Health Information and Quality 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:	Newbrook Nursing Home Unlimited Company
Address of centre:	Cootehill Road, Monaghan
Type of inspection:	Unannounced
Date of inspection:	17 July 2024
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0044350

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:	82

How we inspect

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 17 July 2024	09:30hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and on arrival, the inspector was met by the person in charge. Following an introductory meeting, the person in charge and assistant director of nursing accompanied the inspector on a walk around the premises. The inspector met with residents and staff and observed that there was a welcoming and generally happy atmosphere in the centre with residents going to the dayroom and preparing for their day. Residents told the inspector that they were 'well looked after', staff were 'kind and caring' and that they liked living in the centre. One resident said that although the centre wasn't her home in the community, she appreciated that she could continue to 'live in the town where she lived all her life'. Residents and staff interacted easily and positively in each others company. Staff were observed to chat with residents as they assisted them with mobilising and their care needs.

The inspector observed that most residents preferred to spend time in one of the three sitting rooms available on the ground and first floors. Residents feedback was positive regarding their care, staff support and the service they received.

The inspector observed that many of the residents who spend their day in the large sitting room on the ground floor in the original part of the centre premises did not appear interested in the social activities taking place and most were not participating in them. The inspector observed that most residents were seated in chairs side-by-side around the perimeter of this large sitting room. The majority of the residents had some level of cognitive impairment which impacted on the resident's ability to interact with each other and with staff.. The inspector observed the atmosphere in this sitting room was quieter and there was limited interaction between residents. One member of staff was providing the activities and trying to facilitate residents to participate. Due to the large number of residents in this sitting room who needed one-to-one support to effectively participate in social activities, the one staff member was not sufficient. As a result most residents sat quietly and did not engage with the activities on offer. The inspector's observation in this sitting room was in direct contrast to those in the other sitting rooms where residents were observed interacting and chatting together as they enjoyed participating in the social activities taking place.

The social activities scheduled were displayed in a number of areas throughout the centre but this information was in small font and not in an easily-to-read format to support the communication needs of residents with reduced vision and dementia.

The inspector was told that the centre had access to a wheelchair accessible bus and two residents told the inspector that although they enjoyed going out on the day trips, they wanted to go out on the bus more often. The person in charge told the inspector that more outings on the bus were planned now that the weather was

warmer. A number of residents also said that they particularly enjoyed going out with their families into the local community.

The communal sitting and dining rooms on both floors were observed to be decorated in a comfortable and homely style. A secure outdoor garden area located on the ground floor contained a variety of shrubs and plants and outdoor seating for residents' use. The doors were unlocked to this outdoor area and residents were observed accessing this courtyard as they wished. There was also a balcony garden on the first floor. The provider had installed glazing and had raised the height of the fencing around this area to ensure the safety of residents using the space. However, the access doors to this outdoor balcony was locked and was not accessible to residents without the assistance of staff to unlock the doors for them.

Most residents' bedrooms were observed to be bright, nicely decorated and contained suitable and appropriate furniture for residents. However, the layout of six twin bedrooms and one three bedded room was not suitable to meet the needs of residents.

The inspector observed that there was a contrast in the standards of maintenance between the newer and the original part of the centre premises and improvements were required to ensure all residents had a comfortable and safe living environment.

The inspector observed the residents' lunchtime meal and saw that most of the residents preferred to attend the dining room to eat their meals. In response to a decision made by the residents, meals were re-arranged so that residents enjoyed a light lunch of soup and a variety of sandwiches and ate their main in the evening. Mealtimes in the dining rooms were observed to be a social and unhurried occasion for the residents and they were enjoying meeting and chatting together as they dined. A small number of residents preferred to eat their meals in their bedrooms and their preferences were facilitated. The inspector observed that there was sufficient staff available at mealtimes. Staff provided discreet assistance to meet residents' individual needs as necessary. Residents told the inspector that the food was ' very good and plentiful', 'always a good choice of menu', 'the local beef was top-class' and 'very nicely flavoured'.

