Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Fearna Manor Nursing Home
Name of provider:	Castlerea Nursing Home Limited
Address of centre:	Tarmon Road, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0000339
Fieldwork ID:	MON-0039539

About the designated centre

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

The centre is a purpose-built facility single storey building that is registered to accommodate a maximum of 53 dependent persons aged 18 years and over. It is situated in a residential area a short drive from the town of Castlerea. Bedroom accommodation consists of 15 single and 19 double rooms all with en-suite facilities. There is a range of communal areas where residents can sit together and socialise. Other facilities include a dining area and spaces for visitors and people who smoke. There are toilets and bathrooms located near to communal areas. There are two outdoor areas that are easily accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In the statement of purpose, the provider states that they are committed to enhancing the quality of life of residents by providing a homely, safe and caring environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

How we inspect

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
Thursday 16 March 2023	09:30hrs to 17:30hrs	Ann Wallace	Lead
Thursday 16 March 2023	09:30hrs to 17:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors spoke with eight residents on the day of the inspection. Residents said that they were treated well, and their rights and choices were respected by staff. Overall, residents were happy with the support and services provided by the staff in the centre. However, some residents told the inspectors that they found the days long, and that they would like theentertainment in the afternoons reinstated, and more variety in their daily routines.

Inspectors observed staff and residents interactions and found them to be positive, with staff demonstrating good insights into the needs of the residents. However, inspectors also noted that resident's call bells were not always answered promptly by staff.

Residents could move around the centre freely and inspector observed a number of residents walking around the centre independently, or with the help of staff. Residents were in good form, and were observed chatting among themselves and on the phone, relaxing alone with newspapers, knitting, and watching the horse racing on television. Residents looked relaxed and comfortable, and described the centre as their 'home'. Visitors were made welcome, and were seen sitting with residents and enjoying quiet time together.

While the centre provided a homely environment for residents, further improvements were required in respect of premises, and infection prevention and control, which are interdependent. The laundry, housekeeping room and storage facilities in the centre required review in addition to some areas of general maintenance and décor. Furthermore, the cleanliness and clutter in the centre had dis-improved since the last inspection, with a number of residents' bedrooms and toilets appearing cluttered and unclean. The upgrade of bedroom and communal fire doors in the centre continued to impact on the quality of decoration throughout the centre, and the quality of life for residents. The works had been ongoing for more than twelve months, and although they were nearing completion, progress had been slow, especially as more than one area of the building was impacted at the same time. Some residents said that they would be happy when all of the building works in the centre had been completed.

Clinical hand wash basins that complied with the recommended specifications for hand hygiene sinks had been delivered, and were awaiting installation. However, barriers to effective hand hygiene practice were observed during the course of this inspection. Findings in this regard are presented under Regulation 27.

Residents who congregated in the main sitting room were supervised by members of staff at all times. As highlighted in previous inspection reports, the layout of the main sitting room did not promote inclusion or social engagement among residents due to the positioning of seating along the perimeter wall. Four female residents were seen to use the sun room throughout the day, and it was clear that they

enjoyed this space. The activity room, however, was once again cluttered with a variety of equipment, including large comfort chairs, and as in previous inspections was not used by residents during the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and managementl in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, inspectors found that management systems and current oversight arrangements were not robust and did not provide a service that was safe, appropriate, consistent, and effectively monitored. This was a repeat finding from the previous three inspections, and significant effort and focus were now required to ensure that effective management systems were introduced in the centre in order to monitor and improve the quality and safety of care and services provided for the residents.

Inspectors found that while the registered provider had carried out a number of actions to come into compliance with the regulations, there were a number of repeated non-compliance's found under Regulation 23: Governance and management, Regulation 27: Infection control, and Regulation 28: Fire precautions. This was the fourth unannounced risk inspection carried out in the previous 12 months to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centre's for Older People) Regulations 2013 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended).

