

**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:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	14

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 November 2014 11:00 To: 18 November 2014 17:20

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application notifying the Authority of a proposed change of provider for the centre. As part of the monitoring inspection the inspector met with the intended provider and his operations manager as well as residents and staff members. The intended provider had been involved in the centre and working with the existing provider to provide for the welfare and wellbeing of the residents since October 2014. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector found that arrangements had been put in place to meet the care needs of the residents. The centre was adequately resourced and there was evidence of improved governance and management systems in place aimed at improving the centre for residents on an ongoing basis. Issues of concern identified at the previous monitoring inspection in August 2014 had been addressed.

The arrangements for the post of person in charge met with the requirements of the Regulations. The person in charge was being supported by the intended provider and the clinical nurse manager (CNM). An operations manager was also based in the centre on a full time basis and was provided support with regard to non clinical aspects of the running of the centre. The healthcare needs of residents were met

and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Residents had good opportunity for meaningful social engagement on a daily basis.

A risk management process was in place for all areas of the centre. Residents in the centre felt safe and there were systems in place for the identification and prevention of elder abuse. The number and skill mix of staff was appropriate to the needs of the residents.

Some areas of improvement were identified with regard to care planning process. These matters are discussed further in the report and in the Action Plan at the end of the report.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been updated by the new intended provider and included a clear description of the proposed governance and management arrangements. It described the centre and the service provided in sufficient detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

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):

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

Findings:

There was a clearly defined management structure and resources were available to provide the service as set out in the statement of purpose.

Prior to the inspection the Authority was notified of an intended change to the provider of the centre. The Authority was notified that Maracrest Ltd was the new intended provider with Denis McElligott as intended provider nominee. The inspector met the intended provider during the inspection and an interview was conducted during which the intended provider nominee demonstrated a thorough understanding of his roles and responsibilities under the Regulations.

The intended provider had overseen a range of improvements since becoming involved in the centre and the actions from the previous inspection were found to have been addressed. The management structure was clearly set out and reporting relationships were understood by the staff and residents. The new provider had held a number of meetings with the new staff and the inspector read the minutes of these. The new provider visited the centre regularly in order to monitor the governance arrangements in the centre. He had also appointed an operations manager who was present in the centre on a full time basis in order to support the person in charge and the other staff in the centre. In addition to attending the residents' forum meeting the provider and operations manager had held a number of meetings with individual residents and their families in order to update them on the proposed changes in the centre and to provide assurances to them as required.

The inspector noted that the intended provider had overseen a number of improvements since the previous inspection. As well as ensuring on-going maintenance was carried out the equipment in the centre such as hoists and wheelchairs had been serviced and were available to the residents. Improved cleaning and infection control systems had been recently introduced and additional staff training had been given to the staff in these areas. Hand hygiene units were being installed on the day of inspection. The inspector noted that the exterior of the premises was being painted and the residents commented positively about this.

The person in charge and her staff monitored key performance indicators and this information was discussed at regular management meetings in order to identify any trends or areas where further resources needed to be focussed. The key performance areas reviewed included data on issues such as falls and incidences of pressures sores. The inspector found that the centre was appropriately resourced. Staff members stated that they had sufficient equipment and resources to care for the residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

There was evidence that the person in charge and the clinical nurse manager (CNM) were carrying out some audits and checks aimed at monitoring and improving the quality and safety of care. For example, the inspector was shown a medication audit which was carried out in October 2014. The inspector found that in general a high level of compliance was noted during this audit and where areas for improvement were noted they were acted upon and addressed. The intended provider and the person in charge discussed with the inspector their plans to further develop and improvement of the audit system.

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):

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

Findings:

The requirements for the role of person in charge had been met. However, some functions which were the responsibility of the person in charge had not been addressed.

The Person in Charge took up the post of person in charge in June 2014. At the previous inspection the inspector expressed concern that the required documentation had not been submitted to the Authority regarding the person in charge. The inspector found that this matter had now been addressed. The intended provider had put in place a series of structures to support the person in charge to carry out her duties and functions. For example, as stated under outcome 2 (Governance and Management) an operations manager had been appointed. There were also arrangements in place so that the person in charge could access support and advice from other persons in charge who were employed by the intended provider. The provider was also supporting the person in charge to attend further relevant studies in management.

The person in charge was a registered nurse and demonstrated that she had the required experience in the care of older persons. During the inspection an interview was held with the person in charge during which she showed that she understood her roles and responsibilities under the Regulations. She understood the clinical needs of the residents and discussed these needs in an informed way with the inspector. She had a very clear understanding of her role in the protection and safeguarding of vulnerable adults. She knew the residents well and was observed interacting with them with ease at the time of inspection. She had attended some professional development training in areas such as clinical audit and medication management. She told the inspector she and the provider were in the process of establishing her training needs in order to identify further appropriate training.

However, as highlighted under outcome 11 (Healthcare) a number of gaps were identified in the care planning process which was an area of responsibility for the person in charge. The inspector had some concerns that the person in charge had not put suitable and appropriate structures in place to ensure that care plans were in place for residents identified needs. The intended provider and the person in charge gave assurances at the time of inspection that this matter would be addressed.

The person in charge was supported in her role by the CNM who participated fully in the inspection. The CNM deputised for the person in charge. She knew the residents very well and demonstrated a strong knowledge of her roles and responsibilities under the Regulations.

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 suffering any form of abuse.

Appropriate policies relating to the protection of vulnerable adults were in place in accordance with requirements. The person in charge and the provider demonstrated knowledge and understanding of the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns. Residents said that they could confide in staff and communicate any concerns to them. The inspector found that staff on duty on the day of inspection, could identify the different forms of abuse and were knowledgeable with regard to their responsibilities in this area. The inspector reviewed the training records which showed that all staff had attended regular training in this area.

