

eDeposit Ireland

Ferndene Nursing Home, Deansgrange Road, Blackrock, Co. Dublin

Item Type	report
Authors	Rafferty, Nuala;McKevitt, Sheila
Citation	Nuala Rafferty, Sheila McKevitt, 'Ferndene Nursing Home, Deansgrange Road, Blackrock, Co. Dublin', [report], Health Information and Quality Authority, 2016-08-05, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-10 10:43:45
Link to Item	https://hdl.handle.net/20.500.14765/80896

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Ferndene Nursing Home
Centre ID:	OSV-0000759
Centre address:	Deansgrange Road, Blackrock, Co. Dublin.
Telephone number:	01 236 0028
Email address:	info@williscaregroup.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	SRCW Limited
Provider Nominee:	Cillian Willis
Lead inspector:	Nuala Rafferty
Support inspector(s):	Sheila McKeivitt Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	91
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 April 2016 08:30	13 April 2016 19:30
14 April 2016 08:30	14 April 2016 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members were also sought.

Information in the form of notifications and information brought to the attention of HIQA were also considered as part of the inspection process. The information received was reviewed during this inspection and not upheld.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider was determined by interview and both he and the person in charge demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

Recent changes to the clinical management team within the centre were found on this inspection with both CNM's commencing in post since the last registration inspection. Through the inspection process, all demonstrated satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation.

A number of residents' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through both the questionnaires and in conversations with the inspectors on site were broadly satisfactory with services and facilities provided. In particular, residents were very complimentary on the manner in which staff delivered care to them commenting on their patience, good humour and respectful attitude. Although some relatives expressed a preference for improved communications with the senior management team.

Overall, evidence was found that residents' healthcare needs were met. Residents had access to medical officers and consultant geriatrician services within the centre. Access to allied health professionals such as physiotherapy, speech and language therapists and to community health services were also available. However, some improvements were found to be required in medication management and recording of care.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The senior management team included the provider, the person in charge and the managing director of the organisation.

The systems in place to monitor care included a monthly quality management meeting attended by the senior management team. The meetings reviewed findings of audits carried out on aspects of care and services, both clinical and non clinical. Examples of audits included; medication management; slips/trips and falls; restraint and nutrition; maintenance of premises and health and safety.

Learning from incidents resulting in consequences for residents were discussed and measures to reduce or prevent recurrences, and improve systems identified. Both the provider and PIC were in regular contact and met on an informal basis

The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and worked full-time in the centre. She charge was supported in her role by two clinical nurse managers (CNMs) who deputised in her absence. The provider worked full time across two centre's owned by the company and supports the person in charge. Through the inspection process, all demonstrated satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation. There were recent changes to the clinical management team with one of the CNM's recently commenced in the post.

Consideration of additional supports and time to enable the PIC to mentor and support the CNM team was discussed with the provider during the inspection.

An annual review of the safety and quality of care was conducted and a report on the review was available. The report was detailed and identified the key performance indicators such as; staff recruitment, retention and training; complaints analysis and results of resident satisfaction surveys. Other quality care indicators were referenced to establish the standard of and safety and quality of service being delivered including; reduction in use of restraint; reduction or prevention of falls; improvements in general care and pressure ulcer prevention.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed.

A guide to the centre available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse. The person in charge held authority, accountability and responsibility for the provision of the service.

Through the Authority's fit person process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and also had the qualifications and experience required by the legislation.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

Although not all records were reviewed on this visit, it was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.

All records required under Schedule 3 of the Regulations were maintained in the centre. But improvements were required in respect of ensuring timely recording of the delivery of care. Although detailed information was identified as required in some resident's care plans to determine improvement or deterioration of residents' condition, this was not always fully recorded.

