

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Fairfield Nursing Home
<b>Centre ID:</b>	0227
<b>Centre address:</b>	Quarry Road
	Drimoleague
	Co Cork
<b>Telephone number:</b>	028-31881
<b>Email address:</b>	fairfielddrimoleague@eircom.net
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Fairfield Nursing Home Ltd
<b>Person authorised to act on behalf of the provider:</b>	Maeve Daly
<b>Person in charge:</b>	Maeve Daly
<b>Date of inspection:</b>	9 January 2013 and 10 January 2013
<b>Time inspection took place:</b>	<b>Start - Day 1:</b> 08:45hrs <b>Completion:</b> 17:00hrs <b>Start - Day 2:</b> 08:30hrs <b>Completion:</b> 14:45hrs
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	2

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance 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*.**

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint.

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, fire records, maintenance records, policies and procedures and staff files.

The inspector found that residents appeared well cared for and their health needs were met. Throughout the inspection the provider, the person in charge and the ADON exhibited and articulated a commitment to continuous improvement.

Arising from this inspection, some improvements were required with regard to the following:

- medication management
- housekeeping practices.

### **Section 41(1)(c) of the Health Act 2007**

**Compliance 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*.**

### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

### **Outcome 1**

*There is a written statement of purpose that accurately describes the service 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.*

#### **References:**

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

### **Action required from previous inspection:**

Revise the statement of purpose and ensure it 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).

*The action required from the previous inspection was satisfactorily implemented.*

## **Inspection findings**

The inspector reviewed the statement of purpose and found that it consisted 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).

### **Outcome 2**

*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.*

#### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Action(s) required from previous inspection:**

Ensure that the designated centre has insurance cover in place against loss or damage to the property of residents including liability as specified in regulation 26 (2).  
*The action required from the previous inspection was not satisfactorily implemented.*

**Inspection findings**

The inspector reviewed a sample of residents' contracts of care and found that while the newer version of residents' contracts contained details of the services to be provided and of any extra fees charged, one older contract did not include details of the insurance cover in place against loss or damage to the property of residents including liability as specified in regulation 26 (2).

**Outcome 3**

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

**References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector met with the person in charge (PIC) who demonstrated knowledge, leadership and a person-centred perspective which had a positive impact on the overall culture. There was evidence to indicate that the PIC continued her professional development. The PIC was supported in her role by two assistant directors of nursing (ADON).

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

Ensure all staff receive training in the prevention, detection and response to abuse.  
*The action required from the previous inspection was not satisfactorily implemented.*

**Inspection findings**

The inspector reviewed a policy and procedures for the prevention, detection and response to abuse, dated May 2012, and noted that the policy did not include reference of notifying the Authority in the notification process of suspected or confirmed abuse as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

There was evidence to indicate that most staff had attended training on the prevention of elder abuse. However, while most staff, spoken with by the inspector, were knowledgeable with regard to what procedures to follow, in the event that an allegation of abuse was observed, or disclosed to them, it was evident that:

- two staff members were not clear with regard to what procedures to follow, in the event that an allegation of abuse was observed, or disclosed to them
- one of the two staff concerned, had not attended training in the prevention of elder abuse.

The inspector reviewed property logs of residents' individual clothing and valuables and noted that some property logs were not updated on a regular basis.

The assistant director of nursing (ADON) had completed a train-the-trainer course on challenging behaviour and had facilitated two training sessions for staff.

Residents spoken with by the inspector articulated that they felt safe in the centre.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

## Standard 29: Management Systems

### Action(s) required from previous inspection:

Ensure that the risk management policy is implemented throughout the centre and specifically in regards to establishing a risk register of clinical and non-clinical risks to residents with the precautions in place to control the risks identified which are addressed by action plans that will be reviewed on an ongoing basis.

*This action required from the previous inspection was satisfactorily implemented.*

Ensure that the risk management policy covers the precautions in place to control the following specified risks:

- the unexplained absence of a resident
- assault
- accidental injury to residents or staff
- aggression and violence
- self-harm.