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

Capacity and capability

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The designated centre had a generally good history of compliance with the regulations on previous inspections however this inspection found that the provider failed to maintain adequate oversight of the service and as a

consequence of this, compliance had disimproved in a number of the regulations assessed. The provider had applied to renew the registration of Drumbear Lodge Nursing Home for 94 beds and the application was assessed as part of this inspection. The inspector found that one room registered as a shower/toilet was also used as a hairdressing room. This finding evidenced a breach of Condition 1 of the designated centre's registration.

The registered provider of this designated centre is Newbrook Nursing Home Unlimited Company. The Chief Executive of the provider board was assigned to represent the provider and oversee the operation of this designated centre. As a provider involved in operating a number of residential services for older people, Drumbear Lodge Nursing Home benefits from access to and support from centralised departments such as human resources, staff training and finance. The person in charge was supported by a regional operation manager and locally by an assistant director of nursing and two clinical nurse managers.

While, the provider had an established systematic approach for overseeing and monitoring the quality and safety of care and service being provided for residents, this approach was not effectively identifying and addressing the non compliances as found on this inspection and consequently these deficits potentially impacted on residents' safety and quality of life.

Records were accessible and held securely including residents documentation that was collated on an established in a computerised data management system that was password protected. However, records of the annual certification for the fire alarm system and emergency lighting system were not available in the designated centre on the day of inspection.

The inspector found while there was not enough staff available with appropriate knowledge and skills to ensure residents with cognitive impairment were appropriately supported to participate in a social activity programme in line with their capacities. Furthermore, a reduction of 25 percent in the number of household staff available during weekends did not ensure that the environment was effectively cleaned at all times. This was validated by some of the inspector's observations on the day and is discussed further under Regulation 27.

Although, the person in charge had a system in place to monitor staff training, not all staff were facilitated to complete up-to-date mandatory training in fire safety and safeguarding residents from abuse. The provider had not facilitated a number of nursing and care staff to update their skills in managing and ensuring residents' skin integrity and there was evidence on the day that some residents at risk of developing pressure sores were not being repositioned in line with their needs.

Actions were also necessary to ensure staff of all grades were appropriately supervised in their roles to ensure residents needs were met to required standards. This is discussed further under Regulation 16: Training and staff development.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as

required by the regulations. There was good oversight of incidents and accidents which ensured that any learning was shared with staff.

Residents' views were valued and records showed that residents were facilitated and encouraged to feedback on all aspects of the service they received. This feedback was used to inform improvements in the service and the annual review of the quality and safety of the service delivered to residents in 2023.

Regulation 14: Persons in charge

The person in charge commenced in the role of person in charge in August 2021. The person in charge is a registered nurse and has a management qualification. The person in charge has management experience in line with the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were not enough staff available on the day of this inspection to assist residents with cognitive impairments and need for staff support to participate in a meaningful social activity programme to meet their capacities and interests. There was one member of staff facilitating social activities for 15 residents, a number of whom had significant cognitive impairment.

Although there were four housekeeping staff on duty on the day of the inspection records showed that household staffing numbers reduced from four staff during the week to three staff at the weekend even though there was no evidence of any reduction in residents' needs at weekends. This did not ensure adequate cleaning staff resources were available each day. This is discussed under Regulation 23.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff were facilitated to complete up-to-date mandatory training in fire safety and safeguarding residents from abuse. The staff training record confirmed that ten staff were overdue for training since June 2024 and an additional three staff, all of whom had commenced working in the centre in the past three months had not received this training. The person in charge provided assurances that these staff

were scheduled to attend fire safety and safeguarding residents from abuse training in the first week of August 2024.

Although many of the staff had attended training to ensure they had the necessary skills and knowledge to meet residents' needs, the inspector found that there was evidence of pressure ulcers developing on residents' skin and that some of these wounds had deteriorated. However, ten staff nurses had not completed wound management training and 29 nurses and healthcare assistants had not completed training on prevention of pressure related damage to residents' skin.

Six staff had not completed infection prevention and control training. This was of particular concern as some staff practices in relation to handwashing and cleaning of equipment were found not to be not consistent with the national standards for prevention and control of healthcare associated infections.

