

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ferbane Nursing Home
Centre ID:	OSV-0004690
Centre address:	Main Street, Ferbane, Offaly.
Telephone number:	090 645 4742
Email address:	info@ferbanenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maracrest Ltd.
Provider Nominee:	Denis McElligott
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	13

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:
15 August 2017 11:00	15 August 2017 18:30
16 August 2017 09:30	16 August 2017 17:00

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	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to HIQA. In total 17 questionnaires were returned. Questionnaires were mainly positive, with respondents stating they were happy with the service provided and were aware of the complaints' process although most said it was never necessary. One relative suggested that a separate quiet room would be helpful, to allow visits outside of the residents' bedrooms. She suggested that maybe a CD playing music in that area might be nice.

All were complimentary about the staff and residents stated that they felt safe in the centre with company available all the time. All were complimentary about the food. Some residents felt unsure of their rights but knew who to ask if they had any

questions.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents received a quality service. The quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

The inspector found that measures were in place to protect residents from being harmed or abused. The health and safety of residents, visitors and staff was sufficiently promoted and protected.

At the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. All staff and volunteers were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice, an improvement noted since the last inspection.

Each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However, some improvement was still required to ensure that the arrangements to meet each resident's assessed needs were consistently set out in an individual care plan.

Caring for a resident at end of life was regarded as an integral part of the care service provided and action required from the previous inspection relating to residents or their relatives having the opportunity to outline their wishes regarding end of life had been addressed.

While improvements had occurred to medication management practices since the previous inspection further improvement was required.

The current planned renovations need to be finished to ensure that 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 including residents with dementia.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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 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 inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the regulations. It accurately described the facilities available and the service provided in the centre.

The inspector saw that it was also available in large print format to assist residents if required.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in

place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, the use of restraint and others. The results of audits were shared with staff for learning.

An annual review of the quality and safety of care delivered to residents for 2016 was completed.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings and also through satisfaction surveys.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge is a registered nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed courses in gerontology and end-of-life care. She continued to attend training and seminars relevant to her role such as infection control and wound care. She has plans in place to complete a certificate course in dementia care.

During the inspection she demonstrated her knowledge of the regulations and the standards. The person in charge was observed frequently meeting with residents and relatives throughout the days of inspection and it was obvious that she was well known to all. Relatives and residents spoke very highly of the person in charge in the questionnaires returned to HIQA.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Two hourly safety checks were being completed in line with the policy in place. Additional equipment such as sensor alarms had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. This was a policy in place to guide practice and staff had received training.

Staff had also received training on identifying and responding to elder abuse. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded. Staff spoken with told the inspector the possible triggers and what they would do to ease the situation.

Some residents' monies were managed within the centre. Balances checked on inspection were correct. There was a policy in place to guide the practice. The provider discussed plans afoot to introduce additional security measures regarding monies minded for residents. The inspector was satisfied that the system was sufficiently robust.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that at the time of inspection, the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. The inspector read the risk management policy and noted that it met the requirements of the regulations.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. Alternative accommodation for residents was specified should evacuation be required.

Robust procedures for fire detection and prevention were in place. The centre was working closely with the local fire officers who were also available for advice and support.

Service records indicated that the fire alarm system, emergency lighting and fire equipment were serviced in line with national guidelines. The inspector noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were carried out on regular basis. Staff spoken with were clear on the procedure they would follow in the event of a fire.

All staff had attended the mandatory training in moving and handling.

Good infection control practices were observed with staff utilising personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident.

Judgment:

Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The inspector reviewed a sample of administration and prescription records and noted that while improvements had occurred since the previous inspection, further improvement was required.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Balances checked on inspection were correct. Action required from the previous inspection relating to unsafe practices of removing medication from their original containers had been addressed. However the inspector noted that the evening end-of-shift checks were completed by two nurses from the same shift. Professional guidelines state that this should be a staff member from each shift.

Otherwise the inspector saw evidence of safe medication management practices.

Action previously required relating to medication to be administered as and when required (PRN) and the administration of crushed medication had been addressed.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. Regular audits were also carried out.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits at the time of inspection.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. However some improvements was still required to ensure that the arrangements to meet each resident's assessed needs were consistently set out in an individual care plan.

The inspector reviewed a sample of clinical documentation including nursing and medical records. The inspector saw that some improvement had occurred since the previous inspection. For the most part, care plans were comprehensive and person centred. They had been updated to reflect the recommendations of various health care professionals.

However the inspector noted that for one resident the actual care practices taking place were not the same as set out in the care plan. A resident with diabetes was having blood sugar levels recorded twice daily. A detailed insulin regime was in place. However this care plan stated that the blood sugar was to be recorded once daily. No specific reference was made to the prescribed insulin regime. The inspector was satisfied that the care practices were in order and the improvement related to the documentation of this care.

