



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 May 2021
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0032534

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Fern Dean Nursing Home is set in its own gardens close to Blackrock in Co. Dublin. It is a purpose built nursing home, with 105 single en-suite bedrooms, five twin en-suite bedrooms and one three-bedded en-suite bedroom. The facility comprises of three floors. The ground floor, called the Garden Lodge, can accommodate 33 residents. The first floor, called Fern Lodge, can accommodate 46 residents and the second floor is called Sycamore Lodge and can accommodate 39 residents. Each floor has its own dining and sitting rooms. On the ground floor there is a hair salon, an oratory and a private room that visitors can use. There is 24 hour nursing care, and residents with cognitive impairment and or dementia are welcome. The centre can also accommodate respite and convalescent residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	105
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	08:30hrs to 18:00hrs	Naomi Lyng	Lead

## What residents told us and what inspectors observed

Overall, The Fern Dean was observed to be a good centre and the general feedback from residents was that they felt safe and supported to live a good quality of life. This inspection found that improvements were required in relation to fire safety, infection prevention and control, care planning and residents' rights to ensure a consistent safe and quality service was provided.

The inspector communicated with approximately 15 residents over the one day inspection. Many residents shared their experience of living through the COVID-19 pandemic, and all reported feeling grateful that life was beginning to return to normal and that they could see their loved ones again. Some residents spoke of the loneliness experienced during the past year, but all reported that staff had helped to keep them busy and distracted. One resident reported that they had had no worries or concerns of contracting the virus as they had felt very safe living in the centre. Others spoke of their joy at getting the COVID-19 vaccine and how this had helped them to feel more relaxed when having visits with their families.

Visiting was observed to be in line with public health guidance, Health Protection and Surveillance Centre, "*COVID-19 Guidance on visits to Long Term Residential Care Facilities*." Visits were arranged on a scheduled basis by reception staff and families were regularly updated on changing guidance. Visitors were observed to be screened by staff on arrival and guided through the infection prevention and control (IPC) processes involved. Visits were observed to take place in residents' bedrooms, a designated visitor's area or in the garden.

The Fern Dean was laid out over three floors, and the design and layout of the building supported residents to move about the centre as they wished. There were a number of communal facilities available, including an oratory, sitting and dining rooms, hairdressers and quiet rooms, and a large secure garden area. It was a sunny day on the day of inspection and residents were observed going for walks outside independently, or supported by staff, and receiving visitors in one of the many outdoor seating areas. It was a pleasant space, with attractive landscaping and planting. The inspector observed that the indoor communal spaces were generally large and nicely decorated with appropriate furniture and seating available. However, in order to protect the residents and staff from the potential transmission of COVID-19 throughout the centre, the provider had temporarily repurposed two of the communal sitting areas that had been designated for residents' use into staff facilities. The inspector observed that this had a negative outcome on residents' experience on two of the floors. This is discussed further under Regulation 9.

Residents' bedrooms were observed to be spacious, comfortable, pleasantly decorated and had sufficient storage for residents' personal belongings. All bedrooms in the centre had access to an ensuite facility. The bedrooms on the groundfloor were observed to be particularly attractive with a high standard of

furniture and decoration. The twin bedrooms had appropriate screening in place to support residents' privacy, and each resident had their own television and armchair. Residents told the inspector that they were happy and comfortable with their living arrangements, and the inspector observed that the rooms were personalised with photos, artwork and residents' memorabilia.

A number of residents told the inspector that they felt well cared for and that staff were kind, caring and helpful. One resident reported that a staff member had recently asked her if she felt safe living in the centre, and the resident was appreciative of being "checked in on." Staff were observed knocking on doors prior to entering rooms, or greeting residents in a friendly and respectful manner on the corridors.

Most residents who communicated with the inspector were complimentary of the choice and quality of food offered in the centre. One resident reported that she always ate well in the centre, and that staff always offered her alternatives when she was not satisfied with the meal choices. Other residents told the inspector that the food was delicious and hot, and they always felt they had enough of what they wanted. One resident said that it was sometimes difficult to understand what food choices they had, as the menu only listed the name of the dish and did not include what ingredients were included in the meal. They suggested that a photograph of the plated meals would help them to make a more informed choice, especially when residents chose to dine in their own bedrooms.