Following the inspection, an urgent compliance plan was issued to the registered provider representative requiring that the significant non-compliance with Regulation 23: Governance and Management, Regulation 27: Infection control and Regulation 28: Fire precautions be addressed urgently. A satisfactory response, setting out how the provider intended to bring the centre into compliance, was received within the required time frame.

Castlerea Nursing Home Limited is the registered provider for this designated centre. There are two company directors, one of whom is directly involved in the running of he designated centre, and is the line manager to who the person in charge reports. There was clear evidence of improvements in the communications between the provider and the management team working in the designated centre. Management meetings were held regularly, and there were records available for the inspectors to review. There was some improvements in the maintenance of records, however, a number of key records such as weekly fire safety checks, and maintenance of fire

safety equipment were still not available for the inspectors to review.

There was a newly appointed Director of Nursing, who also held the role of person in charge, and who worked full-time in the centre. They had been in post three weeks at the time of the inspection. They were supported by two clinical nurse managers, nursing staff, health care assistants, activities staff, housekeeping and maintenance staff.

The oversight of key areas such as infection prevention and control, and the upkeep and maintenance of the centre were not robust, and did not ensure that care and services were safe and appropriate, and that residents were comfortable in their lived environment. For example, rooms that had been signed as deep cleaned were visibly unclean, and a number of areas of the centre were undergoing fire safety improvement works with all of the dust and clutter associated with these works. The inspectors found that the provider had failed to put measures in place to adequately protect the residents from the impact of dust, noise and general disruption created by these works, which had been ongoing for more than 12 months.

Overall, responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. However, the provider had not nominated a staff member with the required training and protected hours allocated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control, and antimicrobial stewardship practices within the centre.

The centre reported an outbreak of influenza in December 2022. However, a formal review of the management of the outbreak of influenza had not been completed. This was a lost opportunity for learning.

Infection prevention and control audits covered a range of topics including use of personal protective equipment (PPE), hand hygiene practices, waste management, and sharps safety. High levels of compliance were consistently achieved in recent audits. However, audits were not scored, tracked and trended to monitor progress. Inspectors also found that findings of recent audits did not align with the findings on this inspection. Details of issues identified are set out under Regulation 27.

Details of residents colonised with multi-drug resistant organisms (MDROs) were recorded on the notice board in the nursing office. However, a review of acute hospital discharge letters and laboratory reports on three units found that staff had failed to identify several residents colonised with MDRO's. Findings in this regard are presented under Regulation 23.

The volume of antibiotic use was also monitored each month. However, this data was not used to inform or target quality improvement initiatives. Inspectors noted that antimicrobial use was higher than the national average of 13% with almost a quarter of residents prescribed antibiotics on the day of the inspection. Findings in this regard are further discussed under Regulation 23.

There was a system in place for tracking completed staff training, and for alerting management regarding staff who were due to complete refresher training. Records

reviewed found significant gaps in training such as infection control, fire safety, and safe manual handling. Inspectors were informed that funding had been made available for additional staff training, and that a new staff induction plan had been developed. Fire, manual handling, and infection prevention and control training had been scheduled for the coming weeks.

Selection and recruitment of staff was ongoing to fill current vacancies. The inspectors reviewed a sample of staff files and found that they contained the information required for each member of staff, under Schedule 2 of the regulations.

Registration Regulation 6: Changes to information supplied for registration purposes

The provider had failed to give notice in writing to the Chief Inspector of the change in identity of the person in charge in Fearna Manor Nursing Home. Furthermore, the provider had failed to submit full and satisfactory information, in line with the requirements of Schedule 2, in respect of the new person proposed to be in charge of the designated centre.

The provider did subsequently submit the required notification and prescribed information following a provider warning meeting held after the inspection.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors were not assured that there were sufficient staffing levels to meet the needs of the residents. This was evidenced by;

During the morning of the inspection, inspectors heard residents' call bells ringing for long periods without being answered. This observation was validated by feedback from three residents who spoke with the inspectors and reported that they often had to wait long periods for staff to come to them when they rang their call bells for assistance. Furthermore, this was a theme in the most recent resident questionnaires that had been completed by residents and their families.