*The actions required from the previous inspection were satisfactorily implemented.*

Ensure that the arrangements for the learning from serious incidents or adverse events involving residents as contained in the incident management policy are implemented. Further develop the emergency plan to ensure a comprehensive response to all emergencies.

*This action required from the previous inspection was satisfactorily implemented.*

Ensure, by means of fire drills and fire practices at six monthly intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

*The action required from the previous inspection was satisfactorily implemented.*

Ensure that daily checks of fire exits and alarm panel are documented.

*The actions required from the previous inspection were satisfactorily implemented.*

### Inspection findings

The inspector noted that the centre had a health and safety statement and policy. However, it was not dated and did not have a date of review.

While there was a policy on the prevention and control of infection, it was evident housekeeping practices engaged in by cleaning staff, did not concur with the centre's procedures and method statements. There was no evidence to indicate that appropriate infection control procedures were carried out in regard to the cleaning and storage of communal urinal bottles and commode pans. Staff spoken with by the inspector engaged in different cleaning practices, none of which concurred with the centre's policy in the prevention of infection.



The centre had a policy on risk management and a hazard identification register with control measures in place. The policy did include specific risks of:

- the unexplained absence of a resident
- assault
- accidental injury to residents or staff
- aggression and violence
- self-harm - this policy was in draft format and at the point of sign off.

There were arrangements in place for investigating and learning from serious incidents/adverse events involving residents. The arrangements include staff meetings and regular incident review group meetings. The inspector reviewed records and outcomes and actions of the review group meeting held in October 2012 and December 2012.

The inspector saw evidence of arrangements put in place to respond to emergencies. Staff spoken with by the inspector, were aware of the arrangements.

There was evidence that measures were in place to prevent accidents by the provision of hand-rails, grab-rails and safe flooring.

The inspector noted a number of fire doors kept open by the use of door wedges and advised the PIC to seek the advice of the local fire officer with regard to this matter.

The training matrix examined by the inspector indicated that most staff employed in the centre had received training in safe manual handling practices. However, training for two staff, employed in the last six months, was outstanding. Staff spoken with by the inspector confirmed that residents, who required the assistance of a hoist, had their own set of slings. The inspector noted that spare sets of slings were kept in a store room, in the event that a resident's own set of slings required laundering. The inspector observed staff applying safe manual handling practices when assisting residents.

The inspector met with the maintenance manager who showed evidence of his attention to fire safety. There was evidence that:

- the fire alarm was serviced quarterly and checked weekly
- fire safety equipment was serviced annually basis and checked weekly
- fire drill took place every six months
- weekly checks on emergency lighting, fire doors and upholstery and seating
- daily checks of fire exits.

The procedure for the safe evacuation of residents was prominently displayed.

The inspector noted that closed circuit television (CCTV) was used in the public corridors and in the sitting rooms. There was evidence of notices on display in the centre, regarding to the use of CCTV. The centre had a policy on the use of CCTV.

No resident, currently accommodated in the centre, smoked.



**Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Action(s) required from previous inspection:**

Ensure appropriate and suitable practices in accordance with written operational policies relating to transcribing of medicines in accordance with professional regulatory requirements.

*The action required from the previous inspection was satisfactorily implemented.*

**Inspection findings**

The centre had up to date written operational policies relating to the:

- ordering, prescribing, storage and administration of medicines to residents
- crushing of medications
- the administration of controlled drugs
- medication management for residents who are discharged/transferred
- medication management audit
- transcription of medications
- self administration of medications.

The inspector reviewed the controlled drugs register and noted that appropriate monitoring and checking of stock balances were correct and signed by two staff at the changeover of staff.

