<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Drumbear Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0132</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cootehill Road</td>
</tr>
<tr>
<td></td>
<td>Monaghan</td>
</tr>
<tr>
<td></td>
<td>County Monaghan</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>047-84800</td>
</tr>
<tr>
<td>Fax number:</td>
<td>047-84865</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:drumbearnursinghome@eircom.net">drumbearnursinghome@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Private</td>
</tr>
<tr>
<td></td>
<td>☐ Voluntary</td>
</tr>
<tr>
<td></td>
<td>☐ Public</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>Dympna MacMahon</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Shelia O'Donaghue</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25 February 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 14:25 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Florence Farrelly</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Follow up inspection</td>
</tr>
<tr>
<td></td>
<td>☐ Announced</td>
</tr>
<tr>
<td></td>
<td>☐ Unannounced</td>
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</tbody>
</table>
About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:
- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly “spot check” the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
Background

The purpose of this unannounced inspection was to assess progress in relation to the matters identified to be actioned by the provider from the previous inspection carried out on 11 and 12 November 2009.

The key points to be addressed related to health and safety, staffing levels and training, medication management, opportunities for social and recreational activities and having required polices and procedures including risk management.

Since the last inspection, the Authority had received the provider’s response to the inspection report. This outlined the timeframe for addressing the issues and the actions already taken or in progress to bring about improvements.

Summary of findings from the follow up inspection

The provider and the person in charge have fully implemented the action plan with the exception of the following areas:

- devising and implementing an operational risk management policy in accordance with legislation
- Garda Síochána vetting and three references in place for all staff employed in the centre
- devising and delivering appropriate induction training to all grades of staff
- having in place a staff rota, showing all staff on duty at all time during the day and night
- finalising the statement of purpose in accordance with matters listed in Schedule 1 of the regulations
- compiling all centre-specific written and operational policies and procedures listed in Schedule 5 of the regulations
- ensuring that records listed under Schedule 3 of the regulations, (records in relation to residents) are kept in a safe and secure place
- producing a Resident’s Guide

The majority of actions not fully implemented were still within agreed timescale.

An area identified for immediate attention from this inspection was medication administration (action point 4 of this report). The provider was requested to take immediate action with regard to the safe administration of medicines.
Issues covered on inspection

1. **Action required from previous inspection:**
   
   Provide adequate means of escape from all external exit doors by removing the locks on the doors.

   Provide adequate lighting in fire escape routes.

   Remove all obstacles that may block a fire escape route.

   Inspectors examined all fire exits. All locks on the external fire exit doors had been removed, lights were in working order and escape routes were free from obstruction.

   Fire training was taking place on the day of inspection and included a simulated fire drill.

2. **Action required from previous inspection:**
   
   Make safe the area around the water feature at the front of the centre where residents and the public have access.

   New high-level railings had been erected around the water feature making it safe for residents use and enjoyment.

3. **Action required from the previous inspection:**
   
   Provide adequate staffing at all times to meet the needs of residents.

   Since the last inspection, the provider and person in charge had assessed the needs of residents and reviewed the level and skills mix of staff on duty during each shift. Changes were made to the staff rota and the hours of staff employed in order to meet the needs of residents.

   There were adequate numbers of staff on duty at the time of the inspection. Some staff members and the person in charge confirmed that the new system was more beneficial to residents as they felt they had more time to spend with them. Inspectors observed staff chatting to residents in an unhurried manner and saw care staff assisting residents with activities.
4. **Action required from the previous inspection:**

Make sure that residents’ medication is reviewed by the general practitioner (GP) during a consultation period with the resident.

Staff must refer to the drug prescription sheet signed by the doctor when administering medicines.

Empty medication bottles should be disposed of in accordance with best practise.

Inspectors looked at residents prescription sheets and medical notes all documents reflect that their GP had reviewed medications

The nurse on duty was observed administering medicines to residents in the dining room. She did not refer to the drug prescription sheet signed by the GP and signed the administration record confirming the medications had been administered prior to the resident taking the medication.

She also dispensed medication for another resident who was not in the dining room at the time. She dispensed the medication into a small plastic container, wrote his name on a piece of paper place the paper in the plastic container and put the container into the drug trolley. She informed the inspector that she would give the medication to this resident later.

