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Fearna Manor Nursing Home, Tarmon Road, Castlerea, Roscommon

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Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Fearna Manor Nursing Home
Centre ID:	OSV-0000339
Centre address:	Tarmon Road, Castlerea, Roscommon.
Telephone number:	094 962 0725
Email address:	fearnamanor@outlook.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eldabane Properties Limited
Provider Nominee:	Martin O'Dowd
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	8

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:
05 April 2016 08:30	05 April 2016 16:30
06 April 2016 08:30	06 April 2016 16:00

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	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
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	Substantially Compliant
Outcome 14: End of Life Care	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	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to renew registration of the designated centre.

The centre can accommodate a maximum of 53 residents who need long-term care,

or who have respite, convalescent or palliative care needs. There were 45 residents present at the time of this inspection. The inspector reviewed progress on the action plan from the previous inspection carried out in August 2015. The inspector met with the provider and person in charge who displayed a good knowledge of the Authority's Standards and regulatory requirements. There was evidence of a commitment to providing quality, person-centered care. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met. Staff supported residents to maintain their independence where possible. The premises, fittings and equipment were clean, well maintained and decorated.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. The building was comfortably warm. A wide range of activities was facilitated by an activity coordinator.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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:
The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in January 2016.

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

Findings:
The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent.

There is reporting system in place to demonstrate and communicate the service is effectively monitored between the person in charge and the service provider. The provider was informed of any specialist care needs by the person in charge.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned on an annual basis to include clinical data over a wide range of areas namely medication management, nutrition and weight loss and any accident or falls sustained by residents.

However, the aim, objective and methodology was not defined for all planned audits. An audit of behaviours that challenge was planned. However, the usage of psychotropic or might sedative medication to inform practice to ensure enhanced individual outcomes for residents was not defined within the criteria for the audit.

A comprehensive annual report on the quality and safety of care was compiled for 2015 with copies made available to the residents or their representative for their information as required by the regulations.

Judgment:
Substantially 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:
All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

The contracts specified the amount paid by the Fair Deal Support Scheme. The amount contributed by a resident from their pension was not clear. This included an additional personal contribution of either forty euro or twenty euro in different contracts of care viewed.

The contract of care did not clearly outline the full range and extent of services provided by a personal contribution charge. Physiotherapy and occupational therapy were stated as being provided. Further detail of these services provided is required for clarity on the charge levied in the contract of care.

Expenses incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

Judgment:
Substantially 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 person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations. She is a qualified trainer in adult protection and safe moving and handling techniques

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a compliance and standards manger.

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre-specific, were in place to inform practice and provide guidance to staff.

Medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

The complaints procedure was displayed inside main entrance for visitors to view and provide direction to whom they could raise an issue.

A sample of five staff files to include the files of the most recently recruited staff were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the regulations was available in the staff files reviewed.

Judgment:
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:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager has not been notified to HIQA to deputise in the absence of the person in charge. There was a low turnover of nursing staff and all nurses demonstrated continuing professional development. However, formalised arrangements to deputise for the person in charge were not identified.

This was discussed with the provider who confirmed the required notification would be completed.

Judgment:
Substantially 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

Findings:
The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The ongoing balance was transparently managed.

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence.

Staff training, supervisions and appraisals were completed. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed and saw that residents were treated well, with safety at the forefront of care and support provided appropriately. All staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff spoken with were very familiar with resident's behaviours and could describe particular residents' daily routines very well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. However, additional training is required for recently recruited nurses and refresher training for staff last trained in 2012, to ensure they have up to date knowledge and skills to respond appropriately.

There was a policy on restraint management (the use of bedrails and lap belts) in place. A restraint free environment was bring promoted. At the time of this inspection there were 19 bedrails and two lapbelts in use. The medical notes reviewed evidenced the

rational for any prescribed antipsychotic medication and clarified its administration was not a form of chemical restraint. The use of antipsychotic or sedative medication was closely monitored. A recording chart was maintained in addition to the MARS to ensure close monitoring and audit.

A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process.When a resident requested the bedrail is raised for use as an enabler, a risk assessment was not undertaken to ensure the practice was safe. The documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function when bedrails were requested by residents. Further work in trialling alternatives to include beds being placed at the lowest level and providing sensor mats is required. Where alternatives trialled were unsuccessful the reason why was not detailed well in assessments and care plans reviewed.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

The inspector identified some hazards requiring risk assessment. The doors from some toilets opened out onto the corridor, restricting the view of occupants exiting bathrooms. This posed a risk to residents mobilising along the corridor.

Restrictors were fitted to all bedroom windows. However, windows in ensuite bathrooms had large openable panes and were not fitted with restrictors in the interest of health and safety to prevent residents at risk of leaving the centre unaccompanied.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

Staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. The drills recorded the scenario or type of simulated practice The fire drill detailed the time taken for staff to respond to the alarm or evacuate a zoned compartment. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. Some staff only work nights and had not completed a fire drill. There was evaluation of learning from fire drills completed to help staff understand what worked well and identify any improvements required.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place.