Staff were not appropriately supervised to ensure they carried out their roles and responsibilities in line with the provider's own policies and procedures. ;

- staff cleaning procedures and practices as observed by the inspector were not consistent with the national standards for prevention and control of healthcare associated infections and the provider's own policies and procedures. and this had not been identified and addressed by senior staff
- residents who were at risk of skin breakdown were not being repositioned in line with their assessed needs. This was not identified and addressed by senior staff and was a particular concern as five residents developed grade two pressure wounds in the designated centre during quarter two 2024

Judgment: Not compliant

Regulation 21: Records

Regular service records were available for the fire alarm system and the emergency lighting, however, annual certification of the fire alarm system and annual certification of the emergency lighting system were not maintained in the designated centre and made available for inspection as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to be in breach of Condition 1 of their registration conditions as they were not operating the designated centre in line with the floor plan that the Chief Inspector registered the centre against. This inspection found

that a room registered as an assisted shower/toilet was also being used as a hairdressing room.

The provider had not made sufficient resources available to ensure that the layout in six twin bedrooms was reviewed and improved to ensure these rooms met the requirements of the regulations and residents' needs. This was a repeated finding from a previous inspection in 2018 that had not been effectively addressed by the provider.

There were comprehensive quality assurance systems in place for monitoring the quality and safety of the care and services provided for residents. However this inspection found that the oversight of fire safety precautions, infection prevention and control processes, staff training, the management of responsive behaviours and care planning were not effective and did not identify and address deficits to ensure standards of care and services were consistent. Consequently, a number of the inspectors' findings on this inspection had not been identified by the provider through their own oversight and auditing processes.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents, that occurred in the centre was maintained. Notifications and quarterly reports were submitted as required and within the specified timeframes set out in the regulations.

Judgment: Compliant

Quality and safety

Overall, most residents' enjoyed satisfactory standards of nursing and health care in line with their assessed needs but actions were necessary by the provider to ensure residents had adequate access to dietician reviews and to ensure residents' skin integrity needs were met. In addition the provider did not ensure that those residents with higher levels of cognitive and physical impairment were adequately supported to engage in activities and social interactions in line with their capacities and preferences. This impacted on these residents' quality of life in the centre. This finding is discussed further under Regulation 9: Residents' Rights.

Most residents rights were respected, however a number of residents' rights to privacy, choice and to access and maintain control of their personal belongings was negatively impacted by the layout and circulation space available in six twin bedrooms and by ineffective privacy curtain screening in one twin bedroom and a

bedroom with three beds. The provider had made efforts to mitigate this risk by reducing the occupancy to one resident in the twin bedrooms and by not admitting residents into the bedroom with three beds.

Whilst the provider had a range of measures in place to protect residents from the risk of fire further actions were necessary to ensure that the in house fire equipment checks were effective in identifying and addressing any deficits. In addition the provider failed to ensure that that fire drills were effectively reviewing the evacuation needs and times required for safe evacuation of residents.

The provider ensured that residents had timely access to their general practitioners and specialist medical assessment when required. The provider had sourced an in-house physiotherapist to optimise residents' mobility, ongoing independence and wellbeing. Residents had access to allied health professional expertise but as the dietician did not meet with residents to carry out their assessments, residents did not have opportunity to meet with the dietician and discuss the treatment plans to meet their needs.

Each residents' needs were assessed on admission and regularly thereafter. Residents' care plans were mostly person-centred and provided up-to-date information for staff providing care for residents. However a number of care plans for residents' who were at risk of skin breakdown had not been updated. As a result, these care plans did not provide sufficient up-to-date information to direct nursing and care staff on the care the resident needed to prevent tissue damage and the development of pressure related injuries to their skin and that where a pressure wound had occurred that wound healing was promoted.

While most areas of the premises were adequately maintained, the environment in the original part of the premises was not adequately maintained and painting, repair and replacement works were necessary to ensure a pleasant and comfortable environment for residents.

The provider had measures in place to protect residents from risk of infection. However, some staff practices were not in line with recommended infection prevention and control standards. Assistive equipment and surfaces in one large storeroom were not clean. The inspector observed that hand sanitising stations were located throughout the centre. Although available in the newer part of the premises, the inspector observed that hand washing sinks to support clinical hand hygiene by staff convenient to residents' bedrooms was not available in the original part of the premises. This meant that the sinks in residents' bedrooms and communal bathrooms/toilets in this part of the premises were serving a dual purpose, as facilities for residents' personal hygiene and as hand hygiene facilities for staff.