· The level of housekeeping staff was not adequate to meet the needs of the residents. There was only one cleaner on duty on the day of the inspection. The roster showed that the second cleaner had been re-deployed to work in the kitchen on the day. This left one person to clean all of the centre, including the dust and

debris that had been created by the ongoing maintenance works.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of training records indicated that several staff had not been facilitated to attend training appropriate to their role. For example;

A number of staff were due to attend mandatory infection prevention and control training, but this had not been scheduled at the time of the inspection.
Inspectors also identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with multi drug resistant organisms (MDROs).
A number of staff who spoke with the inspectors were not knowledgeable about the fire safety measures that were in place in the centre, including the fire evacuation procedures.

Due to a shortage of nursing staff, clinical staff were not appropriately supervised as CNM's were required to complete nursing duties. In addition, poor supervision of housekeeping staff resulted in poor standards of environmental hygiene observed on the day of the inspection.

Judgment: Not compliant

Regulation 19: Directory of residents

The information in the directory of residents was up-to-date and included the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed a sample of staff and resident records and found that the information required under Schedules 2 and 3 of the regulations was in place. However, the following Schedule 4 information was not available;

An accurate copy of the worked duty roster.

A record of all testing of fire equipment including the fire alarm system
A record of the maintenance of fire safety equipment including the fire extinguishers and the fire alarm system.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that there were adequate resources available to complete the planned fire safety improvement works and the refurbishment of the designated centre in a timely manner and to address the repeated non-compliances found on previous inspections in April 2022, August 2022 and November 2022.

There were not sufficient nursing staff available to facilitate clinical nurse managers working in a supervisory capacity. The rosters showed that on the planned roster for the week following the inspection the clinical nurse manager was rostered as the second nurse on duty for six of those days.

Although the inspectors were informed that a new maintenance person had been employed, there was little evidence that they were available to carry out urgent maintenance and decoration works in the centre. This was evidenced by the poor standard of maintenance in the building which had dis-improved since the previous inspection in November 2022, and was negatively impacting on the lived environment for the residents.

The registered provider had not ensured effective governance arrangements were in place to ensure that care and services were safe,appropriate, and were consistently monitored. This was evidenced by;

· Repeated non-compliances found in relation to housekeeping practices in the centre. For example, the management team in the centre were not clear about the number of housekeepers on duty on the day of the inspection, and the cleaning schedules that had been completed. Several bedrooms that had been signed off as recently deep cleaned were visibly unclean on the day of the inspection.

· The provider had repeatedly failed to ensure that the non-compliances in relation to fire safety precautions in the centre were fully addressed. This inspection found once again that the management and oversight of fire safety in the centre was not robust and did not ensure the safety of the residents in the event of fire in the centre. The provider was issued with an urgent compliance plan following the inspection.

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

· Disparities between the finding of local infection control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

· The antimicrobial stewardship programme needed to be developed, strengthened and supported. There was there was no evidence of targeted antimicrobial stewardship quality improvement initiatives, guidelines, audits or training. Dipstick urinalysis and urine testing was inappropriately used to assess the response to antibiotic treatment for urine infections. Inappropriate use of dipsticks can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause considerable harm including adverse effects, drug interactions, and antimicrobial resistance.

· Equipment cleaning records were not available to view.

· There was some ambiguity among staff and management regarding which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place to prevent ongoing spread and potential infection when caring for residents that were colonised with MDROs.

· Outbreak reviews were not routinely undertaken after outbreaks to assess the management of outbreaks. This was a lost opportunity for learning.

Judgment: Not compliant

Quality and safety

It was evident that staff knew the residents well and were familiar with their needs and their daily routines. Overall, care was person-centred and staff were respectful of residents preferences for care and daily routines. However, inspectors found that the provider had not made sufficient progress to address the non-compliances found on previous inspections, and at the time of this inspection, the designated centre remained non-compliant with Regulations 17, 27 and 28. This was impacting on the quality of life and safety of the residents, and the provider was issued with an urgent compliance plan to set out how they intended to take to bring the centre into compliance within the time frames set out by the Chief Inspector.

