



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

## Issued by the Chief Inspector

Name of designated centre:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	09 January 2025
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0045591

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 71 residents. The registered provider is Costern Unlimited Company. Bedroom accommodation consists of two twin bedrooms and 67 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

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

Number of residents on the date of inspection:	61
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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
Thursday 9 January 2025	13:00hrs to 16:00hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

The inspector was welcomed into the centre by staff for this short inspection. As this was a focused inspection with specific lines of enquiry largely related to documentation and the premises, the inspector spoke only briefly with residents and some relatives while walking through the premises.

The centre was a two-storey facility which comprised of two wings, the Linden wing and the Laurel wing, each of which was contained over two floors, on opposite sides of the building. Bedroom accommodation in the Laurel wing was predominantly single ensuite rooms. These bedrooms were of a larger size than those on the Linden wing. A small number of rooms on the Linden wing had ensuite facilities with the majority of rooms sharing toilet and bathing facilities. The inspector found that some areas of the Linden wing, for example the bedroom corridors and bathrooms, were not of the same high level of décor, design or modernisation as the Laurel wing.

There were a variety of communal spaces for residents to use on each wing, including day rooms, dining rooms and conservatories. These rooms were spacious, suitably decorated and comfortably furnished. The registered provider had committed to restoring the visitors room that had been removed during the registration cycle. An alternative area, which was previously used a staff meeting room was now a dedicated visitors room for residents. This room was nicely decorated and was suitable for its intended use.

There was sufficient storage space for resident equipment and supplies. The corridors had grab rails available to assist residents to mobilise safely. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. The building was well lit, warm and adequately ventilated throughout. Call-bells were available in all areas used by residents.

The inspector observed that staff were kind and attentive to residents during their interactions. Call bells were promptly answered and there was a calm and unhurried atmosphere in the centre. Residents were observed partaking in activities and spending time in the communal areas and in their own bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was a focused, unannounced inspection. The purpose of the inspection was;

- to verify the current staffing levels in the centre, and to compare those to the staffing levels at the time of the last renewal of registration in 2021.
- to follow up in relation to the configuration of twin occupancy rooms in the centre
- to verify the restoration of communal space to residents

Costern Unlimited Company is the registered provider for Drakelands House Nursing Home. The company became registered provider in December 2021 and since that time there had been changes to overall governance structure of the existing centre. The CEO, who was a director of the company and who represented the provider for regulatory matters, and a new person in charge had been appointed in 2022. The person in charge is supported in their role by an assistant director of nursing and a clinical nurse manager who both work full-time in the centre. The assistant director of nursing generally works in a supernumerary capacity, and covers the staff nurse rota for some periods of annual leave. A clinical operations manager supports the person in charge in the clinical and operational management of the centre. There was documented evidence via meeting minutes which identified that the clinical operations manager attended the centre a minimum of once every two weeks. The residents were further supported by other staff members including nurses, healthcare assistants, catering and domestic staff, activity staff, a maintenance person and an office administrator.

The registered provider had submitted a statement of purpose in 2021 which outlined the whole time equivalent (WTE) staffing levels across each department. This statement of purpose had been accepted by the Office of the Chief Inspector, and formed Condition 1 of the centre's registration for a three-year period. To that effect, changes to this statement of purpose would have to be agreed in advance with the Chief Inspector. On reviewing the statement of purpose submitted when applying for renewal of registration in 2024, it was noted that the WTE's had significantly reduced in some areas. For example, the nursing WTE had reduced by 2.5 and the healthcare assistant WTE had reduced by 4. Written assurances were sought from the registered provider. The response did not provide satisfactory assurances, and this inspection was conducted to further verify the information submitted.

The inspector requested staff rosters for 2021 across all departments. As per schedule 4 of the regulations, records of staff rosters are required to be maintained in the designated centre and available for review for a period of four years. The inspector was informed that the staff rosters for the requested time period were not held in the designated centre. Two members of staff went to the off-site storage facility and retrieved the records, to enable the inspector's review.

The review of the 2021 rosters against the current rosters provided evidence that the daily staffing levels in all departments had not been reduced since that time. Nursing and management hours remained the same. Healthcare assistant hours had increased by two hours daily. Catering hours had increased by three hours daily. Cleaning hours had increased by five hours daily.

On reviewing the information submitted with the renewal of registration, it was further identified on the floor plans and in the description of rooms in the statement of purpose, that there had been a change in function of two rooms; a female staff changing room changed to a store room, and a visitors room changed to a female staff changing room. Condition 1 of the centre's registration places an obligation on the registered provider to submit an application to vary the registration of the designated centre when changing the purpose and function of a room; this did not occur. This is actioned under Regulation 23: Governance and Management.