Measures were in place to protect residents from risk of abuse and residents who spoke with the inspector said that they felt safe living in the centre.

There was a positive approach to 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). However this inspection found that residents' who

wished to access the outdoor balcony garden on the first floor were not able to do so without the assistance of staff to unlock the doors for them. This arrangement did not promote choice and the residents' rights to access safe outside space in their home. Furthermore it was overly restrictive and was not in line with national restraint policy guidelines.

Residents were supported to safely meet with their visitors in line with public health guidance.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised by residents as areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Regulation 12: Personal possessions

Residents in two bedrooms did not have access to their bedside lockers. The inspector observed that one resident's locker was placed along an opposite wall in their bedroom and another resident's locker was placed at the bottom of their bed. This meant that these residents could not access their personal belongings stored in their lockers when they were in bed.

Residents in a number of the twin bedrooms could not access or maintain control of their clothing and other belongings stored in their wardrobes. This was evidenced by the following findings;

- access was significantly hindered for residents' to their wardrobes in two twin bedrooms. Both residents' wardrobes were fitted together along one wall and due to the close proximity of one of the beds in each of these bedrooms to the wardrobes, one resident could not access their wardrobe without encroaching into the other resident's bedspace. Furthermore, residents could not maintain control of their clothing as their wardrobes were not located within their bedspace and could be accessed by others.
- one resident did not have adequate space to store their personal possessions in their bedroom. As a result this resident's personal belongings were stored on top of the wardrobe and in stacked boxes on the floor.

Judgment: Not compliant

Regulation 17: Premises

The layout of six twin bedrooms numbered 20, 24, 25, 26, 29 and 31 and one bedroom numbered 17 with three beds did not meet residents' needs. This is a repeated finding from previous inspections and had not been addressed by the

provider. At the time of this inspection the twin rooms were being used for single occupancy and the three bedded room was vacant. The inspector found that action by the provider was necessary to address the following findings;

- one side of each resident's bed in a number of the twin bedrooms was placed against the adjacent wall and there was not enough circulation space between the beds for two residents to sit in comfortable chairs by their bed if they wished.
- there was insufficient circulation space between residents' beds to safely manoeuvre residents' assistive equipment and assistive equipment to meet their transfer needs without encroaching on the personal space or disturbing the other resident.

The purpose of a room currently registered as an assisted shower/toilet named 'The Ivy Room', was also used as a hairdressing room. A hairdressing sink was fitted in this room. A wardrobe remained in the room and contained inappropriate storage including staff clothing, personal protective equipment and opened packs of residents' continence wear.

A number of areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- the floor covering in many of the residents' bedrooms was worn, uneven and damaged. These floors could not be effectively cleaned and also posed a risk of fall to residents.
- there was a large hole in the wall at the top of a residents' bed in room 35. There was also some small holes visible in the bedroom where a medicine cabinet had been removed.
- paint was missing and damaged in a number of areas including on the walls in residents' bedrooms and the wooden surfaces of a number of bedrooms, en suites, communal showers and toilet doors and doorframes.
- the surface of a pressure relieving cushion on a chair used by residents in the a sitting room was damaged and could not be effectively cleaned.
- an over the bed reading light was not available for a resident in one bed in one of the twin bedrooms.
- due to the relocation of a number of residents' beds in the twin bedrooms, the residents' reading lights were located on an adjacent wall and not over the bed head as a result a number of the light switches were out of the residents' reach when they were resting in their beds. There was no evidence available that an assessment had been completed to ensure that residents could access their reading light switches and that the lighting available from the reading lights in their current location met residents' needs.
- a part of the toilet cistern lid in the toilet off a room used as a hairdressing room was broken and missing. This posed a risk of injury to residents and did not support effective cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

The Provider did not have effective arrangements in place to ensure residents' safe evacuation and that the residents were protected from risk of fire. This was evidenced by the following findings;

- Effective containment of fire and smoke in the event of a fire in the centre was not assured. For example, the inspector found that there were gaps visible where the cross corridor fire doors met when closed. These deficits meant that fire and smoke could potentially move through these gaps and contaminate the neighbouring fire compartment. The deficits were not identified in the in-house fire door checks completed to ensure the effective operation of the fire doors.

