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:	05 June 2024
Centre ID:	OSV-0000339
Fieldwork ID:	MON-0043872

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
Wednesday 5 June 2024	09:30hrs to 18:00hrs	Michael Dunne	Lead
Wednesday 5 June 2024	09:30hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents living in the centre. The inspectors met several residents during the inspection and residents spoken with gave positive feedback about the standards of care and support provided and were complimentary about staff providing this support.

One resident told the inspectors that the food and the care is good and they can talk to the person in charge any time they wish.

Following an introductory meeting with the person in charge and a clinical nurse manager, the inspectors commenced a tour of the designated centre where they had the opportunity to meet with several staff and residents.

The inspectors observed several staff and resident interactions and found them to be a positive experience and based on person-centred care approaches. It was clear that the staff working in the centre were aware of residents assessed needs. Resident's were observed to be called by their first name in a respectful manner. Some residents who displayed communication needs were afforded time and space to make their views known. Residents who expressed a view said that they felt safe in the centre and should they have a concern, they could tell any member of the staff team.

Resident's were observed to be dressed appropriately, in clean well-fitting clothes and were found to be wearing suitable footwear. Residents who required support with their personal care and mobility were observed to receive timely support. Mobility equipment was found to be clean and in a good state of repair.

The activity programme was well-established and there was a schedule of activities available for residents to participate in. There were activity staff available in this centre seven days a week, who promoted both group and one-to-one activities with the residents.

Similar to the findings of the last inspection the layout of a number of twin rooms did not promote residents privacy and dignity. In addition, four of these twin rooms were not suitable for residents who required the use of hoist equipment for transfer, as this would impact on the private space of other residents using this room. This is explained in more detail under Regulation 17: Premises.

There was a slow response by the provider in identifying and addressing maintenance issues in this centre which had the potential to impact on the quality of life for residents. This is also addressed under Regulation 17: Premises.

There were also changes to the function of a number of resident communal spaces which not all residents were made aware of. While many of these changes improved

the facilities for residents, it also meant that the space available for religious observance had reduced, along with facilities to support residents who smoke.

Residents who spoke with the inspectors stated that they liked the food provided and added that they could request alternative meals should they not like what was on the menu.

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

Capacity and capability

Overall, the inspectors found that the registered provider did not provide a service that was safe, appropriate, consistent, and effectively monitored. There were a number of repeated findings from previous 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.

Significant issues around the safeguarding of residents' finances were identified on an inspection of the centre on 3 May 2024. Specifically inspectors found that the management of pension arrangements in the centre were not in line with best practice and the commitments that the pension agent had signed up to. Consequently inspectors were not assured that residents monies were safe.

Residents monies were lodged into the operational account of the centre and were used for the day to day expenditure in the operation of the designated centre. After the previous inspection, the registered provider had committed to establishing a a resident client/ account, however, the findings of this inspection were that that there was still no residents account in place and residents' monies remained unprotected.

This was an unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and Health Act 2007 (Registration for designated centres for older people) Regulations 2015. The findings of this inspection were that the registered provider did not comply with their regulatory obligations with respect to the management, resourcing or operation of the designated centre.

Castlerea Nursing Home Limited is the registered provider for this designated centre. There is one company director, who is directly involved in the running of the designated centre, and is the line manager to whom the person in charge reports. The findings of this inspection were that Castlerea Nursing Home Ltd did not have an effective management structure in place. The person in charge was supported by a regional manager and a team of personnel that were not employed by the

registered provider. Personnel, with roles and responsibilities for managing residents' records and finances (including the payment of suppliers), were not identified as employees of the registered provide.

The registered provider had devolved responsibility for many aspects of the operation of the designated centre to third parties who operated at a distance from the centre. This meant that the person in charge of the designated centre did not have direct access to, or sight of documents relating to the direct operation of the designated centre including payments for utilities and supplies, charges to residents, and monies held on behalf of residents.

Locally the person in charge is supported in their role by two clinical nurse managers. The staffing complement also consists of nursing and care staff, housekeeping, catering, administrative, and activity staff.

A review of rosters confirmed that staff numbers were consistent with those identified in the designated centre's statement of purpose.

A review of provider meeting records did not provide assurances that the service was subject to effective oversight and monitoring by the registered provider. Records viewed did not evidence discussions about a lack of resources available to ensure external providers provided services, such as the collection of waste. Records relating to a governance meeting held on 16 May 2024 provided insufficient detail or discussion on the how the provider would address issues identified on the inspection carried out on the 3 May 2024.

Similarly, there was no evidence of management discussion surrounding the changes that had been made to the layout of the designated centre, or the potential impact of these changes on the quality of life for the residents.