This practice was not inline with An Bord Altranais guidelines for safe medication administration and had the potential to seriously compromise residents’ health. Inspectors brought this to the attention of the provider and the person in charge. Immediate steps were taken to protect residents’ wellbeing and a subsequent letter was submitted to the Authority outlining the steps taken to ensure this risk was appropriately managed.

Inspectors saw empty medication bottles stored in a container in the locked treatment room ready for collection by the pharmacist and were satisfied that the process was in line with up to date best practice guidelines.

5. **Action required from the previous inspection:**

Devise an operational risk management policy in accordance with the regulations and ensure that it is implemented throughout the designated centre.

Inspectors examined the risk management policy. It has not yet been finalised but remains with in the timescale for completion.
The format for a new risk register was in place but the provider and person in charge had not implemented the concept of risk rating to date.

Staff had not yet been trained in this area.

6. **Action required from the previous inspection:**

Provide opportunities for residents to participate in activities appropriate to their interests and capacities.

Changes were made to the staff rota and the hours of staff employed in order to meet the needs of residents. Inspectors observed residents involved in a variety of stimulating activities. Care staff were available to encourage and assist residents participate in events of their choice. Inspectors joined residents in the large sitting room and observed the activity person reading the newspaper to residents. This event was interactive with residents enjoying the news being read out to them.

7. **Action Required from the previous inspection:**

Compile a complaints policy and procedure which reflects the appeals process in accordance with the legislation.

This was actioned by the provider.

8. **Action Required from the previous inspection:**

Provide evidence to confirm that complaints are managed satisfactorily.

The complaints' record was available and examined by inspectors. Staff had completed all the parts of the record in respect of investigations carried out including the outcome for the complainant.

9. **Action Required from the previous inspection:**

Maintain the complaints record in a manner to ensure completeness, easy retrieval and at all times have it available for inspection and monitoring purposes in accordance with the regulations.

The complaints record was available and examined by inspectors. This was satisfactory.
10. **Action Required from the previous inspection:**

Employ persons, having obtained in respect of those persons, the information and documents specified in Schedule 2 of the regulation.

The administrator told inspectors that details in respect to Garda Síochána vetting and references, these have been requested for each staff member. This documentation was outstanding for some staff but had been requested. Individual staff files have been set up to retain the information and this was indexed for easy retrieval of information.

11. **Action Required from the previous inspection:**

Devise and deliver appropriate induction training to all grades of staff.

This was not actioned by the provider.

12. **Action Required from the previous inspection:**

Ensure that staff members have access to education and training, which is aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

All staff with the exception of three new staff members had received elder abuse training. This training was documented in their files and staff spoken to were knowledgeable regarding the signs of abuse. The person in charge informed one of the inspectors that this training will be available to all new staff members.

13. **Action Required from the previous inspection:**

Make arrangements for the supervision of staff members on an appropriate basis pertinent to their role.

The supervision of staff was organised in accordance with the centre’s organisational chart. Inspectors saw senior care staff supervising junior staff while they were delivering personal care to residents. The nurse on duty was responsible for the overall supervision of care to residents.

Staff appraisals were in process. Supporting documentation in relation to these appraisals was in place and satisfactory.
14. Action Required from the previous inspection:

Provide a planned and actual staff rota, showing staff on duty at any time during the day and night.

Inspectors looked at the staff rota. It did not include details of when the provider was on duty.

15. Action Required from the previous inspection:

Provide arrangements and opportunities, insofar as is reasonably practicable, for residents to be consulted about decisions regarding the organisation of the centre.

The provider and the person in charge had consulted with residents and relatives regarding the possibility of setting up forums where they could express their views and make suggestions for improvements.

The first meeting for residents is planned to take place on 1 March 2010.

16. Action Required from the previous inspection:

Use an appropriate and validated assessment tool to assess the residents at risk of falls.

There was strong evidence to confirm that staff used a validated assessment tool to assess residents falls risk. One of the inspectors reviewed the care plans of four residents. Each had a falls risk assessment carried out and manually handling guidance applied. Care staff explained to the inspector the risk factors for residents and the benefits of mobility aids.

17. Action Required from the previous inspection:

Finalise the statement of purpose in accordance with the matters listed in Schedule 1.of the regulations.

The provider informed one of the inspectors that the statement of purpose had not been completed.
18. Action Required from the previous inspection:
Establish and maintain a record of all visitors to the designated centre, including the names of visitors.

A record of visitors to the centre was available at reception and inspectors saw visitors completing the record.