The provider could not be assured that residents' evacuation needs would be met in the event of a fire in the centre. For example, the inspector found the following from a review of the records of the recent simulated evacuation drills completed in the centre.

- the timeline for completion of the most recent emergency evacuation drill procedure was lengthened and did not provide adequate assurances that residents would be safely evacuated in a timely manner. For example, the most recent emergency evacuation drill referenced that it took five staff six minutes to complete simulated evacuation of five residents.
- the evacuation drill records did not provide assurances that residents' personal emergency evacuation plans (PEEPs) were referred to and used to inform the simulated emergency evacuation drill procedures.
- the records of the simulated emergency evacuation drill information available did not provide assurances that staff supervision of residents post their evacuation had been considered as part of the evacuation procedure. At the time of this inspection, the inspector confirmed that many of the residents in the centre would require staff supervision post evacuation to ensure their safety.
- the records of the simulated emergency evacuation drill information available did not provide assurances that calling the emergency services was considered as part of the procedure.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Although, each resident's needs were regularly assessed and a care plan was developed to meet their needs, residents' care plan documentation required further

detail to ensure that this documentation directed staff on the care procedures they must provide to meet each resident's needs. For example;

- there was evidence of residents developing pressure ulcers in the centre and the inspector found that frequency with which staff must assist residents to change their body position to maintain their skin integrity when in bed or seated in a chair during the day and night was not clearly set out in their care plans. Consequently, residents' records evidenced gaps and inconsistencies in the frequency with which individual resident's repositioning was completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents with unintentional weight loss did not have adequate access to a dietician. The dietician completed residents' assessments and treatment remotely based on information provided to them by nursing staff in the centre. This meant that residents did not have opportunity to discuss their needs and treatment plans with the dietitian if they wished to do so.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although, residents who were predisposed to responsive behaviours were appropriately assessed and supported, 29 staff had not completed relevant training to ensure they had appropriate skills and knowledge to care for residents who experienced responsive behaviours. The person in charge confirmed that this staff training was scheduled on the day following the inspection.

The following findings did not reflect practices that were in line with the national policy on the use of restraints;

- in the absence of individual risk assessments, residents' access to the outdoor balcony area on the first floor was restricted by electronically secured doors. Although residents were informed at a residents' meeting in May 2024 that the doors to this outdoor area would be accessible to them as they wished, the doors were secured on this inspection and residents could not access this outdoor area without staff assistance to open the door for them. This finding was not in line with the national restraint policy guidelines.
- some residents' had lap belts in place while using assistive chairs but their care plans did not advise staff on the frequency with which residents' lap belts should be removed to minimise the length of time this restrictive

equipment was in place. Furthermore, there were gaps in the records of releasing of lap belts. This did not ensure that the lap belts were used in the least restrictive manner for the least period of time.

Judgment: Not compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. Staff spoken with were knowledgeable regarding recognition and responding to abuse. The provider ensured that staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspectors that they felt safe in the centre

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents accommodated in a twin bedroom and in the room with three beds could carry out personal activities in private. The inspector found that,

- the privacy screen curtain rails were not appropriately configured to enclose one resident's bedspace in room 25 and as a consequence the curtain screen crossed over another resident's bed when closed.
- although furniture was in place to provide accommodation for three residents in bedroom 17, there were six privacy screen curtain rails in place. This layout did not ensure the privacy needs of three residents accommodated in this room could be met.

Actions were necessary to ensure that all residents had equal access to and were supported by staff to participate in meaningful social activities in line with their capacities and interests. For example, a staff member facilitated residents' social activities for in this sitting room. However, the majority of the residents in this sitting room had cognitive impairment and physical problems that impaired their ability to participate in the quiz game that was taking place. The inspector reviewed the activities schedule and found that there were no appropriate activities for these residents scheduled on the day. Furthermore one member of staff providing activities for 15 residents did not ensure that appropriate small group and one to one social activities could be scheduled for these residents.

The provision of one television in a number of the twin bedrooms and in the bedroom with three beds did not support residents' individual choice of programme viewing or listening.