The inspector reviewed the management of clinical issues such as wound care, dementia care and weight loss and found they were well managed and guided by robust policies.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process and this had been identified as an area for improvement since the last inspection.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents.

A full range of other services was available on referral including speech and language therapy (SALT), occupational therapy, physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were recorded in the residents' notes.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Improvements had occurred since the previous inspection. However the current renovations need to be finished to ensure that 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.

Ferbane Nursing Home is a 51 bedded facility set in mature grounds. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 41 single rooms and five twin rooms some of which are en suite.

The inspector found the parts of the premises that residents had access to, were visibly clean and well maintained. However the lower floor where the laundry, kitchen, and staff facilities were located required attention to ensure that all areas of the centre were well maintained and suitably clean. The inspector acknowledged that work was already underway to an unoccupied adjoining wing and plans were in place to make improvements to the lower floor once that was completed.

The inspector noted that improvements were made to the existing building since the previous inspection. Actions required relating to making the centre more dementia friendly had been addressed. All bathroom doors were now the same colour and contrasting colours were also evident in the bathrooms. Directional signage was also provided around the centre.

Residents had chosen the colour for their bedroom doors. The floor covering in the upstairs dining room had been replaced and plans were afoot to replace the floor covering on a large section of the corridor area on the first floor. The day room had been redecorated with input from the resident's.

The downstairs day area was also nicely decorated and was a popular spot for residents. The ground floor dining room had also been redecorated.

Since the previous inspection, a sluice room had been fitted and one was now available on each floor. Additional toilets and showers had been put in locations near residents' bedrooms. Storage space was provided.

Adequate arrangements were in place for the disposal of general and clinical waste. There are spacious well maintained grounds to the front of the building. However as stated at the previous inspection there was no secure garden area for residents to wander freely and this is to be addressed as part of the current renovations.

Ample parking was available at the front of the building and plans were in place to provide additional staff parking to the rear of the building.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes.

The training records showed that training had been provided for a range of different grades of staff and additional training was planned for the coming months. Having reviewed a sample of care plans, the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This had been identified as an area for improvement at the last inspection.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff were also using some of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. This included a comfort basket with toiletries and towels should relatives need to stay.

Information leaflets had also been developed which contained useful information such as details of local undertakers and how to get a death certificate.

A memorial mass was held each November and bereaved relatives were invited to attend.

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:

Residents could have their laundry attended to within the centre. The laundry was organised and staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

A new policy on personal property and possessions had recently been introduced. This included the introduction of new documentation to maintain up-to-date records of residents' property.

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 inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that all documents required by Schedule 2 were in place. Action required from the previous inspection relating to incomplete staff files had been addressed. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Action required from the previous inspection had been addressed and the inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in writing as required by the regulations.

The staff rota was checked. Systems were in place to provide relief cover for planned and unplanned leave. Up to date registration numbers were in place for nursing staff.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. All staff had attended mandatory training. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in managing responsive behaviours, dementia care, wound management and pressure ulcer prevention. The inspector saw that a training plan was in place for the coming year and included topics such as nutritional care, wound management, restraint and falls management.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila Doyle
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 report¹

Centre name:	Ferbane Nursing Home
Centre ID:	OSV-0004690
Date of inspection:	15/08/2017 and 16/08/2017
Date of response:	06/09/2017

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 09: Medication Management

Theme:

Safe care and support

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

End of shift checks on medication that required strict controls were completed by two nurses from the same shift.

1. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

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

All nurses are aware of the correct procedure for end of shift checks on medications that require strict controls. At the end of each shift two nurses from different shifts i.e. a day nurse and a night nurse are completing these checks as required by regulation and this will continue going forward.

Proposed Timescale: 15/08/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Improvement was required to ensure that the arrangements to meet each resident's assessed needs were consistently set out in an individual care plan.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Following admission, all residents' needs are assessed. A care plan is prepared and in place within the 48 hours of the resident's admission and is personalised to reflect the individual resident's needs. Following the inspection, all care plans were reviewed to ensure that care practices relating to individual resident's needs were documented to reflect current practice e.g. diabetic insulin regimes detailed and the correct frequency of blood sugar levels being recorded.

Proposed Timescale: 01/09/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvement was required to ensure that the 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.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

designated centre.

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

As noted by the Inspector, improvements have occurred since the previous inspection in 2016 and have also been ongoing since the current inspection in August 2017.

Work is already underway, since July 2017, to an unoccupied adjoining wing in the nursing home. The layout of this project includes a secure garden area for residents to wander freely. Plans are in place to make improvements to the lower basement floor, plans include improvements to the laundry and kitchen areas.

A large section of the corridor area on the first floor had its floor covering replaced on 1st September. A further area in the basement where the kitchen, staff and laundry facilities are located, is to be re-covered by mid-September 2017.

New car parking area has been provided for additional staff parking to the rear of the nursing home and is in operation since the 9th August 2017.

Proposed Timescale: 30/01/2018