

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Fairfield Nursing Home
Centre ID:	OSV-0000227
Centre address:	Quarry Road, Drimoleague, Cork.
Telephone number:	028 31 881
Email address:	fairfielddrimoleague@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fairfield Nursing Home Limited
Provider Nominee:	Seán Collins
Lead inspector:	John Greaney
Support inspector(s):	Breda Desmond;
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	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 his/her registration.

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 January 2015 09:50	27 January 2015 18:00
28 January 2015 08:30	28 January 2015 16:30

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 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the 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 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Fairfield Nursing Home was a purpose built; single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprised 39 single bedrooms and five twin bedrooms. Twenty nine of the single bedrooms were en suite with toilet, shower and wash-hand basin and the other 10 bedrooms had a wash-hand basin. All of the twin bedrooms were en suite with toilet, shower and wash-hand basin. For operational purposes the centre was divided into three sections, namely Dromusta House, which accommodated 17 residents, Rockmount House, which accommodated 16 residents and Deelish House, which also accommodated 16 residents.

Overall the findings of this inspection indicated that residents received care to a good standard. The person in charge was knowledgeable of her obligations under the relevant standards and regulations, and demonstrated a commitment to providing a high standard of care to residents. Nursing and care staff were knowledgeable of residents' needs and provided a high standard of care. There was good access to general practitioner (GP) services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

A number of completed questionnaires were received from residents and relatives and the overall feedback was complimentary of the care provided. This was supported by positive feedback given to the inspector by residents and relatives on the days of the inspection.

Even though care was provided to a good standard, some improvements were required. These included:

- the audit process
- design and layout of the premises
- staff training
- records management
- infection prevention and control practices
- fire safety training
- the emergency plan
- complaints procedure

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service that was provided in the centre and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

On the days of inspection there was evidence of sufficient resources to support the delivery of care. There was a clearly defined management structure with clear lines of authority and accountability for the delivery of the service. This comprised of a person in charge who was supported in her role by an assistant director of nursing. The person in charge reported to the provider nominee through regular meetings.

There was a comprehensive programme of audits of issues such as hand and hair care, health and safety, deep cleaning, residents' records, complaints management, activities, menus, manual handling, privacy and dignity, and cleanliness of the physical environment. While there were action plans developed following some of the audits however, they were general in nature and did not identify who was responsible for addressing the actions identified and there were no timelines specified within which the action should be completed.

There was also a quality improvement plan for 2015 that identified improvements for the forthcoming year such as the addition of an assisted bathroom, a reconfigured sluice room with appropriate equipment, a new staff room, a reduction in the use of restraint, ongoing training for staff and more personalised care planning. The inspectors noted that this plan could be enhanced by identifying who was responsible for each element of the plan and identifying timelines for completion.

As will be further discussed in Outcome 16, there were regular residents' meetings, however there was little evidence that issues raised at the meetings contributed to the quality improvement process.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a Resident's Guide that contained all the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Each resident had a written contract of care detailing the services to be provided and the fees to be charged to the resident.

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 centre was managed by registered nurse who worked full time and had the required experience in the area of nursing of the older person. Throughout the days of the inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory responsibilities.

The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspectors were satisfied that the centre was managed by a suitably qualified and experienced manager.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, inspectors were satisfied that there was substantial compliance with the Regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained all the items specified in Schedule 3 of the Regulations and an insurance certificate was

submitted as part of the registration process indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures. However, the policy on records management was not comprehensive and required review. Additionally, signature sheets associated with some policies indicating that staff had read and understood them were photocopied and some signatures were dated prior to the policy being reviewed and updated.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by an assistant director of nursing who would take charge of the centre in the absence of the person in charge.

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):

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

Findings:

There was an up-to-date policy on the prevention, detection and response to abuse. However, training records indicated that not all staff had received up-to-date training on the prevention, detection and response to abuse. Staff members spoken with by inspectors were knowledgeable of what to do in the event of suspicions, allegations or disclosures of abuse. Residents spoken with by inspectors stated that they felt safe in the centre and that they could talk to the person in charge if they had any concerns. The inspectors were informed that there have been no incidents or allegations of abuse.