The provider had completed a number of fire safety works to the premises since the previous inspection. The majority of internal compartment fire doors and attic fire hatches had been fitted. However, inspectors found that the provider had failed to progress the actions required to bring the centre into full compliance with Regulation 28, fire precautions, in a timely manner. For example,

· the new fire doors had not been connected into the L1 fire alarm system.

· Automatic closures had not been fitted to all of the bedroom doors.

· The ceiling hatches had not been replaced with hatches that were of the required fire rating.

· There was no schedule of works with clear time frames for this work to be completed and when the inspectors spoke with the maintenance staff they were not able to give a date for completion.

As a result, residents were still not adequately protected in the event of a fire emergency in the designated centre.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Visits were encouraged, and practical precautions were in place to manage any associated risks.

Notwithstanding that inspectors identified some examples of good practice in the prevention and control of infection, significant improvements were still required to ensure that residents were adequately protected from infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19, and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed during the course of the inspection. However, barriers to effective hand hygiene practice were observed during the course of this inspection. In addition, the provider had failed to carry out the actions from the previous inspection in relation to housekeeping practices in the centre, and this inspection found that there had been a disimprovement in the cleanliness of the centre. Details of issues identified are set out under Regulation 27.

Resident care plans were accessible on a computer-based system. Residents were comprehensively assessed on admission, and these were regularly reviewed throughout the residents' stay in the centre. Residents received a high standard of nursing care, and had access to their general practitioner and allied health care services. Inspectors were informed that care plans were transitioning from a paper-based system to a new electronic system. Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care, with some exceptions. For example, a review of care plans found that further work was required to ensure that all resident files contained resident's current MDRO status.

Overall, medication practices were found to be safe, and medicines were administered in line with best practice guidance. Inspectors observed that controlled drugs were checked and counted by two nurses, one from each shift in accordance with recommended guidance. However, records of telephone orders for subcutaneous fluids had not been signed and dated by two nurses, in line with local guidelines. Details of issues identified are set out under Regulation 29.

The care environment for the residents was in a poor state of repair and decoration. The ongoing fire safety improvement works created a noisy and dusty environment,

and inspectors observed clutter in a number of vacant bedrooms and communal bathrooms. Bedrooms and communal areas were in need of redecoration and refurbishment. Residents who spoke with the inspectors said that they were fed up with the length of time it was taking to get the works completed in the centre.

The layout of the communal spaces in the centre was not homely. For example, the main sitting room is a large room with seating mostly arranged along the walls of the room with some seating around two large tables in the centre of the room. This did not afford residents the opportunity to sit in a different space or sit beside the person they wished to sit with and enjoy a comfortable chat. A number of residents were seen to spend most of their day in this room, sitting in the same chair, and not changing their environment or view, even though there was a pleasant view over the garden from the sun room at the rear of the sitting room. Although staff reported that this was where the residents liked to sit, inspectors did not see that the residents were offered a choice to try another seat or another room to see if they liked it. The quiet room had been cleared of resident equipment but did not have any comfortable seating for the residents. The sun room and the activities room enjoyed a pleasant outlook onto the rear garden, but both rooms were cluttered with items of equipment and activities materials, and were not well used by residents on the day of the inspection.

Staff and resident interactions were found to be respectful and empathetic. Staff knew the residents and their preferred daily routines. Staff were knowledgeable about resident's past lives, and were observed chatting with residents about local news and events.

Residents had access to radios, televisions and newspapers. There were no scheduled activities taking place in the centre on the day of the inspection, however residents did chat with inspectors about the recent music session they had enjoyed. It was evident from the inspectors' observations on the day, and feedback from residents, that residents did not have enough meaningful activities provided for them, in line with their interests and ability to participate.