The medication administration trolley was stored in the keypad accessible clinical room. The person in charge confirmed that the current medication administration system was in operation since July 2012. Medications for the centre were now supplied by an external pharmacy. Residents' own medication was stored in a locked press in their bedroom and administered by the staff nurse. Currently, no resident chose to self administer medication. The PIC stated that the external pharmacy supplier had assigned a pharmacist to the centre. The inspector met with the designated pharmacist, who was on site during the inspection to complete an audit of the service. Both the PIC and the pharmacist confirmed that arrangements were now in place to facilitate regular education sessions. The external pharmacist stated that she would be attending the centre, on a monthly basis, to further ensure that a quality medication management system, consistent with safe and best practice, was in place for the residents. On the day of inspection the inspector noted:

- a number of out of date medicines were not routinely returned to the pharmacy. This was contrary to the centre's policy on the return of out of date medicines
- a 'house' stock of medications was held in the clinical room. There was no log of this medication stock.

The inspector observed that the centre's medication management policy did not accurately detail protocol with regard to:

- maintaining a stock of medications in the centre
- who was responsible for maintaining a stock of medications
- the documentation of regular checks on the stock.

The PIC stated that one ADON was now the designated person in charge of medication management within the centre.

There was evidence that residents' medication charts were reviewed at least three monthly by the residents' general practitioner (GP), or sooner if required. However, the inspector observed that:

- the maximum dosage of medications prescribed as required (PRN) was not documented on some of the residents' medication prescription charts
- the documented times of administration of medications to residents did not concur with the actual times of administration.

The PIC confirmed that while residents received their medications with their breakfast, served at a time of their choice, the actual time of administration of medication was not documented. The inspector noted that residents' medication administration charts, supplied by the external pharmacy, were pre-populated with a stated time, for example; 08:00hrs. This indicated that the times medications had been administered to residents at an earlier hour, were not accurately recorded.

The inspector observed medication administration practices and spoke with nursing staff who were knowledgeable with regard to residents' prescribed medications. However, the inspector noted that observations to be taken prior to the administration of a particular medication were not recorded. This was remedied during inspection and the inspector saw evidence that appropriate observations were recorded, prior to the administration of a particular medication. Staff, spoken with by the inspector, were familiar with the rationale of this protocol.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

Facilitate each resident's access to, occupational therapy, or any other services as required by each resident and in particular in regards to the use of the most appropriate seating arrangement for high dependency residents.

*The action required from the previous inspection was satisfactorily implemented.*

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

*The action required from the previous inspection was satisfactorily implemented.*

Ensure that the record of any occasion on which restraint is used identifies how frequently the residents were checked, frequency of release and opportunities for exercise, and assessment of the risks involved in using the restraint.

*The action required from the previous inspection was satisfactorily implemented.*

Ensure consent to use of restraints, where appropriate, always documented in the residents' records.

*The action required from the previous inspection was satisfactorily implemented.*

There was evidence that the care plan review was in consultation with, and signed by, the resident, where possible, and/or representative. The care plans reflected any changes to residents' care and indicated that residents had timely access to appropriate allied services which included physiotherapy, occupational therapy,

chiropractic, optical services and audiology. The inspector reviewed a sample of residents' care plans and noted that, with the exception of one resident, that residents had timely access to their GP. The inspector noted in the medical records of one resident, that the resident was reviewed by the GP in March 2012 with the next review seven months later in October 2012.

Records were maintained of referrals and follow-up appointments.

Residents' care plans comprised documentation to indicate that a range of appropriate assessments were carried out. While the centre had a comprehensive care plan documentation process in place for each resident, the inspector noted that not all assessments were dated and signed. Staff, spoken with by the inspector, were familiar and up to date regarding the residents' changing healthcare needs.