Care delivery was recorded on an electronic touch screen system. On a sample reviewed, it was found that some of the care delivered was not recorded until late in the afternoon when all of the care delivered was inputted into the record at the same time. For example, where residents require food or fluid intake and output monitoring.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

To date, notification of a proposed absence of the person in charge has not occurred,

however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.
The fitness of the CNM's to replace the person in charge in the event of her absence was determined through interview and observation during the inspection and were found to have sufficient experience and knowledge as required by the legislation.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts was reduced. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low- low beds was being established.
Some evidence of alternatives considered or trialled was available although this was not always included or referenced in the assessments or in associated care plans.
Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.
In conversations with them, inspectors were told by residents that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.
Inspectors were told by the provider nominee and person in charge that they were not involved in assisting the management of financial affairs for any of their residents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place both internally on corridors and externally.

The centre was found to be visibly clean and clutter free.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. A composite list of all residents that identified their level of mobility and assistance required to evacuate was available, but this did not include their possible compliance with an evacuation process or whether close supervision was needed following evacuation.

All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. Inspectors were told regular fire drills were held which included activation of the fire alarm, staff responded by checking the fire panels on each floor which were located at the nurses' station. All staff were familiar with the principles of horizontal evacuation but inspectors learned that the practiced fire drills did not include simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets, nor did it include practicing the principles of vertical evacuation.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis.

Inspectors observed that staff implemented the principles of current Moving & Handling guidance when assisting residents to transfer.

Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurses took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner. Nurses were observed to use alcohol hand gels appropriately throughout the process.

Medication audits were conducted in the centre and inspectors discussed these with the person in charge who confirmed that these audits were conducted by the external pharmacist who supplied medicines to the centre. These audits covered some aspects of medication management practices such as; storage, labelling, administration records, controlled medicines and temperature controls on medicine refrigeration.

Although in general medication administration practices were found to adhere to current professional guidelines, inspectors observed that the administration of oral nutritional supplements did not always comply with professional guidance. Inspectors found that a nutritional supplement was being added to the soup of residents for whom a recommendation or advice was not provided by a dietician or prescribed by a GP. This was brought to the attention of the person in charge and the provider nominee who ensured that the practice immediately ceased.

Judgment:

Non Compliant - Moderate

<p>Outcome 10: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11: Health and Social Care Needs <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.</p> <p>Residents had access to GP services. In conversation with residents and their relatives, the inspectors were told that they were facilitated to keep their own GP on admission to the centre. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by public health nurses, palliative care, speech and language therapists, physiotherapy and occupational therapist reviews.</p> <p>Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who</p>

looked at both the health and social needs of the potential resident. Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was in place. Care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need. They were frequently person centred and updated regularly as needs changed. These reviews considered the effectiveness of the plan and referenced the involvement of relatives in their development.

Overall, with the exception of the recording of care delivery mentioned in Outcome 5 Inspectors found that nursing documentation, particularly progress notes and care planning was to a high standard.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The centre consisted of 81 single bedrooms and 4 twin and 1 triple bedroom across three floors.

The premises were fully reviewed at the last registration inspection and inspectors were told that no structural changes have taken place since then.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents with small areas of diversion and interest.

Several displays of clothing, jewellery, bric a brac, furniture and household utensils of

times past were located throughout the centre to evoke memories and generate conversation.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in resident's bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was of a good overall standard. Maintenance staff were observed on site at the centre. They attended to daily reports from staff and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in twin and triple rooms. All bedrooms had ensuite bathrooms. The centre as a whole was of a suitable layout and design for the residents and was of sound construction and in a good state of repair. A lift was available centrally for moving between floors. Facilities also included; a hair salon, oratory space and arts and crafts room. There was dining space on each floor of suitable size for the number of residents. There were multiple living rooms and seating space in foyers, with adequate private space in which residents could receive visitors.

The purpose and function of each room was identified with a few exceptions which the inspector was assured would be rectified. Appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Picture cueing on bedrooms, bathrooms and toilet areas were in place. Colour cueing was also used with deep colours on bathroom/toilet doors

There was a well maintained and secured external garden on the ground floor. The garden was nicely decorated and free of hazards. The area was fenced and secure from unauthorised entry. Staff advised that the area is used for outdoor activities such as barbeques in the summer months.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A small number of residents were receiving 'end of life' or 'comfort care' during this inspection.