Judgment: Not compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- a hand washing sink was not available in the cleaner's room. This did not support effective hand hygiene procedures.
- floor cleaning of a room where a resident had a confirmed communicable infection was not in line with infection prevention and control standards and this posed a significant risk of cross infection to residents and staff.
- recommended personal protective equipment (PPE) was not worn by staff when cleaning a bedroom of a resident with a confirmed communicable infection.
- the floor surface of a clean equipment storeroom and a sluice was not adequately cleaned. The inspector observed pieces of waste paper, grit and dust on all areas of the floor in the clean equipment storeroom. White staining was visible on the surface of the sluice floor behind the bedpan disinfection unit and the sluice hopper. These findings posed a risk of cross contamination to residents.
- equipment stored in the clean equipment storeroom including the foot rests and under-surfaces of assistive chairs and pressure relieving gel cushions were visible unclean and posed a risk of cross contamination to residents. Clinical drip stands were inappropriately stored with residents' assistive equipment in the clean equipment storeroom.
- unpleasant green coloured water was observed in the water fountain in the residents' outdoor courtyard. This was addressed by the centre's management on the day of the inspection.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0044350

Date of inspection: 17/07/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Due to a long-term illness in our activities team, we have recruited a new staff member. The new staff member will be facilitated to attend Sonas training. This will allow us to implement a meaningful social activities programme. We have reviewed the weekly hours allocated to housekeeping. Our assessment is that three housekeepers for eight-two residents is sufficient for routine cleaning. A fourth housekeeper will be available for deep cleaning as required.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have received fire safety training and safeguarding training. A training matrix is being maintained by the nursing home administrator. This will be regularly checked by the DON, CEO and Clinical Ops Manager to highlight any gaps in training. We have an in-house fire safety trainer for the Group. There is a safeguarding trainer onsite who has completed the "train the trainer" course. These measures should ensure that gaps in training are closed in the future. Staff on extended leave will be dormant on the training matrix until return to work. Staff who return from leave will be rostered to attend training on return to duty, staff who do not attend planned training will be unable to continue with the planned duty until training is complete. Two nurses have attended a tissue viability course in RCSI. Nurses are receiving training from our in-house TVN who is available on a retained basis to provide training and	

wound assessments / advice. Further training is being delivered to HCAs on pressure area care.
Wound care and Pressure Area Care has been delivered to Nurses and Care assistants onsite in July, Aug and September. The Nurses Wound care training will also focus on care plans in relation to skin integrity. The Care plan will document repositioning plan for the resident. The plan for residents will be discussed at handover and the care assistants will be informed verbally and have access to the resident's care plan. Residents with a new risk or change to interventions will be communicated with all staff.
The CNM will supervise and observe the care delivered to residents. Regular audits will be carried out by the CNMs to check if repositioning charts are being followed.

The level and status of wounds will be monitored by the CNMs, ADON, DON and the Clinical Operations Manager. This will be regularly reviewed and discussed at:

1) Care team meetings.
2) Management meetings.
3) Group clinical operations reviews.

The TVN will attend regular reviews with the DON, ADON and CNMs.
The TVN will meet with the clinical, operations manager to discuss training, education and Wound progress.

All staff have received IPC training. IPC audits will be carried out to assess the effectiveness of the training and the level of supervision over IPC practices. The DON/ADON will meet with the Housekeepers to provide feedback and action plans on the audits.

Training has been provided to all care staff on managing responsive behaviours.

The level of clinical supervision in the Centre has been assessed. There is a DON, ADON, CNMs (x 2), staff nurses and senior HCAs available to supervise care practices. However, we developed in-house training to bridge gaps in knowledge levels and leadership ability. The CNMs and some staff nurses have received an in-house training day in clinical supervision, leadership, communication, standards and regulations under Health Act 2007 and ABA Codes of Practice. This was delivered by the Quality, Safety and Risk Manager in conjunction with the HR Manager.

The CNM's will conduct twice daily walkarounds to observe supervise and enhance supervision of Nurses and care assistants in practice.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

We are conducting a review of the certification of the fire alarm and emergency lighting. Once that review is completed we will be in a position to provide the required certification for the fire alarm and emergency lighting.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Centre is registered for 94 beds. 94 beds are available as room 27 is an assisted toilet, shower and sink. It is not registered as a bedroom.