19. Action Required from the previous inspection:
Ensure that the written operational policies and procedures listed in Schedule 5 are compiled in a way that reflects the operations of the centre.

Not all policies and procedure listed in schedule 5 were in place.

20. Action Required from the previous inspection:
Ensure records listed under Schedule 3 (records in relation to residents) are kept in a safe and secure place.

The records in relation to residents were not kept in a safe and secure place as they were sitting on the counter at the nurses’ station. The person in charge and the provider explained that they are in the process of refurbishing this area. This entails extending the area to include a safe storage area for residents’ records.

The provider had purchased a portacabin to facilitate the storage of old records. All old records were had been removed to the storage facility and inspectors saw that they were now all stored in an ordered, secure fashion.

21. Action Required from the previous inspection:
Produce a written resident’s guide, which includes all the items listed in the regulations.

This had not been actioned by the provider.

22. Action Required from the previous inspection:
Make sure that the physical design and layout of the premises meets the needs of each resident particularly with regard to the congestion noted in the back dining room at meal times.
Inspectors saw residents congregating in the dining room at teatime. The initial influx of residents caused some congestion. However, there was ample staff to direct residents to appropriate seating.

Inspectors saw care staff directing the more mobile residents to a table at the back of the room thus enabling more dependent residents easier access to and from the dining area.

23. Action Required from the previous inspection:
Provide suitable storage facilities in the designated centre for residents and staff.

Storage remains and issue in the centre. Equipment and aids were stored in the corridors, which minimised the room residents had to move around the corridors freely.

24. Action Required from the previous inspection:
Provide residents the freedom to exercise choice in relation to controlling the temperature of the bedrooms.

The inspectors were informed that residents can communicate with staff members on duty should they require any changes to the temperature of their bedrooms or other communal areas in the centre. This adjustment is then made on their behalf.
Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
</table>
| Standard 12: Health Promotion | Promote healthy and safe working practices through the provision of information, training, supervision and monitoring of staff with regard to the prevention and control of infection.  

**Review:**  
Some residents in consultation with management and their relatives agreed to be relocated in the centre so that staff could implement safe working practices in respect of infection prevention. Management approved the installation of additional hand gels.  

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*Report compiled by*
Siobhan Kennedy  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority  

Date 3 March 2010
Provider’s response to follow up inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Drumbear Lodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0132</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 November 2009</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/05/2010</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care settings for Older People in Ireland.

1. The provider is failing to comply with a regulatory requirement in the following respect:

Ensuring that staff implement appropriate and suitable practices relating to the safe administration of medicines to residents.

Action required:

Ensure that staff administers residents’ medication in accordance with best practise guidance.

Reference:

- Health Act 2007
- Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
- Standard 14: Medication Management
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response: All nursing staff currently employed in Drumbear Lodge have received further training on safe administration of residents’ medication and the accepted best practice for same. A new administration record had also been implemented to further facilitate safe, best practice. An audit of practice has shown that all current nursing staff are following best practice guidelines.</td>
<td>March 10 2010</td>
</tr>
</tbody>
</table>

2. **The provider is failing to comply with a regulatory requirement in the following respect:**

Having a comprehensive written risk management policy in place which is implemented throughout the centre.

**Action required:**

Devise and implement a risk management policy to include all areas as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response: A risk management policy as outlined in the Health Act 2009 has been devised and implementation and staff training is ongoing in this area.</td>
<td>May 28 2010</td>
</tr>
</tbody>
</table>

3. **The provider is failing to comply with a regulatory requirement in the following respect:**

Employing persons without having obtained in respect of those persons the information and documents specified in Schedule 2 of the regulations.
**Action required:**

Maintain comprehensive staff personnel files to include all the documentation as outlined in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Provider's response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An independent nominated person is no longer required following amendment to Health Act 2007. An appeals process has always been part of our complaints policy.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>Complete</td>
</tr>
</tbody>
</table>

**4. The provider is failing to comply with a regulatory requirement in the following respect:**

Provide on going training to staff, which is aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action required:**

Provide access to education and training to enable staff to provide care in accordance with contemporary evidence-based practice.

