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Ferbane Nursing Home, OSV-0004690, 7 March 2018

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Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ferbane Nursing Home
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	07 March 2018
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0021375

About the designated centre

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

Ferbane Nursing Home is a 65 bedded facility set in mature grounds in an urban area. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and seven twin rooms some of which are en suite. Sufficient communal accommodation is available including day rooms and dining areas as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. Adequate supervision is provided and their statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. It provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are accommodated in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	28/01/2021
Number of residents on the date of inspection:	42

How we inspect

To prepare for this inspection the inspector or 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
07 March 2018	09:30hrs to 16:30hrs	Sheila Doyle	Lead

Views of people who use the service

Throughout the inspection residents were seen to be treated with dignity and respect and choices were being respected.

Residents spoken with were satisfied with the service. They spoke about improvements around the centre including additional directional signage.

Residents said they were happy with their rooms and felt their privacy was respected. Residents reported satisfaction with the food and said choices were offered at meal times. Residents also spoke very highly of the staff describing them as kind and caring.

Residents told the inspector how much they enjoyed some of the activities and the inspector saw residents enjoying a musical afternoon.

Capacity and capability

Robust governance and management arrangements were in place which will ensure the delivery of safe appropriate care to residents. Scheduled formal management meetings will take place.

There was a recently appointed full-time person in charge in the centre, with the relevant skills and experience. The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The person in charge described her proposed auditing and quality improvement plans which, if implemented, will provide an effective oversight of the service provided.

The inspector found that, at the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. New rosters were available to reflect the proposed staffing levels when the new beds are occupied. Active recruitment was underway to ensure that adequate staff will be available in the centre.

There will be a nurse on duty at all times. Residents told the inspector that staff were kind and respectful.

Staff files of newly recruited staff were reviewed. The inspector found they were

complete and contained the information set out in the regulations.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Volunteers worked in the centre and added to the residents' quality of life. They provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles, and responsibilities were set out in a written agreement as required by the regulations.

The inspector found that a complaints policy was in place. However the inspector noted that sufficient detail was not always included in the complaints log. The person in charge had identified this through the audit and had plans to introduce more in-depth documentation.

Regulation 14: Persons in charge

There was a recently appointed, full-time person in charge with the relevant skills and experience.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. New rosters were available to reflect the proposed staffing levels when the new beds are occupied.

Judgment: Compliant

Regulation 21: Records

Staff files met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The inspector saw that there was up-to-date insurance in place including loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

A clear management structure and management systems were in place to ensure the service was provided in line with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose set out the service to be provided and met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Sufficient detail was not consistently included in the complaints log.

Judgment: Substantially compliant

Quality and safety

The provider had applied to register the centre which included an increase in numbers from 51 to 65. At this inspection the inspection reviewed the premises and fire procedures to include the new resident areas.

The inspector found that the premises, fittings and equipment were generally of a reasonable standard, clean and well-maintained. The centre was homely, domestic in appearance and accessible. It provided adequate physical space to meet each residents assessed needs.

New accommodation consisted of 13 single rooms. All had en suite facilities. In addition the room previously set aside as a smoking room had been converted into another single room. The inspector found that the new accommodation was finished to a high standard. Appropriate furniture was in place. Call bell facilities were available.

Corridors had handrails to assist mobilising. There was also evidence of the use of contrasting colours to assist orientation. Additional communal rooms were also provided including a dining room and a day-room.

Improvements to the existing premises were noted. This included the renovation of a room previously used as a board room to a drawing room which was appreciated by residents and visitors alike. The inspector found that the centre was homely and provided adequate physical space to meet each resident's assessed needs. All areas were clean and well maintained. A lift and stairs provided access between the floors.

The person in charge discussed plans afoot for further improvements. This included work on an existing courtyard area to make it safe and easily accessible to residents. Plans were in place to increase the natural light available in the new rooms by removing an outside wall and replacing it with a landscaped sloped bank instead. The provider representative also discussed plans to put a boccia court in the front garden area which had extensive lawns. Efforts were also underway to ensure that residents could safely use the front garden. This included ensuring that deliveries etc used a different access route.

The inspector also reviewed the fire procedures in place in light of the proposed new residents' accommodation and day areas. It was noted that fire training was up to date. Additional training had been provided to include the new areas. Fire drills had also been carried out in this regard. The person in charge was monitoring this closely and frequent checks of staff knowledge were carried out.

Regulation 17: Premises

Overall, the centre was suitable for the number and needs of the residents. However, the planned improvements need to be completed to ensure that all residents have access to external grounds which are suitable for, and safe for use by residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that there were appropriate fire safety arrangements in place, for example, staff had received orientation training to the new building, fire exits were clearly marked and there was sufficient fire fighting equipment throughout the building.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant

Compliance Plan for Ferbane Nursing Home OSV-0004690

Inspection ID: MON-0021375

Date of inspection: 07/03/2018

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure has been enhanced to ensure that all stages of the complaint process are easy to review and comprehend. Complaints management will be transparent and will detail the stage, all actions undertaken, all actions required, conclusion and review. There are no active complaints today. All staff have been reminded on the complaints process.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The identified courtyard space is in the process of being enclosed and secured and made fit for resident use with ease of resident access. This will be completed by end of April 2018. The works to develop this area into a person-centred environment will commence with the fitting of full and half doors in the courtyard to give a street like appearance to the area. Trellising will be used to secure the end of the courtyard and allow for privacy. Weather permitting we intend exploring the plan for sensory gardens and disabled friendly pathways and routes. The use of this space will grow with the specific resident occupancy and will incorporate the residents inclusion of their preferences.	

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	Completed by April 30 th 2018
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a	Substantially Compliant	Yellow	Completed on 15 th March 2018

	resident's individual care plan.			
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	resident's individual care plan.			
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