There was evidence to indicate there were opportunities for residents to participate in activities that were meaningful and purposeful to them and that suited the residents' needs, interests and capacities. The recreational and social care plan for each resident was comprehensive and reflected an understanding of the resident's life and interests. Activities facilitated included music, poetry reading, hand and head massage, religious services, one-to-one social interaction, Sonas (a therapeutic communication activity including cognitive, sensory and social stimulation), exercise classes, art, daily newspapers, arts and crafts, reminiscence sessions, use of texture boards and rummage boxes. The inspector interviewed the activities coordinator who articulated an in-depth knowledge of the residents and the activities they liked to engage in. She displayed a commitment to continuous improvement and ongoing review of the activities within the centre in order to ensure that the activity programme was vibrant and responsive to residents' preferences. There was evidence to indicate that information in the resident's care plan for social engagement influenced the activities provided.

The provider and PIC informed the inspector that the centre was engaging with an external provider to facilitate the introduction of the *Butterfly Project*, with the aim of implementing a holistic approach to improving the current culture of care and services provided by the centre for residents with dementia/a severe cognitive impairment. The implementation programme was scheduled to take place over a 12 month period, commencing 24 January 2013. The inspector saw evidence of the proposed implementation programme.

The centre had an up-to-date policy on challenging behaviour which described efforts made to identify and alleviate the underlying causes of behaviour that was challenging. The ADON was a trained facilitator for the provision of training to staff on challenging behaviour and had facilitated two sessions for staff. Staff, spoken with by the inspector, were aware of how to deal with conflict and challenging behaviour. Care plans of residents who exhibited challenging behaviours had antecedent behaviour consequence charts (ABC) completed with details of:

- an assessment of the behaviour
- analysis of potential triggers
- techniques used to diffuse a situation

- outcomes.

The centre had a robust policy on the use of restraint. Care plans of residents using bedrails detailed that the use was subject to assessment and ongoing review. The inspector reviewed details of checks of residents with bedrails. These indicated that the resident was checked two hourly. Staff spoken with by the inspector stated that residents were checked more often than at two hourly intervals; however, these additional checks were not documented. Consents for the use of bedrails were signed by residents or their relative.

The inspector noted the provision of documentation of relevant information regarding residents when they were absent or returning from another care setting, home or hospital.

The inspector met with the chef. The chef had a rolling menu which offered choice and variety. The residents' dinner order was taken each evening and the chef stated that any particular request was accommodated. The inspector noted that meals were well presented in an appetising manner and served to residents in the dining room or in the residents' bedrooms, should residents choose to have their meal in their room.

### **Outcome 12**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Action(s) required from previous inspection:**

Review the amount of communal space available in the dementia unit.

*The action required from the previous inspection was not, as yet, satisfactorily implemented.*

Provide appropriate signage and landmarks and colour schemes to assist safe mobility and facilitate residents with dementia.

*The action required from the previous inspection was not, as yet, satisfactorily implemented.*

Put in place suitable provision for the storage of equipment.

*The action required from the previous inspection was not, as yet, satisfactorily implemented.*

Provide call systems with an accessible alarm facility in every room used by residents.

*The action required from the previous inspection was satisfactorily implemented.*

## Inspection findings

Fairfield Nursing Home is a single storey, purpose-built facility which provides long-term, respite, and convalescent care for 48 residents. The bed complement included a 16 bed unit for residents with dementia. There were two vacancies at the time of inspection. The centre was warm, clean and well maintained. The external gardens were well maintained and ample parking space was provided.

The inspector noted that the residents' bedrooms were personalised with possessions and there was sufficient storage space, including lockable storage, for residents' medications and personal property. The inspector noted, and the provider and PIC agreed, that the provision of adequate dining space for residents in the secure unit and the provision of storage facilities continued to be an issue. The provider stated that plans for an extension were at a consultative stage and it was envisaged that this extension would address the issues regarding the dining space and storage facilities. While there was progress in the provision of appropriate signage, landmarks and colour schemes to assist safe mobility and to facilitate residents with dementia, the PIC stated that further development of this element would be guided and informed by best practice recommendations learned from the *Butterfly Project*, commencing 24 January 2013. The inspector also noted:

- windows in the rooms/bedrooms, with the exception of the secure unit, were not secured in a safe manner
- televisions in a small number of some residents' bedrooms were not secured in a safe manner
- privacy curtaining in some bedrooms did not adequately preserve the privacy and dignity of the resident in that the curtains did not adequately surround the bed or were too short
- a storage press containing mouth wash, razors, and creams was unlocked.