The inspectors viewed a sample of residents' finances and were satisfied that there were adequate systems in place to safeguard residents' money.

There was a policy in place for managing behaviours that challenge. Based on the observations of inspectors, discussions with staff and a review of residents' records staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. There was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used. However, the policy on restraint required review in relation to the definition of an enabler and the management of residents with an enabler in place, such as bed rails.

Judgment:

Substantially Compliant

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

Theme:

Safe care and support

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

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

Findings:

There were up-to-date policies and procedures relating to health and safety, including infection prevention and control and food safety. There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed clinical and non-clinical risks, including the risk of and measures in place to control abuse, the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm. As will be discussed under Outcome 9, medications were stored in a locked cupboard in the residents' bedrooms; however, this was not addressed in the risk register. The inspectors reviewed the accident and incident log and were satisfied that there were adequate arrangements in place for investigating and learning from serious accidents and incidents.

There was an emergency plan that addressed emergencies such as loss of power, loss of water, gas leak and the safe placement of residents in the event of a prolonged evacuation. There were also other less comprehensive emergency plans available and

the person in charge was requested to remove outdated plans so that there was only one comprehensive plan available for staff in the event of an emergency.

A number of improvements were required in relation to infection prevention and control. For example, the sluice room was not fit for purpose as it did not contain a bedpan washer; some cleaning supplies were stored in the sluice room; there was no racking for storing bedpans, commode basins or urinals; and there was no sluice sink. Even though a colour coded cleaning system was outlined to inspectors, the system in use in relation to the use of cleaning cloths for more than one room did not comply with evidence-based hygiene practices. There was no written cleaning protocol available to staff to outline a centre-specific process for hygiene management.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment and emergency lighting. There were records demonstrating the routine inspection of fire safety equipment, daily inspection of means of escapes and routine sounding of the fire alarm system. All emergency exits were seen to be free of obstruction on the days of inspection. There were records available of fire drills, however, they were not held regularly as there was a 10 month period when fire drills had not taken place. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire however, not all staff had received up-to-date training in fire safety.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

There were up-to-date written operational policies for the safe ordering, prescribing, storing and administration of medicines to residents. Residents' medications were stored in a locked cupboard in their rooms and the key was retained by nursing staff for safekeeping. There were no residents that self-administered medications residing in the centre on the days of inspection. Medication administration practices observed by inspectors were generally in compliance with professional guidance. There was a GP signature for each medication prescribed and discontinued and there was evidence that prescriptions were regularly reviewed.

Medications requiring special control measures were managed appropriately. Records indicated that these drugs were counted following administration and at the change of each shift.

There was a system in place for returning unused/out-of-date medicines to the pharmacy. There was a system in place for managing stock medications retained in the centre.

Medication management practices were subjected to audit; the last audit had been completed in November 2014. Issues identified at that audit had been addressed; however, some improvements were required. For example, records of near misses were not recorded and it was confirmed by the person in charge that there were near misses in relation to medication management. There were no records of medication errors. This action is addressed under Outcome 2. There was only one implement available to staff for crushing medications for residents with a swallowing difficulty even though medications were administered in different parts of the centre simultaneously by two nurses.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents and accidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector in accordance with statutory requirements.

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):

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

Findings:

There were centre-specific policies and procedures in place in relation to the care and welfare of residents. Residents had access to a GP of their choosing and there was evidence of regular review. There was good access to allied health/specialist services such as dietetics, speech and language therapy, physiotherapy, occupational therapy, psychiatry, palliative care and dental.

