

Health Information and Quality Authority
Social Services Inspectorate

Inspection Report
Designated centres for older people



Centre name:	Fearna Nursing Home
Centre ID:	0338
Centre address:	Bishops Street
	Elphin
	Co Roscommon
Telephone number:	071-9635424
Fax number:	071-9635064
Email address:	fearnanh@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Eldabane Holdings Limited
Person in charge:	Anne Marie O'Brien
Date of inspection:	13 September 2011
Time inspection took place:	Start: 14:00 hrs Completion: 20:00 hrs
Lead inspector:	Patricia Tully
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About inspection

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

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

Additional inspections take place under the following circumstances:

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

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

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

About the centre

Description of services and premises

Fearna Nursing Home is a two-storey building which was built in 1840. It originally operated as a convent school and has been a nursing home for the past 16 years. It is registered to provide care for up to 34 residents. Many of the original features such as stonework and tiling are still in evidence. It has been converted and modified over the years to improve the facilities available for residents.

Access to the entrance hallway is by code lock or by ringing the door bell. The hallway has seating which is used by residents as a quiet sitting area. The hallway leads to the ground floor accommodation and services including the dining room, sitting room, kitchen, laundry, residents' bedrooms, bathrooms, toilets and visitors' room. The nurses' office is directly off the entrance hallway. There is a stairs and lift to the first floor bedrooms, bathrooms, toilets, storage area and sitting room. A stair-lift runs between split floor levels on the first floor. Areas of the corridors on the ground and first floors are ramped. Residents' bedrooms comprise of nine single rooms, five double rooms and five three-bedded rooms. Assisted toilets are provided close to the communal areas on both floors.

There are mature gardens and parking spaces to the front of the building. A smaller secure garden off the dining room provides safe outdoor space for residents.

The centre provides care to residents who have long-term care needs for persons over 18 years of age. Dementia care, respite care, palliative care and convalescent care are provided. A local general practitioner (GP) provides medical support and specialist services are accessed through the Health Service Executive (HSE) or privately as required.

Residents have access to physiotherapy on a weekly basis and occupational therapy once a fortnight. A recreational therapist visits once a week.

Location

Fearna Nursing Home is located on Bishop Street, Elphin, County Roscommon just off the (R368) road and a few minutes' walk from the town of Elphin. The location allows residents access to local shops, the post office, a bank and other local amenities.

Date centre was first established:	05 September 1994
Number of residents on the date of inspection	20 including 1 in hospital
Number of vacancies on the date of inspection	14

Dependency level of current residents	Max	High	Medium	Low
Number of residents	9	11	0	0

Management structure

Fearna nursing home is operated by Eldabane Holdings Ltd. Martin O'Dowd is the nominated Provider on behalf of the company. The Person in Charge is Anne Marie O' Brien, Director of Nursing. She is supported by a team of nurses, care and ancillary staff who report directly to her. The person in charge is supported in her management role by Michelle Horan, area supervisor for the company's three centres in Roscommon.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1 (9:00 hrs – 16:00 hrs) 1 (16:00 hrs – 21:00 hrs)	4 (8:00 hrs– 16:00 hrs) 3 (16:00 hrs – 21:00 hrs)	2	4	2**	1*

- * 1 Recreational Therapist 10:00 – 15:30
- ** 1 Receptionist
- ** 1 Area Supervisor

Background

This report outlines the findings of a follow-up unannounced inspection on the 13 September 2011. This was the fourth inspection by the Authority and the first unannounced inspection. The inspection focused on those areas of practice that required improvement as set out in the Action Plan following the inspection on the 17 September 2010 which identified two actions where improvements were required, including the provision of adequate sluicing facilities and signage. The Authority had received information with regard to the provision of heating and medication administration since the last inspection which was evaluated during this inspection.

Summary of findings from the follow up inspection

The inspector reviewed the actions and recommendations outlined in the report of the inspection on the 17 September 2010, the provider's response to the inspection report and action plan. This outlined the timeframes for addressing the issues and detailed the actions taken and actions planned to ensure compliance with the legislation.

The Authority had received information with regard to the provision of heating since the last inspection and notifications received from the provider were also reviewed on this inspection.

The inspector found that one of the actions was completed and one was partially completed by the provider since the last inspection. The action that was partially completed is dependent on the construction of a new centre to be fully completed. The provider has submitted plans for a new centre to the authority and planning permission has been granted. The use of a combined service area has led to infection control issues as a commode pan and a catheter drainage bag were found to be inappropriately managed. This practice has the potential for cross infection.