The inspector spent time observing meal times on two of the floors in the centre. The dining experience on the groundfloor appeared relaxed and enjoyable, with residents observed to come and go as they pleased and supported by staff to enjoy their meal at their own pace. The dining area was spacious and airy, and gentle piano music played in the background. Residents were observed chatting to each other comfortably and were clearly enjoying their meal. In contrast, the inspector found that the dining experience on the first floor was chaotic, busy, loud and took place in a cramped space. While some of the residents had their lunch, others were trying to listen to a music video on television. The atmosphere was not conducive to a pleasant dining experience. Some of the staff practices observed in this area did not keep in with the person-centred ethos observed throughout the rest of the designated centre. For example, choice was not consistently offered as the inspector observed staff leaving food in front of a resident who was sleeping at the time.

Residents who communicated with the inspector reported that they generally had control on how they lived their daily lives. One resident reported that "no one ever barges in to get me up", and staff were observed offering choices to residents. For example, residents were asked about what time they would like to get up or when they would like to have assistance with their personal needs. There were handrails and orientation boards and signs throughout the building to support residents to move around the centre as they wished.

Residents were observed to have good opportunities to engage in interesting and varied social and recreational activities in line with their interests and abilities. This included staff-led group activities and one-to-one sessions. There was an activity

schedule advertised in prominent locations in the centre, and there was a photograph display of residents proudly showing their completed artwork. The inspector observed a group exercise class and residents were clearly enjoying themselves as they sang and danced along to the music in their chairs. One resident told the inspector that they sometimes preferred their own company rather than taking part in the classes, and that staff respected their decision and checked in on them regularly.

Residents were consulted in the running of the centre, and feedback was gathered from residents and their families through regular online surveys. A residents' committee and residents' forum meeting had been held in January 2021, and records showed that this included discussions around concerns raised by residents, updates on the COVID-19 pandemic, upcoming events and residents' suggestions.

Residents who communicated with the inspector reported that they knew how to make a complaint or raise a concern, and felt comfortable doing so. The inspector observed a compliments and complaints box available in the centre.

The following sections of the report will give an overview of the findings of the inspection and detail the compliance judgments under each respective regulation.

## Capacity and capability

This was an unannounced risk inspection to monitor the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and assess the centre's preparedness for a COVID-19 outbreak. Overall, the provider was adequately resourced and had the capacity and capability to ensure a safe and quality service for the residents living in the centre. However, while there were numerous examples of good practice observed on the day, the inspection also found that some improvements were required to ensure all risks were identified and managed appropriately, and that the rights of residents were consistently promoted across all units in the centre.

SRCW Ltd is the registered provider of the Fern Dean, of which there are three company directors. One of the directors carries the role of registered provider representative and was available for feedback following the inspection. There was a full-time person in charge (PIC) in the centre who was supported in their role by three unit managers and three clinical nurse managers. There were clear lines of authority and accountability in the centre. The management team was committed to ensuring compliance with the regulations and provide a good quality of life for the residents in the centre.

There was a strong management structure in place which adopted a team-based approach to all areas of care provision. The person in charge (PIC) facilitated the inspection and was observed to be well supported at both clinical and operational

management levels.

The centre has a good history of regulatory compliance , and the previous inspection carried out in February 2019 was compliant in all regulations except fire precautions, and substantially compliant in the management of behaviours that challenge and premises. While most of the action plans from the last inspection had been completed, this inspection found that significant action in relation to the provision of effective fire safety procedures was again required in order to protect residents from the risk of fire. As a result, an urgent action plan was issued to the provider following inspection. The inspector acknowledged that satisfactory assurances were received from the provider in a timely manner and that the immediate risks had been appropriately mitigated. This is discussed further under Regulation 28.

The centre had experienced two COVID-19 outbreaks. The initial outbreak occurred in April 2020 where four residents and eight staff were confirmed to be COVID-19 positive, and all made a full recovery. The second outbreak occurred in February 2021 where 27 residents and 13 staff were confirmed COVID-19 positive.

Unfortunately two residents who had contracted the COVID-19 virus passed away during this time. The centre demonstrated learning from these outbreaks and had put in place an appropriate contingency plan to address the risk of COVID-19. This included reducing the occupancy of a triple bedroom to single occupancy during the COVID-19 pandemic. From a review of records and discussions with both residents and staff, the inspector was assured that the centre was in compliance with public health guidance, "*Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities .*"

The management systems in place included a suite of audits, quality improvement initiatives and reviews of clinical indicators, including a review of meal services, care plans, fire drills, use of personal protective equipment (PPE), hand hygiene, visits, safeguarding and falls. While these audits were found to be comprehensive and learning was effectively disseminated to staff, they failed to identify or put in appropriate measures to address the findings of non-compliance evident on inspection. This is discussed further under Regulation 23.

