



# 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:	31 October 2024
Centre ID:	OSV-0005312
Fieldwork ID:	MON-0045312

## 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:	75
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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 31 October 2024	08:30hrs to 16:00hrs	Frank Barrett	Lead

## What residents told us and what inspectors observed

Drumbear nursing home is situated just outside the town of Monaghan, accessed by a driveway from the main road. There was a pleasant and relaxed atmosphere in Drumbear lodge on the day of this inspection. The reception and some communal spaces were decorated for the upcoming Halloween activities. Residents were being assisted in daily activities such as story telling and music during the day. Staff were busy in the various units of the centre. The centre is laid out over two floors. The main building, which is a single storey building includes the main reception area, bedrooms, and communal spaces in a rectangular configuration. There is an extension to the rear which is laid out over two storey's. This area provides the main dining facilities, staff areas, the kitchen as well as bedrooms on both floors. The inspector noted that the communal spaces and corridor spaces in this section were much more generous in this area than in the main building.

Residents who took the time to speak with the inspector expressed their satisfaction with the lived environment within the nursing home. There was a wide variety of activities which many residents participated in. The activities varied depending on the requests of the residents and included outdoor activities and outings which also varied depending on the weather. The inspector noted close interactions between the staff and the residents, and laughter could be heard regularly throughout the day from the communal areas where activities were taking place.

Residents were encouraged to decorate their rooms to their liking. A large number of rooms were vacant at the time of this inspection, and work was being carried out on a large multi-occupancy room which was not available for use by residents at that time. Ongoing upgrade works were also being carried out with flooring being replaced throughout the main building. On the day of inspection, the reading room was not available to residents due to the flooring being replaced, however, this had been notified in advance to the residents, and signs were in place to alert visitors to the temporary closure of the room.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents, with reference to the premises and fire safety. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall, this inspection found that the premises of the centre required improvement to meet the requirements of regulation, within the premises and the measures in place to protect residents from the risk of fire.

This was an unannounced one-day inspection of the nursing home. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), with particular attention to regulation 17 premises, and regulation 28 fire precautions. The governance and management of the centre was also assessed as it related to the oversight of premises, and fire safety matters.

The provider of Drumbear Lodge Nursing home is Newbrook Nursing Home unlimited company. There was a person in charge at the centre, who was supported in her role by an assistant director of nursing, clinical nurse managers, staff nurses and care assistants. There were also activities coordinators with activity staff rostered each day. There were catering and cleaning staff as well as a maintenance manager and administration staff. The organisational structure of newbrook ensured that there was a clinical operations manager to oversee the running of the centre, who reports to the Chief Executive Officer (CEO) and support from Human resources, finance from the company. On the day of inspection, there were no staff vacancies at the centre, and the CEO of the group was present for part of the inspection. The inspector was informed by staff at the centre, that the operations manager and the CEO attend the centre regularly and hold meetings with the centres' management. There were minutes of these meetings available, with a range of topics discussed including fire safety management, and premises issues.

There were measures in place at the centre to ensure that staff were up-to-date with annual fire safety training. There were policies and procedures in place to assist staff in their understanding of what to do in the event of a fire. There were systems to audit and monitor fire safety arrangements at the centre including daily checks on the means of escape, weekly fire alarm tests, and fire door checks. There was a functioning fire detection and alarm system in place, however, there were fire detection devices missing from some rooms. The provider explained that the fire alarm system was being upgraded to ensure that it conformed to the L1 standard, which would ensure that detection was in place in all rooms, and all ancillary rooms which opened onto the protected escape routes, however, on the day of inspection, devices in some ancillary rooms and toilets off escape routes were not complete and therefore not operational.

On reviewing the fire safety systems, the inspector saw that there had been engagement with the local fire authority. During this review, it was identified that the fire safety certificate for the building did not reflect the centre as-built. There was reference in the documentation to another section of the building which had not been built. This required review, and from documentation reviewed, it was clear that the fire authority had been made aware of this situation, and a plan was in place to revise the fire safety certificate to accurately reflect the existing centre. In the mean time, improvements to the fire alarm and emergency lighting were underway. The absence of an appropriate fire safety certificate meant that the chief inspector could not be assured that the building design and layout for means of warning and

escape, the design to prevent internal and external fire spread, and the access arrangements for the fire brigade were appropriate or approved by the fire authority. These issues are discussed further under regulation 23: Governance and Management and regulation 28: Fire Precautions.

## Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, some actions were required to ensure that these systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Appropriate certification of the building through a fire safety certificate was not in place that reflected the building as it was. The fire certificate did not reflect the escape routes, the size or the layout of the building.
- Fire safety audits carried out at the centre, were not reflecting some issues identified on this inspection. For example, a lock bolt fitted to an escape door in the dining room, which was removed as an immediate action on the day of inspection, was not identified on daily audits of escape routes.