There were records of monthly resident meetings, however, there was no evidence that feedback from residents was followed up. This was particularly concerning as residents had raised issues such as lack of activities available, and the quality of their dining experience. The inspectors reviewed the recent resident surveys that had been returned where residents raised issues about the lack of activities and outings from the centre, and dissatisfaction with the laundry service. However, there was no evidence that this feedback had been followed up and used to develop a quality improvement plan. Furthermore, there was no evidence that residents had been consulted about, and kept informed of, the progress with the building works that were impacting on their quality of life.

Regulation 17: Premises

A number of areas in the centre were in a poor state of repair and urgently needed refurbishment and re-decorating.

Storage was not well managed and a number of resident areas were being used to store items of equipment. For example;

· The resident's activity room was cluttered with poorly organised activities equipment, five large comfort chairs, a hoist and a wheelchair. The room resembled a store room and was not a pleasant and inviting area for residents to use.

· The sun room to the rear of the building was untidy with items of equipment left on chairs and window sills which made the room difficult to clean and created a cluttered environment for the residents.

· Bedroom 33 was being used as a laundry store room as the newly refurbished laundry did not have any shelving installed.

· Bedroom 5 was being used to store paint and other items of decorating and carpentry equipment. These were removed following the inspection.

• The quiet room had been cleared of equipment that was being stored there on the previous inspection in November 2022, however, there was no comfortable seating or items of interest for residents to sit comfortably and enjoy the quiet space.

There was areas of the centre that were poorly ventilated. There was a strong smell of cigarette smoke form the adjacent smoking room which was unpleasant, however, there were no residents using the quiet room on the day of the inspection.

One of the three accessible toilets adjacent to the resident's dining room was locked and staff were not aware of why the toilet was locked, or for how long the facility had not been available for the residents.

Service records were not available for equipment such as pressure relief mattresses, profiling beds, nebulisers, the bed pan washer, washing machines, and gas dryer. As a result, the inspectors were not assured that this equipment had been serviced and maintained in line with the manufacturers recommendations. This oversight had not been identified by the provider or the management team.

The communal areas were not well laid out for the residents. For example, in the main lounge where most residents spent their time, most of the comfortable chairs were placed along the walls, which gave the room an institutional feel, and meant that most residents could not see the view of the garden outside the room.

There was little in the way of pictures or points of interest along the corridors to create a pleasant and stimulating environment, and to help residents with navigating the corridors as they mobilised around the building.

A number of residents' bedrooms were in need of refurbishment and redecorating. There was no clear plan in place to ensure that communal areas and bedrooms were

well maintained for the residents.

Judgment: Not compliant

Regulation 27: Infection control

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Several bedrooms and en-suite bathrooms were cluttered and visibly unclean. For example food, beverages, bird food and clean linen was observed within one en-suite. A shower in another en-suite was inaccessible due to the storage of clothes and bedding.
- The infrastructure of the onsite laundry did not support the functional separation of the clean and dirty phases of the laundering process. Used linen trolleys and clean linen were observed within a vacant bedroom. Failure to appropriately segregate functional areas posed a risk of cross contamination.
- There was no hand hygiene sink or janitorial unit in the housekeeping room. Inspectors were informed that cleaning equipment and chemicals were prepared within sluice rooms. Cleaning textiles were also inappropriately stored in the sluice room. These practices pose a risk of cross contamination.
- Alcohol hand gel dispensers were not available at point of care. This impacted the effectiveness of hand hygiene.
- There was a limited number of dedicated staff hand wash sinks in the centre and many were dual purpose used by both residents and staff. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand wash sinks.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment and supplies including incontinence wear which was stored on the floor of the nurse's station. Spare moving and handling slings were hung on corridor wall which posed a risk of contamination.
- The detergent in the bedpan washer had a manufacture date of 2010. An expiry date was not visible. This impacted the efficacy of decontamination.
- Inspectors were informed that alcohol wipes were inappropriately used throughout the centre for cleaning of equipment including mattresses.
- Portable fans, bedtables and bedframes in several bedrooms were visibly

unclean.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had failed to complete the fire safety works to bring the centre into compliance with Regulation 28. For example;