There was sufficient staffing levels available at the time of inspection, and included a relief staff panel to cover holiday and sick leave. The inspector reviewed a sample of staff files and found that these met regulatory requirements.

There were good records of complaints maintained in the centre, and regular reviews and audits were completed with appropriate action plans initiated based on complaints received. The inspector observed effective channels of communication with staff in relation to sharing of learning from concerns raised and found that a culture of openness and transparency where feedback is welcomed was promoted.

There was an annual review available for 2020 and this included a quality improvement action plan for 2021. There was evidence that this had been prepared in consultation with residents and their families.



## Regulation 14: Persons in charge

There was a full-time person in charge (PIC) working in the designated centre. They met the criteria for the role, having the required nursing and management experience and a management qualification.

The PIC had a strong presence in the centre, demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and was well-known by both residents and staff.

There were deputising arrangements in place for when the PIC was not available.

Judgment: Compliant

## Regulation 15: Staffing

From a review of the planned and worked rosters and observations on the day of inspection, the inspector found that there was adequate staffing in place to meet residents' assessed needs and having regard to the size and layout of the centre. There was good supervision of communal areas on the day of inspection, and call bells were observed to be answered in a timely manner. The inspector observed that where staff were assisting residents to engage in activities, additional staff were available close by to assist residents where needed.

There was evidence of An Garda Síochána (police) vetting clearance for all staff, and evidence of active professional registration for all nursing staff.

Judgment: Compliant

## Regulation 16: Training and staff development

There was good access to appropriate training for staff in the centre. Training records showed that all staff were up to date with mandatory training in line with the centre's own training and development policy. This included infection prevention and control (IPC), fire safety and safeguarding. The inspector reviewed a calendar with structured in-house training dates scheduled for the year ahead.

There was sufficient supervision of less experienced staff on the inspection. The

inspector found that where poor care practices were observed, these were identified by senior staff and addressed in a prompt and effective manner. There was a nursing manager or clinical nurse manager available on each unit daily for oversight of staff practices.

Judgment: Compliant

### Regulation 23: Governance and management

While good governance arrangements were in place, the management systems to oversee all aspects of the service required review. This is to ensure that they are sufficiently robust to identify all risks in the centre and to mitigate these risks effectively. This is evidenced in the risks highlighted on this inspection, including infection prevention and control, fire precautions and residents' rights.

The inspector found that there were insufficient fire evacuation and storage resources available to ensure a safe service and environment.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints procedures in place in the centre met regulatory requirements. Records of complaints were maintained appropriately and there was evidence of regular reviews and audits of these by management staff. There was evidence of good communication of learning from these incidents to staff.

Judgment: Compliant

### Quality and safety

Overall, residents were supported to have a good quality of life which was respectful of their wishes and preferences. The quality of care received by residents was of a high standard, and residents health needs were met through appropriate access to healthcare services. The fire safety arrangements in the centre posed a risk to the welfare and safety of the residents living in the centre and required immediate action on the part of the provider. While the inspector observed numerous areas of good practice in infection control and residents' rights, some further action was

needed to ensure full compliance. This is discussed under the relevant regulations.

The premises was undergoing some building works at the time of inspection. The inspector observed that residents had been informed about these works and an appropriate risk management plan was in place which included arrangements for a safe fire evacuation route through the building site.

There was evidence of good consultation with residents in their individual care planning process and control of their daily lives. Residents were supported to provide feedback on their experience of care and services in the centre, and this was observed to be mostly positive.

However, the inspector observed that the temporary reduction in communal recreational space had negatively affected residents in the centre. For example, one resident who had declined to take part in an activity and was trying to rest in their chair by a window was continuously disturbed by the noise of the group activity class going on around them. The inspector observed that the resident did not want to return to their bedroom but would have benefited from a more peaceful environment in which to relax. The quiet room in this unit had been temporarily repurposed as a staff facility and therefore residents did not have access to this communal space at the time of inspection. This is discussed further under Regulation 9.

There was comprehensive investigation of incidents in the centre, including safeguarding concerns and falls. The inspector was assured that the centre strived for a team-based approach to the management of risk and there was strong evidence of learning from incidents and effective communication channels with staff. For example, where a complaint was raised in relation to timely access to acute hospital services, the inspector observed that a comprehensive investigation had been made and that an appropriate action plan had been put in place.

There appeared to be a high use of restraints in the centre, of which the Chief Inspector was notified appropriately. On review of records and the restraints register, the inspector found that this was not an accurate representation of restraint use in the centre. For example, residents who were using one bed rail at night but were still able to independently get out of bed as they wished were being recorded as having a restraint applied. As a result, the inspector found that the centre was capturing a greater number of restraints in their notifications to the Chief Inspector than were actually in use.