Overall care was delivered to a good standard through a person-centred approach. Staff members spoken with by inspectors were knowledgeable and had a good understanding of the personal circumstances and needs of individual residents. Residents spoken with stated they were consulted with in relation to the delivery of their care and were supported in their choices around their day-to-day care and activities. This was confirmed by the observations of inspectors. For example, there were tea making facilities in each of the units and staff were seen to make tea and provide snacks to residents in an informal manner throughout the day rather than on a scheduled basis. Residents were seen to enjoy a level of independence appropriate to their assessed abilities with systems and resources in place to facilitate access to their choice of services.

Residents received a comprehensive assessment on admission and at regular intervals thereafter using evidence-based assessment tools for issues such as skin integrity, falls risk assessment, safe environment, mobility and nutrition. Care plans were developed in response to issues identified through these assessments. Some improvements, however, were required as while some of the care plans provided good guidance on the care to be delivered, others were generic and did not provide adequate detail of the care to be delivered. For example the care plan of a resident prescribed a modified consistency diet did not detail the prescribed diet. Additionally, care plans and records of care provision were maintained both electronically and in paper format and neither record was comprehensive, making it difficult to retrieve information on the care delivered. This action is addressed under Outcome 5.

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):

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

Findings:

Fairfield Nursing Home was a purpose built; single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprised 39 single bedrooms and five twin bedrooms. Twenty nine of the single bedrooms were en suite with toilet, shower and wash-hand basin and the other 10 bedrooms had a wash-hand basin. All of the twin bedrooms were en suite with toilet, shower and wash-hand basin. For operational purposes the centre was divided into three sections, namely Dromusta House, which accommodated 17 residents, Rockmount House, which accommodated 16 residents and Deelish House, which also accommodated 16 residents.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile and in keeping with the centre's statement of purpose. There was a parking area to the front of the premises and a secure, well maintained patio area, which was enclosed and could be accessed safely by both visitors and residents. Appropriate heating, lighting and ventilation were in place throughout the premises.

On the days of inspection the centre was clean, bright and in a reasonable state of repair. The centre was homely and many of the bedrooms were personalised with residents' personal possessions and memorabilia. The public areas such as corridors were recently painted in bright colours, however, some of the bedrooms required redecoration as there was evidence of filler on some walls where items such as mirrors had been removed and some bedrooms and en suites required painting. The sitting rooms/dining rooms were designed and furnished to reflect a homely atmosphere, however, one of the sitting rooms appeared to be cluttered with additional equipment/furniture that had previously been stored on a snoozeleum.

There were adequate catering facilities. Separate facilities were available for staff and included an area for changing and storage. The person in charge informed inspectors that staff changing facilities were being relocated to allow for current changing facilities to be converted to an assisted shower/bathroom. While there were an adequate number of shower/bathroom facilities in addition to en suite facilities, these were not optimally located in relation to residents' bedrooms that did not have en suite facilities. Additionally the shower in one of the bathrooms was not suitable for residents with mobility impairment due to a deep shower tray that posed a trip hazard for residents.

As already stated in Outcome 8 there were inadequate sluicing facilities. There was only one sluice room in the centre and it did not contain a bedpan washer and cleaning equipment/supplies were inappropriately stored there. There were laundry facilities; however there was no wash-hand basin in the laundry. Records were available demonstrating the preventive maintenance of equipment such as hoist, beds and chairs.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals

procedure.

Theme:

Person-centred care and support

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

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

Findings:

There was a written operational policy in place for the management complaints. The policy required review as it did not clearly detail who was responsible for managing complaints or the independent appeals process. There was a notice on display in the entrance lobby outlining the complaints process, however, it was not on prominent display as it was located in the entrance foyer that was not accessible by all residents and was not readily visible to visitors.

Inspectors reviewed the complaints log that detailed complaints. It was not possible to ascertain from the complaints log the outcome of the complaints process and whether or not the complainant was satisfied with the outcome of the complaints process. The person in charge confirmed to inspectors that not all complaints were recorded.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

There was an up-to-date policy on the management of end of life. There was evidence of discussion with some residents and family members in relation to end of life preferences and this was documented in care plans. Based on discussions with staff and residents, and a review of records; religious and cultural practices were facilitated. Records indicated that residents care needs were met at end of life to a good standard with appropriate referral and review by palliative care services, where indicated.