Furthermore, the registered provider failed to ensure that records, relating to the operation of the designated centre were available in the designated centre. This meant that those working in the designated centre did not have sufficient oversight of issues pertinent to the operation of the centre, or to the management of resident finances for whom the provider acted as a pension agent.

A review of garda vetting arrangements found that staff had the required vetting in place prior to working in the designated centre. Although the complaints policy had been updated by the provider, it did not correctly reflect the amendments required by SI 628. This meant that the complainant may not be aware that they are entitled to a written response to their complaint or following a request for a review of the investigation outcome.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider failed to submit an application to vary the Condition 1 and Condition 3 of their registration under section 52 of the Health Act 2007 to notify the

Chief Inspector of their intention to make changes to the occupancy, function and use of a number of rooms in the designated centre. This was initially identified on the inspection carried in May 2024 and included the following changes to the layout of the centre,

- The residents prayer room was now a staff canteen facility.
- An equipment store was now the prayer room.
- Nine twin rooms had been re-designated as single rooms.
- A single room had been re purposed as a treatment room.
- The resident smoking room was now a storage facility.

Judgment: Not compliant

Regulation 21: Records

The registered provider did not ensure that all records, required under Schedule 3 were available for review in the designated centre.

- Records of monies deposited by residents for safekeeping were poorly maintained. For example, records of transactions, and the date on which money and valuables were withdrawn was not consistently recorded, as required by Schedule 3 of the regulations.
- Records underpinning pension agent arrangements were not available in the designated centre.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had renewed the contract of insurance in place for injury to residents and their property and was awaiting a copy of the insurance certificate at the time of the inspection. Information provided to inspectors indicated the contract was in place effective from 01 June 2024.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre did not have adequate resources in place to ensure effective delivery of care in accordance with the statement of purpose. For example, a review of the operating bank account for the centre did not provide assurance that adequate resources were in place for the running of the centre.

The management structure in this centre was not clearly defined, and therefore it was not clear who held responsibility of the provision of some areas of the service. The registered provider had devolved responsibility for many aspects of the operation of the designated centre to third parties. This meant that the person in charge of the designated centre did not have sight of many of the many issues underpinning non-compliant findings of this inspection.

- Responsibility for some areas of the operational management of the designated centre were delegated to persons unrelated to the registered provider, who operated at a distance from the designated centre.

The management systems reviewed on the day of the inspection did not provide assurances that the service provided was safe, appropriate and consistent. This was evidenced by the failure of Castlerea Nursing Home Ltd to :

- Ensure residents' finances were protected. For example, the inspectors found discrepancies in a resident account where a withdrawal had not been correctly recorded. Upon further investigation, the reason behind the discrepancy was identified and the record updated. There was no financial loss to the resident.
- The failure to implement the provider's own policy regarding the management of residents accounts and property including pension management.
- Inspectors were not assured that audits carried out by the provider to monitor the service were effective. For example, not all audits had an associated action plan and therefore no quality improvement changes had been made. In addition, some audits did not identify known risks relating to fire safety and infection prevention and control.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of resident's contracts for provision of services. All contracts reviewed were found to have been updated and were now made between residents and the registered provider Castlerea Nursing Home Limited.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which was revised in May 2024 and set out the services that were offered by the provider in accordance with Schedule 1 of the regulations. Although the provider has made efforts to improve the accuracy of information described in this document, further improvements were required, for example,

- The document did not identify the designated centre as Fearna Manor Nursing Home. Instead the document referred to the nursing home as Castlerea Nursing Home.
- The procedure for the management of complaints did not comply with the requirements of Regulation 34.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place however it had not been updated to take account of changes made to Regulation 34 Complaints, by SI 628 in respect of the following,

- The provision of a written response to the complainant following an investigation.
- The provision of a written response to the complainant following a request for a review.
- A review of meeting records found that two concerns raised by family members had not been recorded on the complaints and concerns log although both these issues had been managed appropriately by the person in charge.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A review of Schedule 5 records found that two policies and procedures required updating to reflect legislation and implemented into practice as follows:

- the policy in place for the management of residents' personal possessions and finances could not be comprehensively implemented as residents' monies continued to be lodged to the operating bank account of the designated centre; this policy required updating regarding return of monies to the

resident's estate when they passed away, and time-lines for return of money and property to residents' estates
- the complaints policy required updating to reflect the changes in legislation relating to Regulation 34, Complaints Procedure.