- Some ceiling attic hatches had not been replaced with fire rated ceiling hatches.
- The new fire doors installed in the dining room had not been connected to the fire alarm system.
- Some bedroom doors did not have automatic door closures installed
- Paint and other flammable items were being stored in a bedroom.
- There was no record that weekly monthly and 6 monthly fire equipment safety checks were being carried out to the required standard
- There was no evidence that fire safety equipment such as the fire alarm, fire extinguishers and emergency lighting were carried out in line with manufacturers guidance.
- There was no evidence that electrical items had been PAT tested within the last 12 months.
- Staff were using the newly refurbished laundry which had not been signed off as fire safe by the local fire authority.
- The lint collector in the industrial dryer was not closing correctly and had not been reported to the maintenance team.
- Some staff who spoke with the inspectors had not received fire safety training either as part of their induction training or refresher training.
- The provider had not ensured that a fire drills carried out in the centre provided assurances that all residents could be evacuated to a place of safety in a timely manner with night time staffing levels.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Local guidelines were not followed for the prescribing of medicines in accordance with current professional guidelines and legislation. For example, prescriptions had not been received for two telephone orders for subcutaneous fluids. The telephone orders had not been signed and dated by nursing staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans also found that accurate information was not recorded in resident care plans to effectively guide and direct the care of several residents colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

The centres admission assessment did not include a comprehensive healthcare infection and MDRO colonisation assessment.

Judgment: Substantially compliant

Regulation 6: Health care

There were ongoing issues in relation to 10 residents who were being asked to attend their General Practitioner's (GP) practice if they wished to see a doctor. A number of these residents were frail elderly and high dependency needs. Records showed that a number of these residents did not have access to regular medical reviews in line with their health needs.

Judgment: Substantially compliant

Regulation 8: Protection

A number of staff, including new staff, were not up to date with their mandatory safeguarding training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Similar to findings on the last inspection, the use of white plastic aprons as clothes protectors at meal times did not uphold the dignity and choice of individual residents. In addition, there was no evidence that resident's chose to wear the aprons to protect their clothes. Following the previous inspection, the provider had committed to purchasing clothes protectors for the residents but these were not

available at the time of this inspection.

Residents did not have access to appropriate meaningful activities and entertainments in line with their interests and capacity to participate. There were no activities arranged or provided for the residents on the day of the inspection. Records showed that apart from a recent music session, no other planned entertainments had been scheduled in 2023. These findings were validated by resident feedback on the day and resident meeting records and questionnaires.

Residents were not adequately consulted in the running of the designated centre. Feedback from residents meetings and questionnaires had not been acted on. Residents were not consulted about and kept informed about the building works that had been ongoing in the centre for the previous 12 months.

Judgment: Not 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
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Fearna Manor Nursing Home OSV-0000339