The inspector saw documentation pertaining to:

- a daily maintenance log schedule
- the monthly planned schedule pertaining to décor, furnishings
- equipment checks. Sufficient assistive equipment was provided and the inspector saw evidence that there was a schedule of routine checks carried out on beds, wheel chairs, hoists and the water dispenser. However, the inspector noted that a blood pressure monitor had not been serviced since 2007
- contracts with external agencies pertaining to the regular servicing and maintenance of hoists, electric beds and specialist pressure relieving mattresses.

### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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.*

**References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

Ensure the operation of the appeals process is clearly described in complaints policies and procedures.

*The action required from the previous inspection was not satisfactorily implemented.*

Display the complaints procedure in a prominent position in the designated centre.

*The action required from the previous inspection was satisfactorily implemented.*

**Inspection findings**

The inspector noted that the operation of the appeals process was not clearly described in the complaints policy and procedures.

A person, independent to the person nominated in Regulation 39(5), was not identified in the complaints procedure. The PIC stated that while she had identified persons who may consent to being nominated as the person, independent to the person nominated in Regulation 39(5), agreement had yet to be reached with the proposed nominee.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers



Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

Ensure full and satisfactory information is available in relation to all staff in respect of matters set out under Schedule 2.

*The action required from the previous inspection was not satisfactorily implemented.*

**Inspection findings**

The centre operated a system where a named nurse was designated to a cohort of residents. The PIC stated that this system worked very well. Staff, spoken with by the inspector, were knowledgeable with regard to the residents' particular requirements, interests, likes and dislikes and family support. The dependency levels of the residents currently accommodated were as follows:

- nine residents were assessed as having a maximum dependency level
- 24 residents were assessed as having a high dependency level
- nine residents were assessed as having a medium dependency level
- four residents were assessed as having a low dependency level.

There was evidence that the numbers of staff on duty per day, evening and night shifts, met the needs of residents. There was evidence that there was a robust staff education programme which included training in manual handling, prevention of elder abuse, dementia care, challenging behaviour, medication management, residents' eating, drinking and swallowing. There was evidence that staff were engaged in/or had completed studies in the Further Education and Training Awards Council (Fetac) Level 5 Healthcare support programme.

The inspector reviewed a sample of staff files and noted that not all personnel files reviewed contained full and satisfactory information as required by the of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and the two ADONs', to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, provider and staff during the inspection.

### ***Report compiled by:***

Geraldine Ryan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

15 January 2013

### Provider's response to inspection report \*

<b>Centre Name:</b>	Fairfield Nursing Home Ltd
<b>Centre ID:</b>	0227
<b>Date of inspection:</b>	9 January 2013 and 10 January 2013
<b>Date of response:</b>	14 February 2013

#### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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*.

#### Theme: Governance, Leadership and Management

##### *Outcome 2: Contract for the provision of services*

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

Not ensuring that all contracts include details of the insurance cover in place against loss or damage to the property of residents including liability as specified in regulation 26 (2).

**Action required:**

Ensure that contracts clearly set out details of the insurance cover in place against loss or damage to the property of residents including liability as specified in regulation 26 (2).

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

**Reference:**

Health Act, 2007  
 Regulation 28: Contract for the Provision of Services  
 Standard 1: Information  
 Standard 7: Contract/Statement of Terms and Conditions

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

**Timescale:**

Provider's response:

All contracts now clearly set out the details of the insurance cover (old & new).