Family and friends were facilitated to remain with residents as they approached end of life. There was good access to palliative care services, when required. Most residents were accommodated in single rooms, so access to a single room was usually available if requested.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place to guide the monitoring and documentation of residents' nutritional status. Records indicated that residents' nutritional status was monitored through recording weights regularly and the use of a standardised tool for nutritional assessment. Food appeared to be nutritious, was varied and was available in sufficient quantities. This was supported by an audit of the menu carried out by a visiting dietician. Residents had access to drinks and snacks throughout the day. While choice of food was available to most residents at mealtimes, choice was not always available for all residents prescribed a modified consistency diet.

There was good access to services such as dietetics and speech and language therapy and there was evidence of referral and review. Improvements, however, were required in relation to communicating specialised diets with catering staff to ensure that each resident received the appropriate diet. For example, only the number of residents that were prescribed a specific diet was communicated to the kitchen rather than the identity each resident and their individually prescribed diet. Mealtimes were seen to be social occasions and staff interacted with residents in a respectful and dignified manner.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to an external advocate who visited the centre regularly. Residents were consulted through regular meetings and the minutes of these meetings were available for review. Residents were also consulted through surveys carried on various dates over a six month period. However, based on a review of the minutes of residents' meetings and survey records it was not possible to ascertain if the issues raised were addressed.

Staff were knowledgeable of the various communication needs of residents. Residents had access to daily newspaper, television and radio. Residents had access to a range of activities that were person-centred and facilitated by care and nursing staff. Records of residents meetings indicated that some residents had requested more music to be included in the programme of activities however, it was not clear that this had been addressed.

There was adequate communal sitting rooms and also adequate space for residents to meet with relatives in private. Inspectors observed visitors coming and going throughout the day and interacting with staff in a manner that indicated familiarity. Residents' religious and spiritual practices were facilitated and respected. The person in charge stated that residents were facilitated to vote in local and national elections.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions. Residents had adequate storage space in their bedrooms for personal property and possessions and appropriate records were maintained.

There were adequate procedures in place for the regular laundering and safe return of linen and residents' clothing.

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:

Inspectors reviewed the staff roster and observed practices. The person in charge was requested to review the roster to ensure that there was adequate staff and skill mix on duty at all times, particularly during twilight hours. The person in charge was also requested to review the staff roster in relation to housekeeping staff as there were no housekeeping staff on duty on Sundays.

There was an ongoing programme of training to support staff provide contemporary evidence-based care. An extensive programme of training had been undertaken by staff in relation to best practice in dementia care. However, based on records seen by inspectors not all staff had received up-to-date training on fire safety, prevention and detection of abuse or manual handling. Other training completed by members of staff included medication management, nutrition, end of life care and foot care.

Evidence of current registration was available for all nursing staff. A review of personnel records indicated that all of the requirements of Schedule 2 were met.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

John Greaney
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:	Fairfield Nursing Home
Centre ID:	OSV-0000227
Date of inspection:	27/01/2015
Date of response:	13/05/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Action plans associated with quality improvement initiatives were general in nature and did not identify who was responsible for addressing the actions identified and there were no timelines specified within which the action should be completed.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Quality improvement Plan modified to identify the person responsible and time scale again to be specified.

To have monthly meetings with Advocate to discuss issues raised at meetings and formulate a plan to address concerns raised. These suggestions will be imputed in our Quality Improvement Plan. Issues raised have always been addressed however as part of our audit process and improvement – our documentation will incorporate this.

Proposed Timescale: 30/03/2015

Theme:

Governance, Leadership and Management

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

Records of near misses were not recorded and it was confirmed by the person in charge that there were near misses in relation to medication management.

Action Required:

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

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

Near misses had been recorded in the progress records in electronic records however in future near misses to be documented on the incident form in electronic records.