The inspector met with the person in charge, the area supervisor Michelle Horan, residents and staff of the centre. Documentation examined included staff rosters, the complaints register, care plans, medical records, residents register and staff files. The centre was clean, warm and there was a sociable atmosphere in the residents sitting areas. Staff were friendly and welcoming and were talking and chatting to residents as they went about their duties. Staff have participated in a range of training courses during 2011 in addition to the mandatory training such as; care of older people, infection control, continence management and a talk on restraints. All courses are documented in individual staff files and a training matrix is maintained which was reviewed by the inspector which confirmed that training had taken place.

Residents stated that they are "getting good care here" and they "are happy here". A resident spoke of a recent outing which they enjoyed very much and a mural of the

outing was in the nurses' office depicting a picture of the outing which appeared in the local paper. The arrangement of the resident outing was in response to a suggestion that had been made at a resident meeting.

One resident said "we get our meals cooked, staff are very nice and I have a nice bed to sleep in. You couldn't ask for nicer staff". Another resident said it was "like home from home".

A comprehensive risk management policy is available in the centre and the provider has engaged a company to support the centre in managing risk. A shortfall was identified on inspection in terms of practice in that risks on an individual basis for high dependency residents associated with the layout of the premises were not assessed and included in care plans. For example, of the two care plans reviewed on the computerised documentation system (epicCare system), one resident with a history of falls did not have a specific care plan in place to address the falls risk. This resident, who has been found on the floor beside the foot of his bed as notified to the Authority, sleeps in a bed that is situated adjacent to the door into the room. The risks were discussed with the provider and she undertook to review individual residents and possible solutions to minimise any associated risk, being mindful of minimum disruption to residents. An action is included at the end of this report.

Two residents were observed to have loose lap straps in situ on their chairs. The risk associated with lap straps was discussed with the person in charge and she undertook to request a seating review by the occupational therapist when she next visits the centre. A comprehensive restraint policy is in operation in the centre and staff have attended talks on restraint.

The contract of care as discussed with the person in charge did not specify charge that would be imposed for additional services such as hairdressing. While the list is also stated in the statement of purpose, no itemised cost was given.

The statement of purpose lists the staff and the whole time equivalents. The multidisciplinary staff, area supervisor, proprietor and recreational co-ordinator are all listed as fulltime when these staff are employed to cover a number of centres.

The action plan at the end of this report identifies areas where improvements are required to address deficits in the service to comply with 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. These improvements included for example, review of recording of complaints.

Issues covered on inspection

The primary focus of the inspection was to review and assess the progress of the agreed action plan from the inspection of 17 September 2011 and information received since the last inspection. It also involved a review of notifications from the provider to the Authority.

1. Information received:

Information received by the Authority since the last inspection related to:

- **Regulation 19: Premises** - The provision of sufficient heating for residents in the centre.

The inspector interviewed the nurse on duty, the residents and the person in charge in regard to the provision of sufficient heating for residents in the centre and recorded temperatures in the sitting rooms. The nurse on duty confirmed that thermostats are situated in two bedrooms, reception, the dining area and the lounge upstairs and that these are checked and recorded daily.

The temperature was 24.5 degrees as indicated by the thermometer in the sitting rooms and confirmed by the nurse on duty. This temperature is above the recommended requirement. Records of the recorded temperatures were reviewed and found to be satisfactory and the residents reported that they felt comfortable and had no issue with the heating in the centre.

- **Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines** - Medication administration.

The inspector interviewed the person in charge and the area supervisor in regard to the administration of medication and reviewed the policies and procedures which were found to comply with the regulations. The person in charge confirmed that medication is administered by the nurse on duty and that a carer co-signs the administration of DDA's when a second nurse is not on duty. Medication administration records reviewed confirmed this practise and was considered satisfactory and was in line with the centre's policy.

- **Regulation 39: Complaints procedure** - Response to complaints.

The complaints policy and procedure was reviewed by the inspector and found to contain all the required elements. A number of complaints were found to have been logged and while a detailed description of the complaints was documented, the outcome was not always stated. This was discussed with the provider who explained that this was in the interest of confidentiality and safeguarding residents in terms of sensitive information. The person in charge agreed to consider ways of documenting the actions taken in a manner that protects the

residents and their relatives. An action has been included at the end of this report.

Having considered all the evidence, the inspector found that the information received was not upheld.

2. Notification of incidents

The notifications to the chief inspector since the last inspection were reviewed. The incorrect use of an out of date NF11 form on three occasions instead of the NF03 was highlighted and the correct procedure to be adopted in future was discussed with the person in charge and the area supervisor. The person in charge confirmed that the correct procedures would be adopted. An action has been included at the end of this report.

3. Review of Actions required from previous inspection:

1. Provide a sluice facility that meets the standard specified and that contains the required equipment. Refurbish the area and provide a sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system, a bedpan washer and/or macerator, hand-washing facilities, a suitably sized sink, adequate racking/storage for bedpans/urinals and lockable cupboards for safe storage of cleaning chemicals to comply with the Standards.