28 January 2013

**Theme: Safe care and support**

***Outcome 6: Safeguarding and safety***

**The provider/person in charge is failing to comply with a regulatory requirement in the following respect:**

The policy on the prevention, detection of elder abuse did not include reference of notifying the Authority, in the notification process of suspected or confirmed abuse as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Not all staff were knowledgeable with regard to what procedures to follow, in the event that an allegation of abuse was observed, or disclosed to them.

Not all records of residents' individual clothing and valuables were maintained on the residents' files or were updated on a regular basis, signed by the resident and or their representative.

**Action required:**

Ensure the policy on the prevention, detection of elder abuse includes reference of notifying the Authority in the notification process of suspected or confirmed abuse as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Ensure that all staff are knowledgeable with regard to what procedures to follow, in the event that an allegation of abuse is observed, or disclosed to them.

**Action required:**

Ensure that residents' individual clothing and valuables are:

<ul style="list-style-type: none"> <li>▪ maintained on the residents' files</li> <li>▪ updated on a regular basis</li> <li>▪ signed by the resident and or their representative.</li> </ul>	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The policy on the prevention, detection of elder abuse now includes, in the notification process, reference of notifying the Authority.  Fifteen staff members are scheduled to attend training sessions in elder abuse prevention. This is included in our in-house training programme.  All nursing staff have been informed of the necessity to document the list of clothing and valuables of each resident on day of admission. A list is available in the resident's file and is to be updated on a regular basis, signed by the resident or their representative.	29 January 2013  1 April 2013  1 April 2013

***Outcome 7: Health and safety and risk management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The health and safety statement and policy was not dated and did not have a review date.</p> <p>Housekeeping practices employed by cleaning staff did not concur with the centre's procedures and method statements.</p> <p>Not ensuring that appropriate infection control procedures were carried out in regard to the cleaning and storage of communal urinal bottles and commode pans.</p> <p>Not ensuring all staff had received training in safe manual handling practices.</p>
<p><b>Action required:</b></p> <p>Ensure that the health and safety statement and policy is dated and has a review date.</p>

<b>Action required:</b>	
Ensure that the housekeeping practices employed by cleaning staff concur with the centre's procedures and method statements.	
<b>Action required:</b>	
Not ensuring that appropriate infection control procedures were carried out in regard to the cleaning and storage of communal urinal bottles and commode pans.	
<b>Action required:</b>	
Ensure that all staff are trained in safe manual handling practices.	
<b>Reference:</b>	
Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The health and safety policy has now been dated, and date of review inserted.	11 January 2013
Appropriate infection control procedures are being currently reviewed.	29 March 2013
Our cleaning products are being changed. We are currently in discussions with suppliers of same. The supplier we will choose will provide education & training to all our housekeeping staff to concur with the centre's procedures and method statement.	1 May 2013
An electric bed pan washer and storage trays for urinals and commodes has been sourced through an external supplier. Discussions are in place with qualified electricians & engineers to install same.	31 October 2013

***Outcome 8: Medication management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
A number of out of date medicines were not routinely returned to the pharmacy.
There was no log of medications held as stock.

The centre's medication management policy did not accurately detail protocol with regard to:

- maintaining a stock of medications in the centre
- who was responsible for maintaining the stock of medications
- the documentation of regular checks on the stock.

The maximum dosage of medications prescribed as required (PRN) was not documented on a number of residents' medication prescription charts.

The medication administration chart did not reflect the actual time of the administration of medications.

**Action required:**

Ensure that any out of date medicines are routinely returned to the pharmacy.

**Action required:**

Ensure:

- a log is recorded of medications held as stock
- stock checks regularly carried out by an identified staff member
- stock checks are documented.

**Action required:**

Ensure that the centre's medication management policy included details of protocols with regard to:

- maintaining a stock of medications in the centre
- who is responsible for maintaining the stock of medications
- the documentation of regular checks on the stock.

**Action required:**

Ensure that the maximum dosage of medications prescribed as required (PRN) is documented on residents' medication prescription charts.

**Action required:**

Ensure that the medication administration chart records the actual time of the administration of medications.

