



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

Issued by the Chief Inspector

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| Name of designated centre: | Drumderrig House |
| Name of provider: | Drumderrig House Nursing Home Limited |
| Address of centre: | Abbeytown, Boyle, Roscommon |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 September 2024 |
| Centre ID: | OSV-0004457 |
| Fieldwork ID: | MON-0039283 |

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 96 male and female residents who require long-term care or who require care short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 66 single and 15 double rooms all of which have en-suite facilities. There are additional toilets including wheelchair accessible toilets located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and conservatory areas provide additional spaces for residents' use. In the statement of purpose the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 94 |
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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 5 September 2024 | 09:00hrs to 16:30hrs | Celine Neary | Lead |
| Thursday 5 September 2024 | 09:00hrs to 16:30hrs | Karen McMahon | Support |

What residents told us and what inspectors observed

Inspectors met and spoke with several residents during the inspection. Residents spoke positively about the care and service provided and commented that they were comfortable and content living in the centre. This feedback was validated by inspectors who found that residents were supported to live a good quality of life and were cared for by a staff team who knew them well.

Inspectors arrived unannounced to the centre and were greeted by the assistant director of nursing. They were guided through the infection prevention and control measures in place upon entering the centre.

Drumderrig House provides long term, short term, respite and convalescence care for both male and female adults with a range of dependencies and care needs. The centre can accommodate 96 residents in single and twin en suite bedrooms. It is a one storey premises with scenic views overlooking the Curlew mountains. The centre is located on the outskirts of the town of Boyle in Co. Roscommon.

Following an introductory meeting with the assistant director of nursing and a company director, the inspectors went on a walk around of the premises. This gave the inspectors the opportunity to observe residents beginning their day, the supports they received and how staff interacted and responded to their needs.

The inspectors observed a calm and well managed environment, with several residents having their breakfast in the dining room, relaxing in the sitting room or having a sleep in in their bedrooms. Staff were familiar with each residents care needs and attended to them in a kind and caring manner. Call bells were responded to without delay and many residents were up and about enjoying their day when the inspectors arrived. There were sufficient staff on duty to provide care and support and to ensure that those residents who required additional support were appropriately assisted as they went about their day. A review by the inspectors of the staff roster corresponded with the staff present on the day.

The centre was exceptionally clean throughout and the premises was maintained to a high standard. Clinical hand washing sinks and alcohol hand gel dispensers were available throughout the centre along the corridors for staff, residents and visitors to use. Staff were seen to use good hand hygiene techniques. The inspectors observed three housekeepers on duty on the morning of inspection. Storage arrangements in the centre had improved and clinical supplies and health care equipment were appropriately segregated. Laundry facilities were clean and well laid out and there was a designated person for laundry duties.

Closed circuit television was in use at the entrance and exit doorways of the centre for safety and security.

The communal and bedroom area's were tastefully decorated and created a homely environment within this centre. Some bedrooms had been personalised with

residents belongings such as photos, pictures and flowers. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings. The centre was warm and comfortable throughout.

The residents in the centre have access to four sitting rooms, two sun rooms and four courtyard gardens. A further three sitting rooms were available and were used when visitors came to see residents. The inspectors observed that doors to the garden area's and the dining rooms were open and available for residents and visitors to use. However, two residents told one inspector that they would like to go outside more often or go out for the day.

There were two activities coordinators working on the day of the inspection and a varied activity schedule was available weekly. This included bingo, baking, music, sonas therapy and one to one sessions. The inspectors observed residents making apple tarts in the morning and enjoying a music session in the afternoon. There was a dog called Max in this centre and residents were observed enjoying his company.

The inspector spoke with a number of residents' visitors who spoke positively about their relatives experience in the centre and stated how happy they are with the way in which their loved ones are cared for.

Residents who spoke to the inspector said that they were "very happy here", "the staff are good to me" and "the food is top class". One visitor told the inspector that their relative had been living in the centre for several years and they were both very happy with the care provided and that they could remain in their local community.

Inspectors saw and residents confirmed that each resident's food choices is respected and that each resident is supported to eat and enjoy their food. Residents commented on the home made scones and meals which were provided to them.

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

Capacity and capability

Overall, the findings of this inspection were that Drumderrig House was a well-managed centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspectors found that residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day 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 centre is owned and operated by Drumderrig House Nursing home Limited, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by the company directors and an assistant director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included monthly meetings, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Improvements to the auditing system had been made since the findings of the previous inspection. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the ninety four residents during the day and night.

A review of six contracts in place for residents overall met the criteria of Regulation 24: Contract for provision of services. Although it included the terms and conditions, services provided and the fees, two contracts were not signed by the residents and stated that the contract of care was between the registered provider and the signed representative.

The complaints log was made available to the inspectors for review. There were no current open complaints. A number of the closed complaints were reviewed. The records showed that complaints were appropriately investigated in line with the local complaints policy and recorded the outcome and whether the complainant was satisfied or not.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least four registered nurses on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of six contracts were reviewed on inspection. Two contracts were not signed by the residents and were reflective of a contract of care between the provider and a named representative and not the resident as required under the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did not detail the arrangements for the management of the designated centre where the person in charge is absent from the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy in place that was reflective of regulatory requirements. There was information about the complaints process displayed on the walls in the centre.