Communal areas and residents' bedrooms appeared to be clean and well maintained. Housekeeping staff spoken with on inspection were knowledgeable of their role and the centre's infection prevention and control processes, and were clear on the procedures required in the event of a COVID-19 outbreak.

Residents were kept informed of updates in the COVID-19 pandemic and changing public health guidance by the provider and staff. This included COVID-19 precautions, promotion of hand hygiene and cough etiquette and visiting arrangements. Residents were observed to be supported to maintain contact with their loved ones through access to phone and videocalls. There was good access to

radio, television, internet and newspapers to allow residents to keep informed with current affairs and local community updates.

There was designated staff available to support and engage residents in activities in accordance with their interests and suggestions. Residents were encouraged to remain active, and staff were available to assist residents with regular walks and group exercise classes suitable for individual capabilities as they wished. Staff were observed to be respectful and courteous in their interactions with staff, and gained informed consent before assisting residents with their personal needs.

### Regulation 26: Risk management

There was a risk management policy in place in the centre and this was set out as per Schedule 5 requirements.

Judgment: Compliant

### Regulation 27: Infection control

Some further opportunities for improvement in respect of infection prevention and control practices were identified as follows:

- Some staff areas and one stairwell fire escape were not maintained in a clean and tidy manner
- Storage in the centre required review to ensure that storage and utility areas, including the laundry facility, were maintained in a tidy manner, allowed for effective cleaning and sanitisation and did not have items stored on floors
- Proactive maintenance was required in some parts of the premises as there were signs of staining and wear-and-tear specifically in respect of flooring, some wall surfaces, shelving and kitchenette cupboard doors. The inspector reviewed evidence that the provider had ordered replacement floor coverings for some of these areas prior to inspection, however this did not address all the findings of the inspection.
- Cleaning procedures for residents' equipment on one floor required improvement as it was unclear if equipment had been sanitised and two items of equipment were observed to be unclean
- Access to staff / clinical hand washing facilities that was separate to residents' hand wash sinks was limited in some areas of the centre

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire and an urgent action plan was issued following inspection in relation to the findings of non-compliance and the risks that they presented for residents.

The inspector was not assured that an adequate means of escape was provided throughout the centre. For example, two ground floor fire escape routes required residents to descend a flight of stairs, with one fire exit requiring residents to ascend additional external steps, in order to get to safety. The inspector was not assured that the requirement to use these stairs had been identified in the fire evacuation plan as:

- the use of stairs via the above evacuation routes was not identified on a number of residents' personal emergency evacuation plans (PEEPs) and therefore did not provide accurate information for staff in the event of a fire
- there was insufficient evacuation equipment available in the centre for timely and safe evacuation of residents via the above fire escape routes

From a review of the records of fire drills in the centre, the inspector was not assured that a full compartment evacuation drill had been completed in 2021 despite a number of new staff being employed in the centre. In addition, the documentation of fire drills required review to ensure it provided sufficient detail in relation to the simulated scenario, for example the time of day and the number of staff available.

The inspector observed that a stairwell was being used to store a large amount of residents' equipment including wheelchairs, cushions, wedges and hoists. This was a repeat non-compliance from the previous inspection and presented as a significant fire safety risk.

The provider provided assurances on 21 May 2021 that an urgent action plan had been initiated in relation to the above findings with the aim of urgently bringing the centre into compliance with this regulation and protect residents living in the centre from the risk of fire.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

All residents had received a comprehensive assessment by an appropriate health care professional on admission to the designated centre. These assessments were observed to include validated assessment and screening tools. The inspector observed that appropriate care plans were prepared within 48 hours of a resident's

admission, and these were reviewed in line with regulatory requirements.

The inspector reviewed a sample of care plans and found that, in the main, these were person-centred, detailed and effectively informed care practices.

Judgment: Compliant

### Regulation 6: Health care

From a review of residents' records and discussions with both staff and residents, the inspector observed that staff had good access to medical and allied health care professional input. There was a full-time physiotherapist working in the centre. Residents were supported to have their own general practitioner (GP) where possible.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence of appropriate risk assessments and care plans in place for all uses of restraint in the centre. These included multidisciplinary and general practitioner (GP) input, evidence of regular reviews in consultation with the residents, and measures to control the risks of restraint use including documented monitoring and scheduled release of the restraints as required.

There was evidence of alternative less restrictive measures being trialled, and the inspector observed that there was sufficient resources available in the centre, including low low beds, crash mattresses and sensory alarms.