**Reference:**

Health Act, 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management



<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>All out of date medications were returned and procedures are now in place in conjunction with stock control checks. A medication stock list is now in place. All stock checks are being documented by a designated staff nurse.</p> <p>Documentation is currently being updated on residents' prescription charts. All G.P's are now informed.</p> <p>Our external medication provider has updated the records for appropriate times to concur with the centre's medication administration sheets.</p>	<p>11 January 2013</p>

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<p><b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Not ensuring that all residents were reviewed by the GP at least every three months and the medical record with details of investigations made, diagnoses and treatment given documented at the time of review.</p> <p>Not ensuring that residents' care plan assessments are dated and signed.</p> <p>Not ensuring that all checks carried out on residents on whom restraint is used, are documented.</p>
<p><b>Action required:</b></p> <p>Ensure all residents are reviewed by the GP at least every three months and the medical record with details of investigations made, diagnoses and treatment given.</p>
<p><b>Action required:</b></p> <p>Ensure that residents' care plan assessments are dated and signed.</p>
<p><b>Action required:</b></p> <p>Ensure that all checks carried out on residents on whom restraint is used, are documented.</p>
<p><b>Reference:</b></p> <p>Health Act, 2007</p>

Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All GPs are aware of the requirement to review their residents at least every three months and we remind them of same.  All nurses are aware and have been reminded of the requirement to date and sign all care plans assessments.  We are upgrading our check system on residents on whom restraint is currently used.	16 January 2013          31 March 2013

***Outcome 12: Safe and suitable premises***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <ul style="list-style-type: none"> <li>▪ a blood pressure monitor had not been serviced since 2007</li> <li>▪ windows in the rooms/bedrooms, with the exception of the secure unit, were not secured in a safe manner</li> <li>▪ televisions in a small number of some residents' bedrooms, were not secured in a safe manner</li> <li>▪ privacy curtaining in some bedrooms did not adequately preserve the privacy and dignity of the resident</li> <li>▪ a storage press storing mouth wash, razors, and creams was unlocked.</li> </ul>
<p><b>Action required:</b></p> <p>Ensure that a blood pressure monitor is regularly serviced by a suitably qualified person.</p>
<p><b>Action required:</b></p> <p>Risk assess the window openings in the rooms/bedrooms.</p>
<p><b>Action required:</b></p> <p>Ensure that televisions located in residents' bedrooms, are secured in a safe manner.</p>

<b>Action required:</b>	
Ensure that privacy curtaining provided in residents' bedrooms adequately preserve the privacy and dignity of the resident accommodated in that room.	
<b>Action required:</b>	
Ensure storage presses are maintained in a secure manner.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
A new blood pressure monitor with mobile stand and digital pulse oximeter has been purchased.	21 January 2013
Our maintenance manager is to carry out a risk assessment re security and safety of the windows in question.	22 February 2013
All T.V's are now secured.	5 February 2013
Our interior designer is calling to organise the replacement of the curtains in questions.	21 February 2013
Storage presses are being secured with new locks.	22 February 2013

**Theme: Person-centred care and support**

***Outcome 13: Complaints procedures***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The operation of the appeals process was not clearly described in the complaints policies and procedures.</p> <p>A person, independent to the person nominated in Regulation 39(5), was not identified in the complaints procedure, to ensure that all complaints were appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).</p>
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<b>Action required:</b>	
Ensure the operation of appeals process is clearly described in complaints policies and procedures.	
<b>Action required:</b>	
Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).	
<b>Reference:</b>	
Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are currently upgrading our appeals process policy.  We are currently in discussions with two members of our community, to identify a suitable advocate for the residents' well-being.	28 February 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
Not having in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.
<b>Action required:</b>
Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.
<b>Reference:</b>
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Our administrator is in the process of upgrading all staff files.	14 March 2013

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

None given.

**Provider's name:** Sean Collins

**Date:** 14 February 2013

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