Judgment: Substantially compliant

## Quality and safety

Overall, this inspection found that improvements were required to ensure that measures in place to protect residents from fire were appropriate and that the premises was utilised to its full potential by residents living at the centre.

The review of the premises completed during this inspection found that while upgrades were being made to the centre, further improvements were required to the premises. There were a number of facilities which were not available for use such as a bathroom and a bed pan washer. There was insufficient suitable storage at the centre. As a result the storage spaces available were being overfilled with materials. This presented difficulties in maintaining the stock of materials, and best practice in relation to infection prevention and control due to boxes of continence wear and other personal items for use by the residents being stored on the floor of an external storage space. These issues are discussed further under regulation 17; Premises.

This inspection also focused on the arrangements in place to protect residents from the risk of fire. During the course of the inspection, staff demonstrated a good level

of knowledge of the fire safety systems available to assist in the event of a fire. Staff were familiar with progressive horizontal evacuation of residents, which entailed moving residents from an area within the building close to a fire, and moving to a place of relative safety in the next compartment within the building. Staff spoke of training they had received in the use of fire extinguishers and were familiar with the appropriate fire extinguisher to use in the event of a fire. Describing the steps to take on hearing a fire alarm, staff demonstrated an ability to identify the area of the fire using the fire alarm panel, and the next steps in the evacuation procedure. However, the inspector noted that during the walk around, staff spoke of bed evacuation in the event of a fire. This meant that if a resident was in bed and required evacuation, that the resident would be transported on the bed to a place of relative safety. In the extension to the rear, this method of evacuation was practical as extra wide doors were in place, however, there were two rooms for which the doors would not accommodate bed evacuations. Furthermore, it was noted that rooms in the main building would not facilitate bed evacuations. While staff were aware of the difference in procedure, this added a complication that was not appropriately trialled through simulated fire drills. Further improvements were required to ensure that staff were familiar with evacuation of residents on the first floor through the stairs if required.

Storage was impacting on fire safety. The practice of storing multiple items in the storage spaces throughout the centre required review, as combustible materials such as cloths and cardboard boxes were stored alongside flammable items such as aerosols, hand gels and personal products. This was also contrary to the policy at the centre which required safe separate storage of flammable items.

There was a smoking area for residents in place which had been recently installed. On the day of inspection a resident was using this smoking area, however, there was no fire extinguisher or smoking apron in place, which was a requirement according to the smoking policy at the centre.

Evacuation routes externally required maintenance to ensure that they were safely usable in the event of a fire. Planting was encroaching on the escape pathways, and one pathway was not linked to the hard standing at the assembly point. This pathway ended at a grassed area, which would prove difficult for infirm residents who may be required to use this route in the event of a fire. A door to a dining room, which was a means of escape from the corridor was fitted with a lock bolt. An immediate action was issued and this was removed before the completion of the inspection.

While the fire detection and alarm system was in the process of being upgraded, on the day of inspection, some areas required attention to ensure high risk rooms were fitted with fire detection. Containment measures also required review to ensure that the spread of fire smoke and fumes was restricted in the event of a fire.

These and further fire safety issues are discussed further under regulation 28; Fire Precautions.



## Regulation 17: Premises

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- A kitchen on the ground floor was not used as a kitchen. This area was used as a storage space for construction related materials.
- The back-up generator outlined on the floor plans was not in working order. A new and working generator was in place on the grounds, however, this was not reflected on the floor plans, and was in place as a measure to ensure continuity of power to the centre.

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- A bed pan washer was out of order in one sluice room. Staff said that the machine had not been in working order for the previous week.
- There was a lack of suitable storage at the centre. This was reflected in the available storage spaces being overfilled with items which made management of the stock within these rooms difficult. This also presented difficulties for cleaning, and was contrary to the storage policy at the centre.
- A bathroom for residents use was not available to residents on the day of the inspection.
- Externally, some pathways required maintenance attention to ensure that shrubbery and planting was not encroaching on the escape routes.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

While it was noted that upgrade works were ongoing to improve fire safety at the centre, further improvements were required. For example:

Improvement was required by the registered provider to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- A petrol fuel can was stored in the plant room. This room housed mains electrical equipment and this practice presented a risk of fire. The can was removed immediately during the inspection.
- Storage was impacting on the risk of fire at the centre. Storage rooms had numerous flammable and combustible items stored together such as hand gels, toiletries and cardboard boxes of personal protective equipment (PPE).

- There was no fire fighting equipment placed at the smoking shelter.

Improvements were required of the registered provider to provide adequate means of escape, including emergency lighting, for example:

- An external escape routes was not suitable for use by persons using mobility aids. The route to the assembly point required traversing a grassed area. Some other sections of pathways were partially obstructed by shrubbery..
- A lock bolt was fitted to a dining room door. This door was identified as an exit route from the escape corridor. This bolt was removed before the end of the inspection.