Access to specialist palliative care services were available with on site consultant and visits from the clinical nurse specialist when required/requested. It was noted that residents family and friends could be facilitated and religious and cultural preferences respected as far as practicable.

Although palliative care plans were in place, some were not sufficiently specific to direct the care to be delivered in a holistic manner. Although the care plans were detailed enough to guide healthcare interventions such as pain and skin care management they did not reference whether the residents end of life will or preference had been sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements. Evidence that attempts had been made to raise these sensitive issues was not available on this inspection.

Improvements to the process in place on determining the agreed level of interventions to be provided in the event of sudden deterioration were being made. An advance care plan to guide staff, residents and their relatives on end of life decisions was devised and had commenced. But these were not yet been completed for all residents. It was found that some relatives were being given these new advance care plan forms to complete without full explanation, guidance or support to enable informed decisions be made that reflected the resident's will and preference.

Judgment:
Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

The dining experience was conducive to conversation. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents.

Most residents took their meals in the dining rooms located on each floor in the centre and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were displayed in the main kitchen and in the kitchenettes on each unit.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water at all times was available, jugs of water were observed in residents' rooms and water dispensers were available.

Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition although inspectors were told no residents were identified as requiring same at the time of inspection.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the

centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on past outings and events with suggestions for ideas for improving internal activities and external outings such as going to the National concert hall and the Botanical gardens.

There was a varied activities programme with arts and crafts, bingo gardening and music included. There were also a mix of group and individual sessions including aromatherapy and hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation.

Feedback from residents and their relatives on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Residents said staff were quick to respond to their call bells and regularly enquired if they were OK. However some relatives expressed a preference for improved communication with senior management. This was discussed with the provider and person in charge during the inspection. Both said that they were always open to meeting with resident's relatives and relevant others and regularly did so. Inspectors were told that a formal process to meet with relatives collectively or individually was not established but occurred either informally, on request or as part of a specific issue.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.
A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated.
All clothing was labelled for the laundry and new clothes were added to an initial list by staff.
Adequate space was provided for residents' personal possessions and it was noted that clothing could be stored in a neat and appropriate manner.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good

standard of care to the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.

Agency staff were not used to cover gaps in the roster. It was noted that a bank of relief staff was in place to maintain consistency of care.

A specific staff allocation system was in place that identified the staff for each area on every floor in the centre. All staff were aware of the system which was implemented in full. The system also identified staff supervision of communal areas throughout the day.

A training plan for 2016 was devised. The plan included mandatory and clinical care updates such as pressure ulcer prevention; assessment and care planning dementia care and person centred care.

Staff spoken too told the inspector they had received mandatory training in areas such as fire safety, moving and handling and prevention of elder abuse. In conversations with them and on observation the training provided was noted to be implemented in practice.

There was a comprehensive written operational staff recruitment policy in place. The inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations with the exception of two references on a sample of personnel files reviewed. These documents and checks were also maintained for the small number of volunteers attending the centre. The inspector requested An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Ferndene Nursing Home
Centre ID:	OSV-0000759
Date of inspection:	13/04/2016
Date of response:	23/06/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The delivery of care was not always recorded in a timely manner and was not sufficiently accurate to determine that the care plans in place were appropriately and fully implemented.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Chief Inspector.

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

Internal review of paper based records for identified residents requiring food charting, intake and output monitoring, turning charts and records for residents on increased monitoring have indicated timely and accurate recording. These records continue to be used and relied on by various MDT members where required. On review of records input on the electronic touchscreen, it was noted that there were instances where records were not recorded for residents in line with time windows as prescribed. This specifically included records such as personal hygiene, mood records and bowel movements being recorded in some instances outside the required window for recording.