Judgment: Compliant

Quality and safety

This is a good service that delivers high quality care to residents. Residents' independence, privacy and dignity were upheld through staff policies and practices. Residents told the inspectors that they felt safe living in the home.

The service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff.

There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

Residents had good access to GP services and other health and social care specialists with the national screening program available to those residents who qualified. Residents were supported and encouraged to attend scheduled out patient appointments.

Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks. The chef ensured that the menu was nutritionally balanced for the needs of residents. Food was served from a carvery in the dining room and residents could ask for additional portions or alternatives to what was on the menu. Food menus were available inside the dining room and on dining room tables providing excellent detail regarding the variety of food offered on a daily basis. Residents and visitors could access the dining room freely if required.

Inspectors reviewed five resident care plans. The care plans reviewed on the day of inspection were found to be individualised and clearly outlined the care, health and social needs of each resident. One resident was on a diabetic restrictive diet and their assessments and care plans accurately reflected the care required. Input and output charts were reviewed and had been consistently recorded. Another resident with wound care needs had a clearly detailed wound care plan which was re assessed at each dressing change and had been reviewed in consultation with a tissue viability nurse specialist. Care plans included each residents preferences and attendance at recreational activities.

Inspectors found the designated centre to be clean and bright. There were sufficient cleaning staff, equipment and supplies available. Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning processes. Inspectors noted that staff had a good working knowledge of infection, prevention and control.

Medication practices were found to be safe and well managed. Medication systems were in place and staff spoken to were knowledgeable of their regulatory responsibilities when administering medicines. There was appropriate and safe storage of medications in the designated centre. Staff had completed their medication management training and regular audits of medication practices were carried out.

There was a positive approach to the care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were in line with the national restraint policy guidelines. The assistant director of nursing had agreed to implement a restraints register in order to monitor restraints in use.

Residents' rights were respected in the centre. Residents' meetings were held regularly and residents were consulted about the services provided in the designated centre. Residents had access to local and national newspapers and radios. There was an open visiting policy and visitors welcomed during the day of inspection. Residents had access to religious services and were supported to practice their religious faiths in the centre. There was a varied and interesting activities schedule in place and the provider had increased the resources to provide a service to all residents with varied capacities. Residents participation in activities was recorded in their electronic care planning system.

Regulation 18: Food and nutrition

The inspectors observed a mealtime sitting in the dining room and were reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful and patient manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

All medicinal products were stored securely at the centre. The inspector observed nurses administering medications safely and in line with best practice. Staff could clearly explain the procedures in place to order, receive and administer medications appropriately. Controlled medications were recorded accurately and checked by two registered nurses each day.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plan's and assessments were reviewed by inspectors and evidenced that all residents were assessed by a registered Nurse on admission to the nursing home. There was evidence that validated assessment tools were used to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity which was reflected in the residents care plan.

Residents diagnosed with responsive behaviour had a person centred care plan in place which included techniques to support their care. These care plans were reviewed regularly and staff were aware of residents individual needs and referenced the residents care plans to guide the care provided to residents.

Care plans were developed in collaboration with residents or their family members if residents were unable to participate. These care plans were well-written, providing clear instructions on the interventions necessary to meet the residents' assessed needs. Care plans were updated every four months or more frequently if needed.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were well met and that staff supported residents to maintain their independence where possible. Residents had access to a general practitioner (GP) of their choice. GP's visited residents regularly in the designated centre. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required. On the day of inspection a dentist was visiting residents in the centre.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Wounds were well-managed in the centre with detailed care plans in place to guide care and regular assessments of the wounds to track progression.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive approach to residents' responsive behaviours and their responses were dignified and person-centred. Behaviour support care plans were in place for residents predisposed to responsive behaviours to inform the most effective de-escalation techniques and ways to respond to the behaviours.

No restrictive full-length bed rails were in use in the centre and a restraint free environment was promoted. Alternatives were in use and there was evidence of good use of these alternatives such as low profile beds and sensor mats. Arrangements were in place to ensure an assessment was completed which included a multidisciplinary approach in consultation with the resident or their representative.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. The inspectors observed residents taking part in activities as outlined on the activity programme which was displayed in the designated centre. The rights of residents were upheld and residents were consulted about and participated in the organisation of the centre through regular resident meetings.

Residents had access to independent advocacy services and were referred in a timely manner if required.

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 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0039283

Date of inspection: 05/09/2024

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 24: Contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Drumderrig Nursing Home is currently reviewing and updating its contracts for the provision of care to ensure full compliance with regulatory standards. | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Drumderrig Nursing Home has updated its Statement of Purpose to include detailed arrangements for the management of Drumderrig House in the event of the person in charge's absence. | |

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 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 31/03/2025 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 06/09/2024 |