There was a small number resident who smoked. Cigarettes and lighters are held for safekeeping by staff members for most residents. Fire retardant aprons were provided in the smoking room. One resident held cigarettes in their bedroom. A risk assessment was completed for all residents who smoke. However, the assessment and plan of care did not specify in sufficient detail the level of assistance and supervision required and in particular, where residents stored cigarettes in their bedroom. The controls to minimise risk require review for resident who smoke independently.

There were a sufficient number of cleaning staff rostered each day of the week. There was a new cleaning system implemented in the weeks prior to this inspection. Separate cleaning equipment and cloths were used to clean each bedroom and communal areas to minimise the risk of cross infection. Staff were trained in the new cleaning system. However, there was variation in cleaning practices among staff, which was not in line with the new cleaning policy

There were arrangements in place for recording and investigating untoward incidents and accidents. Falls and near miss event were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors. A post fall review completed in one sample examined did not refer to a recent infection and the prescribing of antibiotics as a contributory factor.

The training records showed that staff had up to date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. There was professional advice from the physiotherapist and occupational therapist provided in determining each residents' moving and handling needs. The type of hoist was specified where required but the sling size required by the residents was not specified in all assessments reviewed.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds.

Judgment:
Non Compliant - Moderate

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:
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Residents are facilitated with a choice of pharmacist. At the time of this inspection three different pharmacists supplied medication to residents. All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all medication orders were correct for each resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and distinguished between once off medication and regular medication. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

Nursing staff transcribed medication. Transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored

and recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. At the time of this inspection one resident was being administered controlled drugs. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
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.

Theme:
Effective care and support

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

Findings:

There were 45 residents in the centre during the inspection. There were 20 residents with maximum dependency care needs. Nine residents were assessed as highly dependent and ten had medium dependency care needs. Six residents were assessed as low dependency.

The majority of residents were in advanced old age. Nine residents were over 90 years of age and 22 over 80 years of age. All residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Twenty three residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's.

A preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access. A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. There was good linkage between assessments completed and developed plans of care.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need. Care plans described well residents' level of independence and what they could do for themselves. This was determined following assessment and review by the physiotherapist and occupational therapist employed. Each resident with a diagnosis of dementia or cognitive impairment had an assessment completed by the nursing staff and occupational therapist. Care plans were developed to outlined communication needs, reactive strategies and medication reviews.

In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals to include speech and language therapist and dietitian. The provider employs a physiotherapist to work four days and an occupational therapist three days each week within the centre. The physiotherapist is available to review all residents and undertake individual exercises to promote mobility. Where required each resident has a personalised exercise program developed. The occupational therapist undertakes rehabilitative programs to assist residents maintain physical and sensory skills. The occupational therapist assists residents participate in the activites program available to them.

There were two residents with pressure or vascular wounds at the time of this inspection. The inspector reviewed the care plan for one resident. A plan of care was in place and regularly revised. Assessment evidenced the wound was healing. A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre routinely.

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):
No actions were required from the previous inspection.

Findings:
The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a high standard of décor throughout and good levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There are two day sitting rooms and a conservatory style sitting area available for use by residents. A dining area suitable in size to meet residents' needs is located off the kitchen. Other facilities include a room where residents can meet visitors in private, smoking room and an oratory.

Bedrooms accommodation comprises of 15 single and 19 twin bedrooms all with ensuite bathrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient

number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

Staff facilitates were provided. Separate toilets facilitates were provided for care and kitchen staff in the interest of infection control. Lockers are provided for the storage of personal belongings of staff.

A safe enclosed landscaped garden was available to residents.

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:
There was a complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint required review. The independent appeals process was not fully meeting the requirements of the regulations. The independent appeals procedures referred residents or complainants to an agency which does not assist to resolve issues of concern on behalf of residents.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Judgment:
Substantially 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:
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team

Resident's end-of-life care preferences or wishes are identified and documented in their care plans. At the time of this inspection nine residents had a do not attempt resuscitate (DNAR) status. A system was developed to ensure residents with a DNAR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of –life care. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.

Judgment:
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:
The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Care staff spoken with could describe the different textures and the residents who had specific requirements.

Residents had care plans for nutrition in place. There was prompt access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition and skin integrity. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals.

All residents were weighed regularly. Food and fluid intake records were well completed where a need was identified.

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 of a good communication culture amongst residents, the staff team and person in charge.

Personal hygiene and grooming were well attended to by care staff. The inspector

observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. The inspector observed residents coming to the dining room throughout the morning. Other residents had breakfast in their bedroom. During the day residents were able to move around the centre freely.

Staff promoted residents mobility. Care staff encouraged residents to walk for exercise to the dining and provided the appropriate level of assistance. Residents who spoke with the inspector complimented the food and the staff. A relative described how reassured she was about her mother's care and " the nurses always keep me informed" and ensured she had "regular GP visits".

Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the service.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge.

Residents' civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote in elections. Residents could practice their religious beliefs. There was a visitor's room to allow residents meet with visitors in private.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation. Residents spoken with expressed satisfaction with the choice and variety of activities. The occupational therapist employed three days per week also assisted residents participation at intervals in the activity program.

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 was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A clear system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals.