Judgment: Compliant

### Regulation 9: Residents' rights

The design and layout of the premises facilitated residents to undertake personal activities in private. Each bedroom had an ensuite facility, and multi-occupancy rooms were observed to have sufficient space and screening to allow for residents' privacy and dignity.

However, improvements were required to ensure that residents' rights were actively and consistently promoted on all units in the centre. The inspector observed that two residents' sitting rooms had been temporarily repurposed as staff facilities

during the initial COVID-19 outbreak. This had been arranged in order to allow for segregation of staff across each unit and prevent the transmission of COVID-19 in the centre. However, the facilities had not been returned to their stated purpose following the closure of the outbreak and alternative arrangements had not been made to ensure residents had sufficient communal space to have a good quality of life. The inspector observed that this had a significant negative outcome on residents in two of the units, as there was not a quiet room available for residents during busy meal times and activity sessions.

The inspector observed that on one unit residents were not consistently offered choice in relation to when they would like to eat their meal, and what refreshments they would like to have.

Judgment: Substantially compliant

### Regulation 11: Visits

The registered provider had put in place arrangements for residents to receive visitors, and visiting procedures were observed to be in line with public health guidance, Health Protection and Surveillance Centre, "COVID-19 Guidance on visits to Long Term Residential Care Facilities."

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 11: Visits	Compliant



# Compliance Plan for The Fern Dean OSV-0000759

Inspection ID: MON-0032534

Date of inspection: 20/05/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All beds at the Fern Dean have evacuation sheets. Additional Evacuation equipment was ordered including 6 ski pads to facilitate evacuation using stairs. Ongoing training and drills will continue to take place to ensure staff are familiar with the equipment available. Full Review of Fire Prevention Program with input from Fire Consultant to identify improvement areas and ensure Compliance.</p> <p>Learning outcome from the recent HIQA inspection shared to highlight areas of improvement. Unit Managers/CNM to ensure compliance with the procedures in place.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Storage areas have been reviewed and storage lockers added and pallets to ensure no items are stored on the floor. Storage areas are checked daily and a regular spot checking by Unit Managers and Accommodation Manager will be conducted, this is to ensure that medical equipment, walking aids and other items are being stored appropriately. Cleaning procedures for residents' equipment reviewed. Log Booklet contains date and asset ID to document when items are being cleaned. Additional Supervision and Monitoring by Unit Managers/CNM to ensure compliance with the procedures in place.</p> <p>Cleaning Schedule reviewed and Accommodation Manager to ensure increased frequency of cleaning Staff areas/stairwell fire escape areas. Educational Posters on IPC/keeping</p>	

environment clean added to staff areas – Completed 19/07/2021.  
 As part of the internal uplift flooring, wall surfaces, shelving, and kitchenette cupboard doors, some furniture items are being replaced or repaired at different stages of this project. Completion date will be September 2021. Urgent items will be prioritized.  
 There are washing sinks available at nurses' stations, dining room/kitchenette areas, and 2 public toilets with washing sinks per floor. There are also hand sanitizing dispensers distributed along all corridors and other traffic areas.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Full Review of Fire Prevention Program with input from Fire Consultant to identify improvement areas and ensure Compliance.

Additional Fire training sessions to include new evacuation equipment. We have two sessions booked monthly until Dec 2021.

PEEP and Fire drills Forms have been reviewed and updated to include recommendations from Fire Safety Book 2021 (HIQA). Regular fire drills will continue to take place to ensure staff are familiar with different scenarios, including night scenario and evacuation equipment.

Additional Evacuation equipment was ordered including 6 ski pads to facilitate evacuation using stairs. Drills conducted to ensure this equipment allows for safe evacuation on the F.E.S. identified by the inspector.

Fire safety added to residents committee meeting to ensure the residents feel more involved and aware of the safety systems and Evacuation procedures at the home.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 Relocate temporary staff rooms and free the 2 spaces previously occupied for residents use – completed by 19/07/2021. Staff to complete the following training modules: Nutrition and the Mealtime Experience (Abbot), Nutrition and Dementia (Abbot), Introduction to Human Rights in Health and Social Care (HIQA/HSE). To be completed by 31/08/2021. Increase Clinical Supervision during mealtimes - completed by 19/05/2021. The internal Uplift on 1st Floor will be completed by September 2021 increasing the number of Dining rooms to two and sitting rooms to three improving the environment

and meal experience.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/07/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	28/05/2021
Regulation 28(1)(d)	The registered provider shall 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.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Not Compliant	Red	28/05/2021

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Red	28/05/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	23/07/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2021