All nurses have been made aware to document in electronic records regarding near misses in relation to medication.

Proposed Timescale: 16/02/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy on records management was not comprehensive.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We have developed a comprehensive policy which is currently in draft form.

Proposed Timescale: 05/02/2015

Theme:

Governance, Leadership and Management

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

Signature sheets associated with some policies indicating that staff had read and understood them were photocopied and some signatures were dated prior to the policy being reviewed and updated.

Action Required:

Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

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

All staff had read policies and had also synopsis sessions to brief them, photocopies sheet misplaced and not reflective of staff knowledge, signature sheet has been removed and replaced with new signature sheet. All staff to be re-issued with policies for update and signing.

Proposed Timescale: 30/04/2015

Theme:

Governance, Leadership and Management

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

Care plans and records of care provision were maintained both electronically and in paper format and neither record was comprehensive, making it difficult to retrieve information on the care delivered.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Care Plans, assessments and records to be maintained comprehensively on electronic record.

Medical records to be maintained in paper format.

Proposed Timescale: 30/06/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The policy on restraint required review in relation to the definition of an enabler and the

management of residents with an enabler in place, such as bed rails.

Action Required:

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

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

Local policy has been reviewed in accordance with HSE policy on Restraint/Enablers.

Proposed Timescale: 31/03/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was more than one emergency plan with varying degrees of guidance on what to do in the event of an emergency.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

Old emergency plan removed from Policy folder.

Proposed Timescale: 03/03/2015

Theme:

Safe care and support

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

Medications were stored in a locked cupboard in the residents' bedrooms, however, this was not addressed in the risk register.

Action Required:

Under Regulation 26(1) (a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Register now incorporates locked cupboards in Residents room.

Proposed Timescale: 12/02/2015

Theme:

Safe care and support

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

A number of improvements were required in relation to infection prevention and control, including:

- the sluice room was not fit for purpose as it did not contain a bedpan washer; some cleaning supplies were stored in the sluice room; there was no racking for storing bedpans, commode basins or urinals; and there was no sluice sink
- even though a colour coded cleaning system was outlined to inspectors, the system in use in relation to the use of cleaning cloths for more than one room did not comply with evidence-based hygiene practices
- there was no written cleaning protocol available to staff to outline a centre-specific process for hygiene management.

Action Required:

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

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

A meeting has taken place with the architect on Thursday 12th March to discuss the upgrade of the sluice room. Awaiting plans.

Cleaning supplies have been removed from sluice room and are now stored in house-keepers cupboard.

Update of cleaning protocol in line with cleaning products guidance.

Colour coding system for cloths for cleaning now in place.

All cleaning staff had received training on infection control in June 2013 and had also got specific training on new cleaning products in September 2013.

Proposed Timescale: 30/08/2015

Theme:

Safe care and support

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

There were records available of fire drills, however, they were not held regularly as there was a 10 month period when fire drills did not take place.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills will be 6 monthly and due in April 2015.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Not all staff had received up-to-date training in fire safety.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Staff that were unable to attend the fire training day due to maternity leave, annual leave and part-time staff will be accommodated.

Proposed Timescale: 30/09/2015

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:

There was only one implement available to staff for crushing medications for residents with a swallowing difficulty even though medications were administered in different parts of the centre simultaneously by two nurses.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

There is now a second implement available for crushing medication. Purchased in Jan 2015.

Proposed Timescale: 30/01/2015

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:

Some care plans provided good guidance on the care to be delivered, others were generic and did not provide adequate detail of the care to be delivered.

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:

All nurses to review Care Plans comprehensively and ensure that all are personalised to each resident specific needs.

Care Plans, assessments and records to be maintained comprehensively on Epic.