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

Findings:
The action required from the previous inspection in relation to the rostering of staff was completed. Additional relief staff were recruited and an extra care assistant is rostered for night duty. Staff rotas reflected the actual hours worked. This was monitored by the person in charge to meet the requirements of the Working Time Act 1997

The provider employs a whole-time equivalent of 8 registered nurses including the person in charge and 23·5 care assistants. In addition, there is catering, cleaning, laundry, activity coordinators and an administration staff member employed.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The

inspector noted that the planned staff rota matched the staffing levels on duty.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and end- of- life care. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management. Attendance at cardio pulmonary resuscitation training was facilitated.

There was a significant program of training facilitated by the management team and undertaken by staff in the past 18 months. However, there has been no review of the effectiveness of the training, and its implementation in practice. There has been no follow up of training completed and evaluation to ensure improved outcomes for residents.

Judgment:
Substantially 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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Fearna Manor Nursing Home
Centre ID:	OSV-0000339
Date of inspection:	05/04/2016
Date of response:	16/05/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The aim, objective and methodology was not defined for all planned audits. An audit of behaviours that challenge was planned. However, the usage of psychotropic or might sedative medication to inform practice to ensure enhanced individual outcomes for residents was not defined within the criteria for the audit.

1. Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
A cover page is now in place on each audit outlining the aim, objective and methodology. An audit on psychotropic medications was conducted in April 2016 and a follow on audit will take place in October 2016.

Proposed Timescale: 30/04/2016

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract of care did not clearly outline the full range and extent of services provided by a personal contribution charge.

The amount contributed by a resident from their pension was not clear in the contract of care.

2. Action Required:
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

Please state the actions you have taken or are planning to take:
A revised contract is now in place which provides the additional clarification.

Proposed Timescale: 30/04/2016

Outcome 06: Absence of the Person in charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A key senior manager has not been notified to the Authority to deputise in the absence of the person in charge.

3. Action Required:
Under Regulation 33(2)(a) you are required to: Give notice in writing to the Chief Inspector of the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.

Please state the actions you have taken or are planning to take:
The appropriate person has been nominated and all documentation filed with the relevant HIQA office.

Proposed Timescale: 30/04/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training in responsive behaviours including caring for older people with cognitive impairment or dementia is required for recently recruited nurses and refresher training is required for staff last trained in 2012.

4. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
The training is scheduled for 19th May and 1st June

Proposed Timescale: 01/06/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
When a resident requested the bedrail is raised for use as an enabler, a risk assessment was not undertaken to ensure the practice was safe. The documentation did not outline or describe well how the raised bedrail supported the resident and ensured an enabling function.

Further work in trialling alternatives to include beds being placed at the lowest level and providing sensor mats is required. Where alternatives trialled were unsuccessful the reason why was not detailed well in assessments and care plans reviewed.

5. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
All restraint assessments are being revised to include a safety assessment for residents

requesting or requiring a bedrail. Also the reason for other options being unsuccessful will be clarified and readily apparent on future documentation

Proposed Timescale: 30/06/2016

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:
The doors from some toilets opened out onto the corridor, restricting the view of occupants exiting bathrooms.

Windows in en suite bathrooms had large openable panes and were not fitted with restrictors.

Smoking risk assessments and plans of care did not specify in sufficient detail the level of assistance and supervision required. In particular, where residents stored cigarettes in bedrooms.

The type of hoist for moving and handling was specified but the sling size required by residents was not specified in all assessments reviewed.

6. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
The direction of opening of the toilet door has been reversed and restrictors have been fitted to the en suite windows.

Smoking assessments and care plans have been reviewed to emphasise the level of supervision required in smoking room. The storage of the cigarettes and lighter in a certain resident bedroom has also been reviewed.

Sling sizes are now specified on all manual handling assessments and falls management care plans for all residents where hoist transfer may be required.

Proposed Timescale: 15/05/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A post fall review completed in one sample or care plans examined did not refer to a

recent infection and the prescribing of antibiotics as a contributory factor.

7. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Future reviews will incorporate the onset of infections and the use of antibiotics as a contributory factor if relevant.

Proposed Timescale: 30/04/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a variation in cleaning practices among staff which was not in line with the new cleaning policy.

8. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Further training will be scheduled and the household line manager and Director of Nursing will continue to monitor.

Proposed Timescale: 16/05/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced.

Some staff only work nights and had not completed a fire drill.

9. 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:

A night fire drill will be scheduled for the latter two weeks in May.

Proposed Timescale: 31/05/2016

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The independent appeals process was not fully meeting the requirements of the regulations. The independent appeals procedures referred residents or complainants to an agency which does not assist to resolve issues of concern on behalf of residents.

10. Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The policy has been revised to include a mediation process in the event of our Independent Appeals Process not resolving any issue.

Proposed Timescale: 07/04/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There has been no review of the effectiveness of the training and its implementation in practice.

11. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
A review is underway. However the daily supervision practices, other audits, overall compliance with standards and lack of any major complaints and incidents or poor care outcomes would tend to indicate that the current training regimes are very effective. Review commenced May 2016 and is ongoing.

Proposed Timescale: 01/05/2016