



**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:	Drumbear Lodge Nursing Home
Name of provider:	Drumbear Lodge Nursing Home
Address of centre:	Cootehill Road, Monaghan
Type of inspection:	Unannounced
Date of inspection:	30 August 2023
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0041300

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:	84
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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 30 August 2023	10:00hrs to 15:45hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Residents spoken with throughout the course of this unannounced inspection said they felt safe, secure and well cared for in Drumbear Lodge Nursing Home.

Residents and their relatives told the inspector they received a high standard of quality and personalised care. The overall feedback from all those spoken with was that the centre was a lovely place to live, with plenty of engaging activities and good quality food.

Following a short introductory meeting, the inspector walked around the centre. The inspector observed many residents were up and dressed, some pottering about their bedroom while others were participating in activities in one of the three communal sitting rooms. The inspector saw one group of residents participating in an exercise class while the other group were actively engaged with activities staff. In the afternoon residents informed the inspector that bingo was planned which was always fun. Residents reported that the activities on offer varied, they were kept active and they could choose whether to attend or not.

Residents' bedrooms appeared to be comfortable spaces and were clean and tidy. Residents and their relatives confirmed their bedrooms were cleaned daily. The rooms were bright and airy. Residents had independent access to a number of enclosed courtyards. They contained garden furniture and residents spoken with said they made use of these areas when the weather was good.

The inspector spoke with many residents, all of whom were positive and complimentary about the staff and person in charge, whom they knew by name. Residents and their relatives had only positive feedback about their experiences of residing in the centre. They told the inspector that they would speak with the nurse in charge or any one of the staff if they had a concern.

Residents reported that their visitors were able to freely visit them and they had no concerns around visiting. Two visitors spoken with confirmed this. Residents had adequate lockable storage in their bedrooms for their personal belongings. Laundry was done within the nursing home and residents had no complaints about this service.

From observations, staff appeared to be familiar with the residents' needs and preferences and were respectful in their interactions. Residents said that they were encouraged to remain independent, they said they went to bed and got up when they wanted and could eat their meals in their bedroom or in the dining room, as was their choice.

The inspector observed that lunch in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. There was an

appropriate level of supervision and help for residents, who required it, in the dining room. Residents were also observed being offered frequent drinks and snacks throughout the day.

Infection control practices were overall good. Practices had improved since the last inspection. However, some further improvements could reduce the potential risk of cross-contamination. The inspector observed that clinical wash hand basins had not been installed in the front area of the nursing home to date, however they were in place in the newer area of the nursing home.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The governance of this centre was strong. The provider and the person in charge provided a safe home for the residents to live in.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that improvements had been made and all regulations reviewed remained either compliant or substantially compliant.

There was a good open channel of communication between the provider representative and the person in charge. There was an established systematic approach of overseeing the standard and quality of care being provided. This approach gave the management team a good oversight of all areas of practice and had led to improvements which are reflected in the improved level of compliance identified on this inspection.

The centre was well-resourced. The staffing levels on the statement of purpose were reflected on the staff roster and the inspector saw the needs of residents were being met. The catering, laundry and housekeeping services were also well staffed.

The issue in relation to the safe storage of equipment and further review of infection control practices was required to ensure the standards for the prevention and control of healthcare-associated infection were maintained.

Records were accessible, those reviewed, such as the certificate of insurance, statement of purpose and staff files were fully compliant with the legislative requirements. However, the directory of residents and Schedule 5 policies required further review to ensure they met the legislative requirements.

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the number of residents, size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

There were appropriate levels of staff allocated to ensure the centre was cleaned adequately.

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 name, address and telephone number of residents' general practitioner (GP) were not always included.

Judgment: Substantially compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had overall been addressed or in the process of being addressed by the provider. The annual

review for 2022 was complete and met the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure in place and a number of complaints were recorded. Complaints had been investigated and closed off to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some Schedule 5 policies had not been reviewed within the required three yearly time frame.

Judgment: Substantially compliant

Quality and safety

The inspector was assured that residents received good, quality, safe care. Residents told the inspector that they were happy living there.

Residents had good access to their general practitioner (GP) and had prompt access to members of the inter-disciplinary team members when required.

Staff received safeguarding training in relation to the detection and prevention of and responses to abuse. Residents told the inspector they felt safe living in the centre and if they had any concerns they would speak with staff.

There were no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a private visitors' sitting room.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for most residents, each of whom were involved in the care plan and supported by family or their appointed next of kin. Suitable facilities were

available to residents' families when residents were receiving end-of-life care.

Overall, the premises was found to be clean and well-maintained and infection prevention and control practices were good. However, the room used for the storage of equipment was not clean and there was no clinical wash hand sinks available in the front area of the centre.

Medication management was reviewed in full. Medication management processes such as the ordering, prescribing and storing were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. However, administration and the disposal of medicines required improvement.

Regulation 13: End of life

There was an end-of-life policy which had been updated in the last three years. Residents' approaching the end of their life had a care plan in place. There was evidence that decisions made were discussed with the resident and where they did not have capacity, their next of kin.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw evidence that all relevant information which accompanied residents transferred out of the centre such as, nursing and doctors transfer letters were available for review.

Judgment: Compliant

Regulation 27: Infection control

While good practices were observed, action was required in the following areas:

- There were no clinical hand wash sinks installed in the front area of the centre, therefore, staff did not have access to clinical hand wash sinks in line with best practice and national guidelines, to facilitate them to perform hand hygiene effectively.
- The storage area designated for equipment was not clean.
- Single use dressings were found open and partially used in clinical room. Re-using open dressings could affect the sterility fo the product.

- Used clipped removers were not disposed of in line with best practice.
- Sharp bins in use did not reflect an opening date to support safe contact tracing.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The process for medication administration followed by staff was not reflective of the centre's own medication management policy. The process required review to ensure that medications were administered in line with best practice guide lines, thereby removing the potential room for error.

Opened bottles of liquid medicines on the medication trolley did not contain an opening date.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

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 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0041300

Date of inspection: 30/08/2023

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
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The directory of residents will be updated to reflect all Residents General Practitioner Details: Name, Address and Phone number.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All Schedule 5 Policies being updated. The remainder of Policies due for review are in progress for the remainder of 2023 as per policy update timetable.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Clinical Sinks: The program of replacing and installing Clinical sinks has already commenced and while some Clinical sinks are in place, (this delay is due to delivery) we are reassured that all scheduled clinical sinks will be in place and completed before end of 2023.	

Storage: The storage areas for equipment have been reviewed and cleaned and added to the weekly cleaning schedule.

Dressings: All nurses are aware and are reminded of the single use symbol on dressings and the center's infection control policy and Wound care Policy.

Safe Use of Sharps and Disposal: All nurses will follow the center's current Medication Policy, Waste Management Policy, and Infection Control Policy and dispose of used items and sharps in the correct manner. The nursing home is committed to the correct collection and disposal of all waste in a safe and responsible manner.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All nurses will follow the center's current Medication Policy, Waste Management Policy, and Infection Control Policy.</p> <p>All nurses will continue to complete Medication training yearly on HSELAND.</p> <p>The CNM will oversee the current practices to ensure compliance in line with the center's Policies.</p> <p>The PIC will review and action any risks in relation to Regulation 29.</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	29/09/2023
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	20/12/2023
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	Substantially Compliant	Yellow	25/09/2023

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/10/2023