Inspection ID: MON-0039539

Date of inspection: 16/03/2023

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: This was subsequently provided and we are now compliant.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There have been changes and additions to the overall staff team. A housekeeping supervisor has been appointed to oversee and support the housekeeping staff. An additional housekeeper allows for 3 housekeeping staff to be rostered per day (2x 8am-6pm and 1x 8am-1.30pm) Mon to Friday and 2x housekeeping staff Saturday and Sunday (2x 8am-6pm) There is no longer a requirement for staff to regularly help out in other areas- eg. housekeeping in kitchen as all areas are adequately staffed on a daily basis with forward planning for A/L etc. CNM completes the rosters with oversight from DON. There has also been the addition of a 2nd HCA lead. The two HCA leads work opposite shifts to ensure there is one on duty 7 days per week (excluding A/L) The HCA leads coordinate the HCA staff on duty, with oversight from the NIC, CNM and DON, by providing support and direction to those staff. Ongoing call bell audits are being completed to address the issues raised by residents re: long wait times. There are currently 8 x HCA staff rostered each day shift and 3 x HCA at night which should allow for an adequate number of staff to answer call bells in a timely manner and support residents appropriately. Again, HCA lead has a role in ensuring staff are allocated to answer call bells promptly.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Since previous inspection there have been a number of mandatory face to face training sessions organized for all staff including manual handling in April, adult safeguarding, IPC and CPR at end of March, Fire training, Dementia and Responsive behaviors, dysphasia and falls in May. All staff have been allocated mandatory training dates, not all staff attended those dates due to A/L sickness etc. Further dates are being arranged for above training in Aug/Sept. Staff are also required to complete online training via HSEland as part of mandatory training schedule and are aware of their responsibility to ensure training is completed- discussed at staff meetings and in contract. CNM is responsible for overseeing training matrix and training needs of staff in conjunction with PIC.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Duty roster is overseen by CNM- is a live document which is updated daily to reflect any changes in staffing such as sickness absence and address any deficits in staffing levels in a timely manner. Roster is updated as changes occur to accurately reflect worked duty and planned duty. All testing of fire equipment has been completed with certificates to reflect same. All fire safety equipment has been serviced in May and fire alarm system due quarterly and yearly service end of June 2023.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There are currently 2 CNM's in post with rosters ensuring 7 day a week cover (excluding A/L or S/L) CNM's are no longer required to cover the nurses duty unless in an emergency situation etc high levels of sickness, outbreak etc. Maintenance staff member was new to role on day of previous inspection and is now fully familiar with centre.

Regular meetings with housekeeping supervisor and DON in relation to IPC issues and cleaning schedules and compliance with same. Cleaning records for all areas are completed and stored by housekeeping supervisor. CNM due to undertake IPC link practitioner training in September via HSE. Antimicrobial stewardship training for all nurses took place in May with local pharmacist which addressed UTI and best practice, further training to be completed re: RTI and use of antibiotics. Continued work to address residents with MDRO's such as line listing, ongoing training of staff re: IPC. Outbreak review of most recent COVID 19 outbreak in April/May 23 was completed and learning shared with staff.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Much of the refurbishment and redecorating work has been completed- all corridors and communal areas have been painted with work starting on bedroom of residents. This work is expected to be completed by Mid-August- it was agreed that the bedrooms would be painted in a time scale that would suit residents and minimize disruption to them. Plan is for 2-3 bedrooms to be completed per week with individual resident's consent. Following the completion of the corridor and communal area painting there are now plans to add signage to areas to orientate residents and also decorate the walls with pictures and photographs. All communal areas in day space are now in use for residents- one day room is now a quiet room which some of the gentlemen enjoy spending time in during the day- the large day space has been decluttered to allow for residents to have more space to sit wherever they chose. The smoke room is no longer in use with agreement from the two residents who currently smoke (and now do so outside) and this has allowed for the quiet room to be used by activity staff for aromatherapy as well as other relaxing activities. Bedroom 33 is no longer used as a laundry store room- shelving has been completed in laundry room to allow for sorting and storing of clean laundry appropriately. Bedroom 5 is now in use by 2 residents who previously resided in room 22- this room allows the residents their own personal space in relation to the wardrobe space. Chairs are no longer stored in any of the day areas and housekeeping ensures that all areas are clean and free from clutter. All equipment has been serviced in March 2023 with certificates to reflect same. Still awaiting date for servicing of sluice machine- all electrical equipment has been PAT tested in June 2023.	

Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	

The infrastructure of the laundry has been reconfigured to meet IPC standards with the swapping of the locations of the washing machine and tumble dryer to allow for dirty to clean process. Laundry has been updated with shelving and an area to sort clothing. Cleaning equipment is not stored in sluice room but in cleaners' store. There has been a decluttering of storage areas within the home to ensure that no items are inappropriately stored- eg pads in nurses station. All slings for hoists are stored in residents' rooms and no longer in corridor. Bed pan washer detergent has been replaced and awaiting service of bed pan washer. Alcohol wipes are no longer being used to clean equipment such as mattress, all staff have been made aware of this. Housekeeping follow a deep cleaning schedule to ensure that bedrooms are regularly deep cleaned and housekeeping supervisor oversees this process. This is now recorded. Housekeeping along with HCA's have decluttered bedrooms and bathroom areas and housekeeping record regular cleaning of bedroom and bathrooms as per cleaning schedule .