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

Extensive fire drills were being recorded at the centre, however, some discrepancies existed in the recorded outcomes of the fire drills:

- There was an element of confusion around the use of bed evacuation. While bed evacuation was suitable for some rooms, it was not practical in others. Bed evacuation had not been trialled in evacuation drills.
- Ski-sheets were fitted for evacuation to each bed, however, the method of evacuating dependant residents during times when they are not in bed required review. There was no procedure in place to detail the transfer of residents in mobility equipment, for example, a wheelchair, during daytime. This could result in delays to evacuation in the case of a fire at times when residents are not in bed.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- The centre was in the process of upgrading the fire alarm to a category L1 system. At the time of inspection, detection was not in place in all high risk rooms such as storage spaces.

Measures in place to contain fire, smoke and fumes at the centre were assessed, with a number of areas requiring action. For example

- Some service penetrations through compartment walls were noted in a communications room near the nurses station on the first floor that were not sealed to contain fire, smoke and fumes in the event of a fire.
- Some fire doors required assessment. A sluice room door did not have a smoke seal fitted. Some bedroom doors had large gapping around the perimeter, and a store room was not fitted with fire rated ironmongery. This would impact on the containment of fire smoke and fumes in the event of a fire.
- Assurances were required that fire compartments were in place within the attic space above the resident bedrooms. An attic hatch was noted as being open, and fire walls were not visible above the compartment wall adjacent to

the attic hatch. The attic hatch did not appear to be a fire rated hatch. Compartments in the attic would inhibit the spread of fire smoke and fumes in the attic space above resident bedrooms in the event of a fire.

Judgment: Not 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 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for Drumbear Lodge Nursing Home OSV-0005312

Inspection ID: MON-0045312

Date of inspection: 31/10/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>ORS Consulting Engineers have been engaged to carry out the following tasks:</p> <p>1) Apply to have the building’s fire certificate regularized. A site visit was undertaken on the 30th August 2024. A brief compartment review was carried out on the 7th November 2024. This will be covered in more detail as part of the fire safety risk assessment outlined in point two below. A topographic survey was carried on the 18th November 2024. This application was made in September 2024 and we expect a conclusion to the process shortly.</p> <p>2) Fire safety risk assessment. A site visit was undertaken by ORS on the 17th December 2024 and we await receipt of the report. Once the report is received we will take measures to mitigate any risks identified.</p> <p>3) Full fire door inspection which is planned to take place in January 2025. When we receive the results of this survey we will carry out any work deemed necessary.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The SOP and floor plans are in the process of being updated and will be submitted to the Chief Inspector for approval once this is completed.</p> <p>The “back-up generator” was an old and obsolete generator which has now been</p>	

removed.

Parts have been ordered for the bed pan washer and it will be repaired in January 2025. Three other bed pan washers in the Centre are operable: downstairs in the original building, downstairs in the 2018 building and upstairs in the 2018 building.

Renovation work was ongoing in the Centre during the inspection and materials for the renovation was being stored in some of the storage rooms. This is no longer the case and the storage rooms have been decluttered. Storage is now in line with the Centre's Policy.

The bathroom has now been renovated and is available to the residents.

The shrubbery beside an external pathway has been trimmed. Also, this pathway is being widened so that the shrubbery is not encroaching on the means of escape and that residents will not have to traverse a grass area to the assembly point.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Renovation work was ongoing in the Centre during the inspection and materials for the renovation was being stored in some of the storage rooms. This is no longer the case, and the storage rooms have been decluttered. Storage is now in line with the Centre's Policy.

Firefighting equipment has been moved to the smoking shelter.

The shrubbery beside an external pathway has been trimmed. Also, this pathway is being widened so that the shrubbery is not encroaching on the means of escape and that residents will not have to traverse a grass area to the assembly point.

PEEPs are being reviewed to consider bed evacuations (where appropriate) and to detail the transfer of residents during the daytime in for example, wheelchairs.

The fire alarm has been upgraded to category L1.

Known service penetrations are being sealed. A full assessment of penetrations is being carried out by ORS as part of their fire safety risk assessment.

ORS Consulting Engineers have been engaged to carry out the following tasks:

1) Apply to have the building's fire certificate regularized. A site visit was undertaken on the 30th August 2024. A brief compartment review was carried out on the 7th November 2024. This will be covered in more detail as part of the fire safety risk assessment

outlined in point two below. A topographic survey was carried on the 18th November 2024. This application was made in September 2024 and we expect a conclusion to the process shortly.

2) Fire safety risk assessment. A site visit was undertaken by ORS on the 17th December 2024 and we await receipt of the report. Once the report is received we will take measures to mitigate any risks identified.

3) Full fire door inspection which is planned to take place in January 2025. When we receive the results of this survey we will carry out any work deemed necessary.



## 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(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.	Substantially Compliant	Yellow	31/03/2025
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	31/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/12/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/03/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Substantially Compliant	Yellow	30/12/2025

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/12/2025