Some small amounts of money were held in the centre on behalf of residents. In the case of some other residents the intended provider was managing a number of monetary transactions on their behalf. The inspector found that there was a clear and accountable system in place for managing any transactions made on behalf of residents. The intended provider had undertaken a review of all charges to residents in order to ensure that improved and accountable systems were in place. The inspector noted that a number of residents had been written to in this regard and measures were being taken to promote residents' independence in this area. For example, some residents were being supported to set up their own bank accounts in order to remove the need for the intended provider to handle any resident's funds directly. The inspector found that these arrangements were providing an increased level of protection to residents.

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:

Procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy which addressed the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. The inspector was shown the safety statement and risk register for the centre. The safety statement had been updated in July 2014. The smoking room had recently been relocated to a new location within the centre. The inspector noted that risk assessment had not been carried out regarding this alteration; however, this matter was addressed by the person in charge before the close of this inspection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative emergency accommodation.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed and fire exits were unobstructed. Staff members, spoken to by the inspector, were knowledgeable with regard to fire safety prevention and evacuation procedures. The inspector reviewed the fire safety training records and found that the majority of staff had attended formal training in fire safety. Three new staff members had not yet received this training, however, the inspector noted that this matter was being addressed by the person in charge. There was a system in place to carry out regular fire drills. The records showed that the person in charge had carried out a drill on 16 November and the records indicated that fire drills were used as opportunities for staff education in fire safety. The inspector noted that the intended provider had set up a meeting with the fire officer on the day of inspection in order to seek additional advice on fire safety.

The inspector also reviewed the records with regard to servicing of fire safety equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment.

Systems were in place for the recording and learning from accidents, incidents and near misses. Satisfactory records of accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The training matrix showed that staff received regular training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

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):
No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. No residents required crushed medications at the time of inspection and there was an emphasis on obtaining liquid alternatives in the event that residents had swallowing difficulties.

Good practice was noted in relation to care planning for medication management. Each resident had a person centred care plan in place which detailed how and when they preferred to take their medication and staff stated that they found this informative. Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. This matter was identified as an area for improvement at the previous inspection. The inspector found that this matter had been addressed.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' wellbeing and welfare was maintained through the provision of evidence-based nursing care and appropriate medical and allied health care. However, the arrangements to meet each resident's assessed needs were not consistently set out in appropriate care plans. As a result there was potential for the care of some residents to be compromised.

The inspector found that residents' clinical assessments were routinely carried out and maintained up to date. Assessments of residents' clinical needs in areas such as skin integrity, nutrition and falls were routinely carried out at the required intervals. The inspector found that staff were aware of these assessments and put interventions in place based on them. However, care plans were not maintained up to date in response

to these assessments. Some care plans aimed at addressing important clinical issues such as nutrition had not been updated since January 2014 and in some cases December 2013. In some cases care plans had not been developed for identified needs. For example, in the case of resident who sometimes displayed behaviours that challenged and who was under the care of the psychiatrist, there was no care plan in place. In the absence of an adequate system of care planning there was a risk that residents' clinical needs would not be consistently met.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management and the use of restraint and found they were in accordance with evidence based practices and guided by the centre's policies. Residents were seen regularly by their general practitioner and appropriate medical and allied health care was also available. The person in charge and the CNM monitored the delivery of care on a daily basis.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' interests and capabilities. Two full time activities staff were employed and the inspector noted that a range of activities was offered on a daily basis based on the needs of the residents. The range of activities on offer provided for residents who had dementia and required one on one interaction.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of appropriate practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and she had the authority to make changes to the roster

in accordance with the changing needs of residents.

There was a written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that training had been recently provided for staff infection control. The intended provider also had plans in place to provide training in protection of vulnerable adults and in the area of restraint. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

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:

Gary Kiernan
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:	18/11/2014
Date of response:	15/12/2014

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 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:

Care plans were not developed in response to residents identified health care needs.

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.

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:

We have identified the eight most vulnerable (or at risk) residents at Ferbane Nursing Home. Their unique identifiers are as follows, 116333, 116319, 116334, 116322. (Frail residents with Dementia), 116328, 116305, 116316, (Nutritionally Compromised), 116326, (Parkinson's and Challenging Behaviour).

In the short term we will convene on Monday 15/12/2014 and begin doing a thorough person centred care plan for each individual facilitated by Margaret Keane, PIC and Denis McElligott Registered Provider, at Abbot Close Nursing Home, Askeaton, Co. Limerick. Over the following month we will complete these care plans in conjunction with the nurses in Ferbane Nursing Home.

In the medium term (1-3) months we will address the remaining 29 residents in addition to any new residents, a care plan will be initiated within 48 hours as specified. Therefore the nurses will be aware and supported by the provider and Ms Keane in achieving this. Existing care plans will over time be in line with the care plan system we have in our other nursing homes. They will be monitored at 3 monthly intervals.

In the longer term we will have a group wide and comprehensive care plan in line with best practice at our disposal in Ferbane. This will be Provider and PIC led. We are currently piloting Epicare in one of our nursing homes and if successful we will launch it in Ferbane.

Proposed Timescale: 15/01/2015

Theme:

Effective care and support

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

There was a potential for residents' care to be compromised as care plans which were in place were not updated at the required minimum intervals.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

With immediate effect all residents will have in place a Primary Nurse who is responsible in updating their allocated Care plan Group. The PIC will review these care plans at intervals not exceeding three months, (in line with our established nursing homes). The care plan will be reviewed with the resident or their next of kin or advocate.

To facilitate this a tracking system for care planning will be introduced on Monday 15/12

Proposed Timescale: 15/12/2014