Proposed Timescale: 30/06/2015

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:

Some improvements were required in relation to the premises, such as:

- there were inadequate sluicing facilities
- some of the bedrooms required redecoration as there was evidence of filler on some walls where items such as mirrors had been removed and some bedrooms and en suites required painting
- the sitting rooms/dining rooms were designed and furnished to reflect a homely atmosphere, however, one of the sitting rooms appeared to be cluttered with additional equipment/furniture that had previously been stored on a snoozeleum
- shower/bathroom facilities were not optimally located in relation to residents' bedrooms that did not have en suite facilities
- there was no wash-hand basin in the laundry.

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:

Sluicing facilities are being upgraded. June/July 2015

Painting and redecorating is being done on an ongoing basis. Due to change in suppliers in relation to paper towel dispensers, these holes have been filled and walls painted.

Snoozeleum equipment is actively used in Dromusta Sitting room for sensory stimulation for our residents on a daily basis by the staff.

A new staff room, shower and changing facilities opened in March 2015.

Old staff room in Dromusta house now turned into an assisted shower/wet room and will be in operation by the end of March 2015.

New hand washing basin has been ordered for laundry room.

Proposed Timescale: 30/04/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy required review as it did not clearly detail who was responsible for managing complaints or the independent appeals process.

Action Required:

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

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

Policy in place now to include Person in Charge as the person responsible for managing complaints.

Complaints form is currently being reviewed to encompass date of the complaint as well as date of resolution/ and if the complainant is happy with all the steps taken.

Proposed Timescale: 01/02/2015

Theme:

Person-centred care and support

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

There was a notice on display in the entrance lobby outlining the complaints process, however, it was not on prominent display as it was located in the entrance foyer that was not accessible by all residents and was not readily visible to visitors.

Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Notice in conservatory pertaining to Complaints Process to be placed on entrances to each of the three houses therefore more visible to our residents and their families.

Proposed Timescale: 01/02/2015

Theme:

Person-centred care and support

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

It was not possible to ascertain from the complaints log the outcome of the complaints process and whether or not the complainant was satisfied with the outcome of the complaints process.

Not all complaints were recorded.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A new complaints form has been devised to clearly demonstrate the satisfaction or not of the complainant.

Person in Charge will in the future be available to attend residents meetings to ensure that any issues are addressed timely and document items of interest verbalised by residents are being addressed. As a result of request for more music karaoke evening is been organised, musical shows and school children to visit.

Proposed Timescale: 30/03/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

While choice of food was available to most residents at mealtimes, choice was not always available for all residents prescribed a modified consistency diet.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Resident choice paramount inclusive of modified diets, kitchen staff have been informed of this.

Proposed Timescale: 30/04/2015

Theme:

Person-centred care and support

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

Improvements, however, were required in relation to communicating specialised diets with catering staff to ensure that each resident received the appropriate diet.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Catering staff aware of resident identified in relation to specialised diet and list is updated as necessary.

Proposed Timescale: 30/03/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Records of residents meetings indicated that some residents had requested more music to be included in the programme of activities but it was not clear that this had been addressed.

Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

As a result of request for more music karaoke evening is been organised, musical shows and school children to visit.

Proposed Timescale: 30/05/2015

Theme:

Person-centred care and support

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

Based on a review of the minutes of residents' meetings and survey records it was not possible to ascertain if the issues raised were addressed.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Person in Charge is available to attend Residents meeting, any issues or concerns arising from these meetings will be documented and addressed.

Proposed Timescale: 30/04/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Review the roster to ensure that there was adequate staff and skill mix on duty at all times, particularly during twilight hours and in relation to housekeeping staff as there was no housekeeping staff on duty Sundays.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The roster is reviewed and discussed by management to ensure that there is adequate staff and skill mix on duty at all times. However should the need arise appropriate action will be taken.

Proposed Timescale: 30/03/2015

Theme:

Workforce

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

Not all staff had received up-to-date training on fire safety, prevention and detection of abuse, or manual handling.

Action Required:

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

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

Fire drills will be 6 monthly and due in April 2015.

Staff that were unable to attend the fire training day due to maternity leave, annual leave and part-time staff will be accommodated by Sept. 2015.

Proposed Timescale: 30/09/2015