Action 1: Standard operating procedures are in situ for the centre regarding the timing and content of recording resident care on the electronic touchscreen system to ensure contemporaneous records are maintained. Specific guidance has been disseminated to all relevant staff regarding this standard operating procedure ensuring knowledge of same. Compliance with the procedure will be audited by nursing management on a weekly basis to ensure both 'touchcare' records and paper based monitoring records are maintained in a contemporaneous manner by care staff and utilised appropriately by nursing staff to support assessment of the full implementation of care plan interventions.

Action 2: In order to further enhance and improve the system of supervision within the centre, a review is currently being conducted. This is specifically seeking to assess the effectiveness of verbal escalation of changes in residents' condition and the direct provision of timely updates on the implementation of care plan interventions between care staff and nurses. Upon completion of the review, and where opportunities or requirements are identified to improve the system, specific measures will be implemented to address such opportunities or requirements. The Authority will be provided with an update of specific details of such measures once the review has been fully completed.

Proposed Timescale:

Action 1: Complete (21/06/2016)

Action 2: 15/07/2016

Proposed Timescale: 21/06/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Systems in place did not ensure staff were fully familiar and competent in all aspects of the procedures to be followed in the event of a fire. Fire drills practiced by staff did not

include all of the procedures to be followed and the potential for non compliance by residents had not been considered.

2. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

All staff within the nursing home are trained in and practice all aspects of the procedures to be followed in the event of a fire. This includes comprehensive annual training for each staff member, the completion of fire drills at regular intervals with simulated evacuation of the zone of origin and on-going assessment of knowledge to guide training needs. Fire drills will now include a higher frequency of vertical evacuation simulations to assure the competency of staff in all aspects of the procedures to be followed. Specifically, the frequency with which the simulation of vertical evacuation will be included in unannounced drills that are conducted within the centre will be at 3 monthly intervals or sooner if deemed a requirement. This will include the use of techniques required for vertical evacuation and the use of relevant equipment. Such drills will also include assessment of the effectiveness of staff regarding the implementation of personal evacuation plans in place for each resident in the simulated zone of origin. This action will inform future practice.

Proposed Timescale: 21/06/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Nutritional supplements were being administered without prescriptions or the advice of a relevant health professional

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Steps were immediately taken to ensure all nutritional supplements are being administered in accordance with the directions of the prescriber for each resident concerned in accordance with the advice of relevant allied health care professionals. Specific guidelines and instructions were provided by the Director of Nursing to relevant staff regarding the preparation and supervised administration of Callogen as prescribed.

The identified area of non-compliance was therefore immediately addressed. Adherence to such guidelines is being monitored closely by nursing management through direct observation on a daily basis. It will again be reinforced in medication training scheduled for RGNs on 28th June 2016.

Measures currently implemented to improve medication administration practices by staff include the completion of scheduled medication audits, including both internally and externally conducted audits, to assess staff compliance with medication management policies and An Bord Altranais administration guidelines. Measures also include the completion of competency assessments with all registered nurses and the mandatory completion of trainings. The most recent training provided to all nurses was on the 5th April 2016, the most recent competency assessments were completed for all RGNs on 1st April 2016 and the most recent audit was completed on 8th April 2016. The future scheduling of such audits and assessments are set out clearly in a planned Quality Management Framework and as required. The quality management measures in place seek to continue to both assure and improve competency on an individual level within a broader systems based approach.

Proposed Timescale: 14/04/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An end of life plan of care to identify, implement and manage all care needs associated with the active dying phase was not in place for some residents who required same.

4. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All end of life care plans have been audited to ensure that care interventions recorded are detailed enough to guide a holistic approach in line with the expressed preferences of residents and their care representatives as appropriate. Where shortfalls are identified, including scope for greater evidence of discussions around end of life wishes, care interventions will be revised to reflect the extent of such discussions. The nursing home will continue address such discussions and collaborative planning in a sensitive manner that respects the preparedness of each resident and/or care representative at a given point in time.

Proposed Timescale: 15/07/2016