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
PAT Testing has been completed and 8 fire drills have been completed since February including night and day time drills and one bariatric bed evacuation. (Bed not now in use but not related to evacuation findings)

All works completed with eh exception of the attic ducting around the bathroom vents. These will be installed by external contractor between 4th and 7th July.

Attic hatches have been installed, all doors have automatic closers, doors are connected to alarm and laundry had been signed off for use by our external fire engineer in August 2022.

Uneven surface at one external fire door has been resurfaced.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All nurses aware of the process for telephone order- ensuring signed and dated and ensuring prescriptions are followed up if not received.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Ongoing review of assessment and care plans by DON and CNM's following the transfer to new health care system- more detailed assessment and care plan required for residents colonized with MDRO's to be completed. DON is reviewing the pre admission assessment to ensure that this area is addressed and adequate information is obtained to ensure comprehensive care plans for residents colonized with MDRO is completed and measures are in place to manage risk and minimize spread with home

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Geriatrician is now visiting home to see and review residents once per month. Residents and their NOK have opportunity to speak with geriatrician if they wish. DON has had meeting with one GP practice re: becoming GP for residents in home alongside another GP practice. Requirements of this would be weekly visits for MDT meeting and to review residents. Further meeting to be arranged to discuss.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Face to face safeguarding training was completed for staff over two weekends in April 2023. Currently 43 staff have completed face to face safeguarding training with the remaining 15 to have further training arranged in Aug/Sept. Staff are also required to complete online safeguarding training via HSEland as well as face to face training provided in nursing home.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: lastic aprons are no longer in use as clothes protectors unless specifically requested by resident. Disposable clothes protectors have been purchased and are currently in use. There has been an appointment of an activities co Ordinator as well as the appointment of one new activity staff member. There are two activity coordinators allocated each day from 10am – 6pm 7 days per week to ensure adequate activities are provided for all residents. The activity co Ordinator oversees the implementation of the activity schedule for the week which is designed in conjunction with residents and their feedback from recent surveys and meeting with DON in May 2023. There are regular meetings with DON and activity co Ordinator re: budget for activities and activity schedule. Ongoing resident's satisfaction survey being completed at present. DON to send out family/NOK satisfaction survey and activity staff will complete regular reviews of activity schedule with residents- asking for feedback on activities and ideas for new activities that can be added. Residents have been informed of ongoing painting to bedrooms and are given choice re: schedule of painting works and when they would like their own bedrooms to be done. They have been advised of colour scheme and are invited to decorate bedroom following the painting to their own taste.	

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	31/05/2023
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	31/05/2023
Registration Regulation 6 (2) (a)	Notwithstanding paragraph (1), the registered provider shall in any event notify the chief inspector in	Not Compliant	Orange	21/06/2023

	writing, within 10 days of this occurring, where the person in charge of a designated centre for older people has ceased to be in charge.			
Registration Regulation 6 (2) (b)	Notwithstanding paragraph (1), the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 2.	Not Compliant	Orange	21/06/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/05/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/05/2023

Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/07/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/05/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/05/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Red	22/03/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Red	22/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Red	22/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	22/03/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate	Not Compliant	Red	22/03/2023

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	22/03/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Red	22/03/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons 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.	Not Compliant	Red	22/03/2023
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	22/03/2023
Regulation 29(5)	The person in	Substantially	Yellow	31/05/2023

	charge shall 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.	Compliant		
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/05/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2023
Regulation 6(1)	The registered	Substantially	Yellow	31/05/2023

	provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Compliant		
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/05/2023
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/05/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/05/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	31/05/2023

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	31/05/2023