The residents' toilets in the sluice room should be relocated to ensure privacy.

This action was partially completed. As reported previously, residents no longer use the toilets in the sluice room upstairs.

A second sluice room is located within the toilet suite on the ground floor at the end of the corridor which is accessible via a locked door. The key is available adjacent to the door. The toilet suite accommodates a staff toilet cubicle and a residents' toilet cubicle; a sluice sink and two wash hand basins are also provided.

The inspector found a commode pan stepping in one of the wash hand basins and an empty catheter bag resting on the vanity unit. The person in charge said this was an isolated incident and not an acceptable practise. She gave an undertaking to remind staff of the requirement to adhere to the infection control policy and procedure.

The person in charge said the provision of a sluice facility that meets the required standard was dependent on construction of the new building which includes a sluice room in line with requirements.

The provider had agreed to submit a letter to the authority following the inspection of the 17 September 2011, detailing the proposed timescales in relation to the new build. This letter has not been received by the Authority.

This action is repeated at the end of this report and an additional action in regard to infection control.

2. Plan changes to the physical design and layout of the premises to meet the needs of residents.

This action was not completed as previously reported. This building is listed as a protected structure. The bedrooms in the 'old chapel' part of the building do not have walls going to the ceiling. The provider informed the inspectors during the previous inspection that they had sought planning permission to construct walls to the ceiling but were not allowed to do so, given the designated protected status of the building. This action is repeated at the end of this report.

3. Provide signage to all areas of steep incline to alert personnel to the changes in floor levels.

This action has been completed. The inspector observed the signage which has been incorporated into the new flooring.

Report compiled by:

Patricia Tully
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

20 September 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
10 November 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 and 29 April 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
17 September 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
13 September 2011	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report *

Centre:	Fearna Nursing Home
Centre ID:	338
Date of inspection:	13 September 2011
Date of response:	07 October 2011

Requirements

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

1. The provider has failed to comply with a regulatory requirement in the following respect:

The sluice facilities did not meet the required Standard. The use of a combined service area has a potential for cross infection.

Action required:

Provide written confirmation to the Authority of the proposed timescale in relation to completion of the proposed new build to include rectification of this action.

Action required:

Put in place appropriate infection control procedures and ensure that they are maintained.

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

Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response: Infection control procedures will be strictly adhered to. The new build will commence in mid to late 2012 and registration to be completed prior to March 2014.	Immediately June 2012

2. The provider has failed to comply with a regulatory requirement in the following respect: The physical environment was not in accordance with the Authority's standards and failed to comply with relevant legislation.	
Action required : Make available a designated cleaners room. Secure access to this room once developed.	
Action required : Provide staff changing facilities.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take following the inspection with timescale:	Timescale:
Provider's response: A room has been allocated on a temporary basis and room location may change subject to occupancy.	Immediate

the person in charge has failed to comply with a regulatory requirement in the following respect:

To formally notify the Chief Inspector of Social Services using NF03 form of any serious injury to a resident within three days of the incident.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident using the correct NF03 forms.

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

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

Timescale:

Provider's response:

This will be done immediately as required.

Immediately

4. The provider has failed to comply with a regulatory requirement in the following respect:

Outcomes of the investigation into complaints and whether or not the resident was satisfied have not been documented in the centre's complaints log.

Action required:

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The outcome of the complaints process will now be documented and forms have already been put in place.	Immediately

5. The provider has failed to comply with a regulatory requirement in the following respect: To put detailed care plans in place on an individual basis for high dependency residents with known risks and strategies to alleviate the risks associated with the premises.	
Action required : Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs, (paying particular attention to alternatives strategies to restraint).	
Reference: Health Act, 2007 Regulation 19: 6 General Welfare and Protection Standard 13: Healthcare	
Please state the actions you have taken or are planning to take following the inspection with timescale:	Timescale:
Provider's response: Updates are done regularly and will be further developed as required in individual cases. Restraints are used as a last resort where all alternatives have been exhausted.	30 November 2011

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The contract of care did not meet the regulations.</p>	
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Contract of care is being updated to include all incidental charges.</p>	<p>30 November 2011</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose did not meet the regulations.</p>	
<p>Action required:</p> <p>Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) – specify the staffing in actual whole time equivalents (WTE's).</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>

Provider's response: Amended statement sent to inspector recently.	30 September 2011
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<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>To manage risk on an individual basis for high dependency residents with known risks that may be heightened by virtue of the inherent problems within the premises.</p>	
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Risk management reviewed on an ongoing basis and an outside consultant employed in this regard. Any incidents made known immediately and steps taken for future prevention.</p>	<p>Immediately</p>

Any comments the provider may wish to make:

Provider's response:

None supplied

Provider's name: Martin O Dowd

Date: 7 October 2011