The hairdressing sink, wardrobe and PPE has been removed from room 27. This means that there is unfettered access to the shower, toilet and sink from the anteroom.

Twin bedrooms 24, 25, 26, 29 and 31 are in the process of being reconfigured and re-registered as single bedrooms. The second bed has been removed from these rooms. At present there is only one occupant in these rooms, and we undertake not to admit another resident into any of these "twin" rooms. This will mean that residents in those rooms have full access to their personal belongings while in bed.

Triple bedded room 17 is in the process of being refurbished and reconfigured to a four bedded room. This work involves:

1) Replacing the flooring.
2) Replacing wardrobes.
3) Removing the existing privacy screens and adding new ones to allow the room to be reconfigured.

Twin bedroom 20 will have a second TV installed.

Work has commenced on replacing the flooring in the above rooms and a significant number of other rooms in the Centre.

Additional maintenance hours have been temporarily allocated to the Centre to allow for a backlog of maintenance items to be cleared. The following issues will be specifically addressed:

1) Hole in the wall in bedroom 35 has been filled and painted.
2) Other areas of the "old" building are being painted.
3) Damaged cushions have been thrown out.
4) The second bed has been removed from several twin rooms (detailed above) and the remaining beds have been placed under the overbed light.
5) Toilet cistern lid in the assisted toilet has been replaced.

We are reviewing the effectiveness of our audit programme and governance arrangements to address deficits in care standards. This will involve committing more resources to the Centre.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Twin bedrooms 24, 25, 26, 29 and 31 are in the process of being reconfigured and re-registered as single bedrooms. The second bed has been removed from these rooms. At present there is only one occupant in these rooms, and we undertake not to admit another resident into any of these "twin" rooms. This will mean that residents in those rooms have full access to their personal belongings while in bed.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Centre is registered for 94 beds. 94 beds are available as room 27 is an assisted toilet, shower and sink. It is not registered as a bedroom.

The hairdressing sink, wardrobe and PPE has been removed from room 27. This means that there is unfettered access to the shower, toilet and sink from the anteroom.

Twin bedrooms 24, 25, 26, 29 and 31 are in the process of being reconfigured and re-registered as single bedrooms. The second bed has been removed from these rooms. At present there is only one occupant in these rooms, and we undertake not to admit another resident into any of these "twin" rooms. This will mean that residents in those rooms have full access to their personal belongings while in bed.

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1) Hole in the wall in bedroom 35 has been filled and painted.
2) Other areas of the "old" building are being painted.
3) Damaged cushions have been thrown out.
4) The second bed has been removed from several twin rooms (detailed above) and the remaining beds have been placed under the overbed light.
5) Toilet cistern lid in the assisted toilet has been replaced.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

We are conducting a review of the certification of the fire alarm and emergency lighting. Once that review is completed we will be in a position to provide the required certification for the fire alarm and emergency lighting.

A firm of consulting engineers visited the Centre on the 30th August 2024 to carry out a fire assessment. A program of work will be carried out based upon their assessment.

The process of recording fire drills has been revised to ensure that PEEPs, supervision of residents post-evacuation and calling the emergency services are considered.

We attempt to evacuate each compartment in the shortest possible time and practice fire drills on that basis. We are reviewing the safe evacuation time in conjunction with a fire safety professional.

A simulated night-time evacuation fire drill has been scheduled for the 2nd October 2024 to inform us of progress on evacuation times.

Fire doors are checked daily for obstructions and weekly for any signs of obvious damage. We are engaging Fire Doors Ireland to carry out maintenance of all fire doors in the Centre. They will also instruct the Maintenance Man on what needs to be checked during the weekly fire doors check.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Two nurses have attended a tissue viability course in RCSI. Nurses are receiving training from our in-house TVN who is available on a retained basis to provide training and wound assessments / advice. Further training is being delivered to HCAs on pressure area care. The named Nurse will use knowledge derived from care plan training and DON/ADON feedback to further develop the residents care plan. The residents care plan will direct and signpost the staff to the specific needs of each resident in relation to skin integrity and recommended practices and timescales to achieve this.

