Midwives on Medication Administration (2020).

Issues identified on the first day included:

- Lack of stock control and double dispensing. For example when a resident was prescribed a new medication the pharmacist dispensed all the prescribed medications again but the drugs already dispensed were not returned to the pharmacy.
- The person in charge confirmed that the pharmacist had not been in the centre since March 2020 and therefore could not audit storage of medicines or stock control. No alternative arrangements had been put in place to ensure safe practice.
- Medications were not stored securely. Inspectors found the open medication trolley was left unattended while medications were being administered and the clinical room door was unlocked while medications were left on a table inside.
- Medications were not administered in line with the directions of the prescriber. Inspectors observed the morning medication round took over 4 hours- and some residents were given their morning medications at lunch time.
- Oxygen cylinders not stored appropriately. Seen on corridors, and stored under stairs.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed using a variety of validated tools. Overall residents' plans of care were individualised and person-centered and regularly reviewed up to Nov 2020. Inspectors found that there was relevant information available within the care plans which was found to reflect the needs of a number of residents who were tracked. However, when staffing levels were depleted due to the COVID-19 outbreak care plans were not updated to reflect residents' changing needs. This was highlighted on the first day of inspection and a week later all the residents with COVID-19 had been reassessed and they had care plan in place.

Judgment: Compliant

Regulation 6: Health care

Nurses did not use validated pain assessments tools and timely access to prescribed analgesia was not consistently assured. For example there was evidence that a resident who was prescribed an analgesic patch had to wait 26 hours before this

was administered.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld in as far as was possible during the COVID-19 outbreak. However, residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions imposed to contain the spread of COVID-19 in the centre. Residents and their families were informed about the outbreak and residents who spoke with inspectors understood why restrictions were necessary. Residents meetings were used to educate residents about COVID-19 and residents were educated and supported to practice good hand hygiene.

Records for December 2020 held documentary evidence that daily routines were in line with the residents' preferences. Many of the relief staff who worked in the centre during the outbreak didn't have an opportunity to get to know the residents very well and the short care plans in residents' rooms referenced residents' preferences for care, so that staff had the information to provide person centred care.

The weeks' activity programme was displayed on a notice board and was varied. Residents told inspectors they had attended small group activities until the outbreak and they looked forward to activities resuming when the outbreak was over. While residents isolated in their rooms they watched television and listened to the radio or read the newspapers. Inspectors saw that staff wore PPE when entering a resident's room in the COVID zone. They appeared relaxed and respectful of each resident's communication needs and ability to engage in conversation. Staff were seen supporting residents to go outside for a walk or to smoke if they wished to so so.

Spiritual care was important for many residents at this time. Arrangements were in place for residents to access religious services on their televisions. A local priest administered the sacrament of the sick to residents and blessed residents who requested a blessing.

Residents' meetings which were normally held at the centre had not taking place during the outbreak. Resident's were encouraged to comment and feedback on the service. The system to document verbal feedback from residents required strengthening to ensure that relevant issues were escalated to management and addressed. For example the manager who spoke with inspectors was unaware that some residents were dissatisfied with the personal laundry service.

Details of an independent advocacy service was prominently displayed in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Droimnin Nursing Home OSV-0000702