**Reference:**

Health Act 2007  
Regulation 6: General Welfare and Provision  
Standard 8: Protection

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Provider's response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All existing staff have been requested to furnish all documentation as outlined in schedule 2.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>June 7 2010</td>
</tr>
<tr>
<td>5. The provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Ensuring that there is a planned and actual staff rota, showing staff on duty at any time during the day and night.</td>
</tr>
<tr>
<td><strong>Action required:</strong></td>
</tr>
<tr>
<td>Provide a planned and actual staff rota, showing staff on duty at any time during the day and night to include the provider.</td>
</tr>
<tr>
<td><strong>Reference:</strong></td>
</tr>
</tbody>
</table>
| Health Act 2007  
Regulation 22: Maintenance of Records  
Standard 27: Operational Management |

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
Access to continuing education and training is provided to all staff. However, it is not feasible to offer full training in all areas within the first week of employment.  
It is policy in Drumbear that all new staff receives training in Elder Abuse with eight weeks of commencing employment. The three new members of staff have received training in this area. | Completed March 8 2010 |

<table>
<thead>
<tr>
<th>6. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are provided with opportunities, insofar as is reasonably practicable, to be consulted about decisions regarding the organisation of the centre.</td>
</tr>
<tr>
<td><strong>Action required:</strong></td>
</tr>
<tr>
<td>Put in place arrangements to facilitate consultation and participation in the day-to-day running of the centre. Ensure all residents rights, needs and wishes are sought and facilitated.</td>
</tr>
</tbody>
</table>
**Reference:**
Health Act 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 4: Privacy and Dignity

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
The registered provider has been included on all subsequent staff rotas. | Completed March 1 2010 |

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

Compiling a statement of purpose in accordance with the matters listed in Schedule 1 of the regulations.

**Action required:**

Provide a written statement of purpose and function that accurately describes the service provided in the care centre and meets the requirements of the regulations.

**Reference:**
Health Act 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
A residents’ forum had been established and the first scheduled meeting of same was scheduled to take place on the 1 March 2010 as cited in the body of this report. Several public notices were on view relating to this meeting on the day of inspection.  
As care providers we have facilitated the establishment of the forum but feel it is not our role to enforce the date of meetings or the timeline of same. The date of the initial meeting was agreed by the members of the forum as the first date that was mutually convenient. | Complete |
8. The provider is failing to comply with a regulatory requirement in the following respect:

Having the written operational policies and procedures listed in Schedule 5 of the regulations.

**Action required:**

Provide and implement all policies and procedures as listed in Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

**Please state the actions you have taken or are planning to take with timescales:**

Provider's response:

A statement of purpose and function that meets the requirement of the regulations will be finalised.

**Timescale:**

26 July 2010

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9. The provider is failing to comply with a regulatory requirement in the following respect:

Ensure that records listed in Schedule 3 are maintained in a safe secure manner.

**Action required:**

Ensure that records listed in Schedule 3 of the regulations are kept in a safe and secure place.

**Reference:**

Health Act, 2007
Regulation 22: Maintenance of Records
Standard 32: Register and Residents’ Records

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**
<table>
<thead>
<tr>
<th><strong>Provider’s response:</strong></th>
<th>Due for completion July 12 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>All policies and procedures listed in schedule five of the Health Act, 2007 will be implemented.</td>
<td></td>
</tr>
</tbody>
</table>

**10. The provider is failing to comply with a regulatory requirement in the following respect:**

Produce a residents’ guide to include all the items listed in the regulations.

**Action required:**

Produce and make available to all residents, a residents’ guide that includes the items listed in the Health Act 2007 Health Act (Care and Welfare of Residents in Designated centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007  
Regulation 21: Provision of Information to Residents  
Standard 32: Register and Resident’s Records

**Please state the actions you have taken or are planning to take with timescales:**

**Provider’s response:**

A new nurses’ station has been installed which provides secure storage for records listed in Schedule 3 of the regulations.  
Completed March 6 2010

**11. The provider is failing to comply with a regulatory requirement in the following respect:**

Providing suitable storage facilities in the designated centre for residents and staff.

**Action required:**

Provide suitable storage facilities in the designated centre for residents and staff.
<table>
<thead>
<tr>
<th>Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Act, 2007</td>
</tr>
<tr>
<td>Regulation 19 : Premises</td>
</tr>
<tr>
<td>Standard 25: Physical Environment</td>
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<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
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</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>The allocation of available space has alleviated storage difficulties.</td>
<td>April 19 2010</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider's response:

None supplied.

Provider's name: Dymphna MacMahon
Date: 7 May 2010