### Regulation 15: Staffing

Staffing levels were sufficient to meet the collective and individual needs of the residents. The skill-mix of staff was considered when planning the rosters for each department. Staffing levels were appropriately revised, having regard for the dependency levels of the residents and the occupancy of the centre.

Judgment: Compliant

### Regulation 21: Records

The registered provider did not ensure that all records set out in Schedule 4 of the regulations were kept in the designated centre and available for inspection. The records of staff rosters were held in a separate facility that was not part of the designated centre and were not easily accessible.

Personal information in relation to residents was found in a communal area. This may compromise residents' privacy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had breached Condition 1 of the designated centre's registration. On completion of a review of the registered provider's application to renew registration of the designated centre, the following was identified:

- the registered provider had failed to notify the Chief Inspector of the change in function of two rooms
- the statement of purpose submitted with the application outlined WTE staffing levels which were less than the levels set out in the previous cycle of registration in 2021. Assurances were provided during this inspection that the levels of staffing had not been reduced, however, this meant that the information that the registered provider previously supplied was incorrect and the staffing levels had been overstated.

Oversight arrangements at senior level required review. The role of Operations Manger had been vacant for a considerable time, and the WTE was 0.1. This was not in line with the commitments made by the registered provider to have a regional manager WTE of 0.2.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre which contained the information set out in Schedule 1, for example, the specific care needs that the designated centre is intended to meet and a description of the rooms in the centre including their size and primary function.

Judgment: Compliant

### Quality and safety

The inspector assessed one regulation under the dimension of Quality and Safety, Regulation 17: Premises.

The inspector found that management and staff promoted a person-centred model of care. Residents' individual rights were supported, ensuring the quality and safety of care delivered to residents was of a high level. Some aspects of the premises required review, to ensure that it fully met the needs of the residents, and was maintained in a suitable manner.

Following the previous inspection in July 2024, the registered provider had voluntarily reduced the occupancy of one of the centre's three existing twin rooms to single occupancy. The registration of the centre had subsequently been granted

for 71 beds in total. The inspector viewed the room in question, which had been tastefully refurbished into a single room with sufficient space, storage and privacy for the resident.

## Regulation 17: Premises

Twin rooms in the centre continued to require review to comply with the requirements of the regulation. This is a repeat finding from the previous inspection;

- twin room 67 was currently vacant. This room exceeded the minimum floor space requirement of 7.4m<sup>2</sup> per person, however a review of the privacy curtain placement was required to ensure that each residents' privacy and access to the shared ensuite was maximised
- twin room 40 was occupied by one resident. The inspector was informed that this resident would be moving a room in a different location. The room required significant review to make it suitable for twin occupancy use, including a full review of the layout for each resident to ensure that this includes the space occupied by a bed, a chair, and personal storage space for each resident. Additionally, this room did not have a wash hand basin, which is required.

Aspects of the premises were not maintained in a good state of repair. In particular, the flooring throughout the Linden wing was damaged, worn and scuffed in many areas, presenting as unsightly and making the surfaces difficult to clean. The person in charge outlined that this had been identified and proposal for the full replacement of flooring had been prepared, with a plan for this to occur in quarter 1 2025.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0045591

Date of inspection: 09/01/2025

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            An onsite storage shed will be purchased for all files to be on the premises. The plan for the next twelve to eighteen months to scan all documents for all staff onto electronic data base and to move all residents paper files to epicare. Older records from residents prior to epicare will go to the storage shed on site and go for shredding after seven years. Rosters will be scanned to digital platform.            Staff have been reminded to ensure that any personal information in relation to residents is not be accessible in an communal areas.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The registered provider has changed the plans for the function of the two rooms referenced. A meeting had taken place with the inspector to outline and clarify this prior to the inspection.            The statement of purpose was revised and resubmitted with the WTE staffing levels and the Operations Manager WTE of 0.2. is now on the statement of purpose.</p>	

Regulation 17: Premises	Substantially Compliant
<p data-bbox="172 208 1380 320">Outline how you are going to come into compliance with Regulation 17: Premises: Twin room 67 will be reviewed to ensure the privacy curtain placement ensures each residents' privacy and access to the shared ensuite.</p> <p data-bbox="172 360 1380 432">Twin room 40 was occupied by one resident, who has since transferred to a different room.</p> <p data-bbox="172 472 1337 544">The installation of a handbasin will be completed and a review of the room will be conducted to ensure compliance.</p> <p data-bbox="172 584 1428 696">The PIC had identified prior to inspection that seventeen bedrooms and corridors on the Linden wing were damaged, worn and scuffed. The full replacement of the flooring has been prepared and will be completed by the end of quarter one.</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 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.	Substantially Compliant	Yellow	30/07/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2025
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	Not Compliant	Orange	21/02/2025

	effectively monitored.			
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