Inspection ID: MON-0031304

Date of inspection: 19/01/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: During the outbreak Droimnin Nursing Home unfortunately lost circa 50% of staff to Covid and Covid Related illnesses. Thankfully, all staff have returned and post outbreak we are returned to normal staffing levels and requirements.</p> <p>Additionally, the Nursing Home has appointed a new ADoC role and appointed an additional PPIM for the centre.</p> <p>The current rota continues to support the care needs of the residents. The PiC maintains oversight on the rota and any staffing issues that arise will be brought to the attention of the Provider and HR Department.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training records for all Droimnin Nursing Home Staff are on site and up to date.</p> <p>Any training deficits noted on the days of inspection pertained to agency staff that were sourced externally. All trainings for agency staff is the responsibility of the supplier agency.</p> <p>A post outbreak inspection on 16.02.2021 noted nil issues with the training records on site for permanent staff.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Care records, reposition charts and progress notes are now updated daily or as required. These records are reviewed and audited monthly by the ADoC and the PIC to ensure oversight and any issues /concerns noted are discussed with Nursing Staff at monthly meetings.</p> <p>Deficits in training/knowledge in any of these areas will be addressed immediately.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>During the outbreak the Provider deployed additional resources in the form of a General Manager, Interim PIC and Night Supervisor to support the Team already in place in Droimnin Nursing Home.</p> <p>The Provider gave assurances to the Chief Inspector that the Nursing Home would receive additional support post outbreak also.</p> <p>The ADoN Role has been filled and the candidate is due to commence on 25.02.2021 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 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: Residents End of Life care plan updated post initial inspection. A comprehensive review of all resident's care plans was completed and Inspectors noted this compliance on inspection on 16.02.2021.</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"> • Sluice hopper to be reviewed by board. Currently researching the issues noted regarding its use and possible spread of infection. • Walls and skirting re-plastered and repainted post initial inspection. • Door frames that were chipped have been painted post inspection and now form part of the cleaning schedule. • Furniture throughout the centre that was worn was removed following the first day of inspection and has not returned on site. • All beds on site have been reviewed to ensure they meet the appropriate standards and are fit for purpose. • Normal Laundry process has resumed post outbreak and an area has been identified for any excess items that require storage. • Designated storage areas and storage rooms have been identified on site for any surplus equipment. 	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All residents commenced on Food and fluid records following the first inspection. The PiC continues to have oversight on these and reviews same regularly with the CNM and Nurses on duty.</p> <p>Weekly weights for residents maintained and referral to dietician are completed following a review with the GP. The PiC and CNM will audit weights weekly/monthly as required to ensure adequate interventions take place.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Signage for Covid and Non Covid areas now removed as the nursing home moves out of outbreak. 	

- Outsourced Laundry has ceased once the outbreak was declared over. Normal In House Laundry Process has resumed.
- Rooms and extra storage space has been provided both on and off site for excess furniture and storage.
- 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 arrangements were reviewed during the outbreak and additional collections sought and agreed. Droimnin Nursing Home have resumed our normal clinical waste collection with our providers and we have been assured the clinical waste will continue to be removed in a timely manner.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Droimnin Nursing Home have an external maintenance company that attend to all their preventative and reactive maintenance issues. During covid in a bid to minimise the risk of exposure to staff and residents some maintenance issues were rescheduled. The signage for the fire doors has been ordered and will be fitted in the coming days. Seals for the fire doors will be attended to and completed by 31.03.2021

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- Follow up inspection on the 16/02/2021 noted Medicines and Pharmaceutical services are compliant with current recommended practices.
- Oxygen cylinders are now stored appropriately.

The storage of oxygen has been discussed with clinical and maintenance. Weekly recorded checks by the PiC will ensure these practices are maintained.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Validated pain assessments tools and timely access to prescribed analgesia were noted to be compliant in a post outbreak inspection on the 16/02/2021. This will be reviewed by the PiC on a monthly basis and any issues noted will be addressed with the staff immediately.</p>	

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	16/02/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated	Not Compliant	Orange	01/03/2021

	centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	16/02/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/02/2021
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	30/04/2021
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	16/02/2021
21 (1) (b)	Maintain, and make available for inspection by the chief inspector, records in relation	Substantially Compliant	Yellow	16/02/2021

	to each resident as specified in Schedule 3.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	16/02/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	29/03/2021
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.	Not Compliant	Orange	29/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	01/03/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	16/02/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of	Not Compliant	Orange	16/02/2021

	the product.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	16/02/2021
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Substantially Compliant	Yellow	16/02/2021