Regular audits will be carried out by the CNMs to check if repositioning charts are being followed.

The level and status of wounds will be monitored by the CNMs, ADON, DON and the Clinical Operations Manager. This will be regularly reviewed and discussed at:

1) Care team meetings.
2) Management meetings.
3) Group clinical operations reviews.

The TVN will attend regular reviews with the DON, ADON and CNMs.

The level of clinical supervision in the Centre has been assessed. There is a DON, ADON, CNMs (x 2), staff nurses and senior HCAs available to supervise care practices. However, we developed in-house training to bridge gaps in knowledge levels and leadership ability. The CNMs and some staff nurses have received an in-house training day in clinical supervision, leadership, communication, standards and regulations under Health Act 2007 and ABA Codes of Practice. This was delivered by the Quality, Safety and Risk Manager in conjunction with the HR Manager.

Care plans are being reviewed and updated as necessary to inform staff on the care that must be provided to meet each residents' needs.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

The Dietician will attend the centre, and this will allow the residents to discuss their needs and treatment plans with the dietician, if they choose. All residents have access to a Dietician. The nursing staff can refer the resident to the dietician. The

recommendations of the Dietician are documented in the Dietitian notes, and this is visible on EpicCare and the residents care plan. The Dietician recommendations and advise also forms part of the care plan. Staff have access to the care plan and the changes are discussed at handover. The GP is updated on the Dietician plan for the resident.

We are also referring residents to the HSE's dietetic services which the residents have a right to access under the GMS.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The doors to the upstairs balcony were secured on the day of the inspection due to maintenance required in that area. These doors are now open, and residents may freely access the balcony.

Training has been provided to all care staff on managing responsive behaviours.

Staff have training on Restrictive Practice. Residents with restrictive equipment have care plans in place which have been updated to advise on the use of restrictive equipment and the frequency of releasing any restraint. The use of Lap belts for residents when using the assistive chairs is recorded in the care plan with recommendations for timescales in relation to -Apply, Check, Release. This is also recorded on EpicCare. The nursing home strives to promote a care environment that is free from restrictive practice in line with the national policy. The CNM will supervise and review that this is completed daily.
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Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Twin bedrooms 24, 25, 26, 29 and 31 are in the process of being reconfigured and re-registered as single bedrooms. The second bed has been removed from these rooms. At present there is only one occupant in these rooms, and we undertake not to admit another resident into any of these "twin" rooms. This will mean that residents in those rooms have full access to their personal belongings while in bed.

Twin bedroom 20 will have a second TV installed.

Due to a long-term illness in our activities team, we have recruited a new staff member. The new staff member will attend relevant activity training to meet the needs of residents and in particular those with cognitive impairment such as Sonas's training and Imagination gym. We are reviewing the existing activities programme with the activity's coordinator to best schedule small group activities to suit the different abilities and preferences of residents. Residents will have access to ensure that provides meaningful activities for residents in line with their capacities and interests.

This will be audited by the DON / ADON to gauge the level of participation and interest in the social activities programme. Changes will be made based upon the audit findings.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A handwashing sink will be installed in the cleaner's room.

All staff have received IPC training. The head housekeeper has attended clean pass training.

Regular audits will be carried out on cleaning and IPC practices. The findings of these audits will be feedback to the Housekeeping Team at the Multidisciplinary Team Meetings held monthly in the Centre.

The cleaning of equipment has been reviewed and it will be regularly audited to ensure that effective cleaning and decontamination takes place.

The clean equipment storeroom has been cleaned and the floor is in the process of being replaced.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	31/10/2024
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	31/10/2024

	and other personal possessions.			
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 centre concerned.	Substantially Compliant	Yellow	16/09/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	16/09/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/09/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/11/2024

	provide premises which conform to the matters set out in Schedule 6.			
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	16/09/2024
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	30/11/2024
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	30/11/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/11/2024

	infections published by the Authority are implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Orange	30/11/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	16/09/2024
Regulation 6(2)(c)	The person in charge shall, in so	Substantially Compliant	Yellow	16/09/2024

	far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	16/09/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	16/09/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	30/11/2024

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2024