Judgment: Substantially compliant

Quality and safety

Notwithstanding the hard work by staff to provide a good standard of nursing and health care for the residents, this inspection found that the provider has failed to ensure that staff had the information and resources they needed to maintain standards of care and to ensure that residents personal finances were protected. This was a significant risk to residents and was a repeat finding from the previous inspection on 3 May 2024 when these issues were highlighted, and there was no evidence that the provider had taken appropriate actions to protect the residents.

Some improvements had been made and were having a positive impact on the day-to-day lives of the residents. These included improvements to the communal spaces with new furniture and decoration in a number of areas. The seating area in the main lounge had been re-arranged to promote resident interactions and to ensure residents could see what was happening during the group activities.

The activities schedule was also much improved with a daily selection of activities for groups and one-to-one sessions. Residents reported a high level of satisfaction with the improvements to the activities provided for them. Residents were observed throughout the day participating in artwork, prayers and games. The activities staff spent time with those residents who needed additional support and encouraged residents to participate with gentle encouragement.

There was a new contract in place for the removal of clinical and non-clinical waste. The inspectors observed that the waste area was clean and tidy and kept secured which was a significant improvement from the previous inspection. However, the tidiness and cleaning of some areas of the centre were not maintained to an appropriate standard. In addition, a review of hand washing and hand gel equipment found that the current equipment did not promote good hand hygiene practices.

Inspectors found that residents received a good standard of nursing care that promoted their well being and independence. This was validated by residents and their families who spoke with the inspectors and said how hard staff had worked with them to get them "back on their feet" and "able to enjoy each day pain free".

However, the premises was not maintained to ensure the needs and rights of residents were fully in line with the requirements of the regulations. Some areas of the centre were found in a poor state of repair and the systems in place did not

ensure that issues were addressed in a timely manner and that the works were completed to a good standard.

Residents told the inspectors that they had choices offered to them and that their daily routines were flexible. This was validated by the inspectors observations on the day. However, not all residents had not been involved in the recent changes to a number of their communal areas and their feedback on the outcome of these changes had not been sought.

Regulation 17: Premises

Some areas of the premises did not meet the requirements of Schedule 6 of the regulations which was impacting on the lived environment for the residents and did not ensure the premises met the residents' needs. For example,

- There was damaged flooring outside one of the twin bedrooms which created a trip hazard for residents or staff entering this room. The room was vacant at the time of the inspection. However, this was a repeat finding from previous inspections
- There had been an overall reduction in the communal space available to residents as the oratory had been relocated to a small alcove off the rear corridor. Although this was close to the communal areas and provided easy access for the residents, there was not enough room for a chair so that residents could sit down to pray or reflect. The previous oratory had been converted to a staff canteen and was not available for resident's use.
- The resident's smoking area had been converted to a storage room and the designated area for residents to smoke was now outside. This area did not have suitable protection from the elements and did not have a fire blanket or a suitable receptacle for disposal of cigarettes. Neither was there a resident call bell to alert staff if the resident needed their support whilst using the area.
- A light switch in bedroom 4 was broken and there were exposed electrical wires which posed a risk to residents accommodated in this room. There was insufficient room for each resident to have a comfortable chair beside the bed.
- Bedroom 3 was vacant but there were no comfortable chairs or bedside lockers available for residents in this room.
- Bedroom 5 did not have sufficient circulatory space around the first bed to open the door without encroaching on the privacy curtains around this bed. There were no comfortable chairs available for the residents to sit beside their bed in this bedroom.
- In a number of twin rooms there was not sufficient space around each bed to ensure that the residents could have a comfortable chair beside their bed and be able to mobilise around their bed safely.
- There was visible damage to the wall over a light switch in the conservatory.

- One twin room did not have privacy curtains in place around the beds. In addition, there was a large hole in one corner of the wall with exposed pipes.
- A number of internal storage areas were cluttered with equipment no longer in use. Furthermore, there were several items of furniture and old equipment being stored in the yard area outside the kitchen. This was unsightly and could be seen from some resident's bedrooms. The registered provider had not made arrangements for these equipment to be collected and disposed of so that the storage areas could be tidied and effectively cleaned.

Judgment: Not compliant

Regulation 27: Infection control

The designated centre did not fully meet the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018), For example:

- There were insufficient hand gel dispensers along the corridors that staff could access at points of care to promote regular hand hygiene.
- There were no paper hand towels available at a number of hand wash basins including the visitor's toilet and a resident toilet on the rear corridor. These dispensers could not be stocked as there were no hand towels available in the stock room. This did not ensure that staff could follow effective hand washing procedures and as such did not protect residents from risk of infection.
- The clutter in some areas where equipment was stored meant that the floors could not be cleaned effectively.
- The floor in the kitchen and the staff hand was basin in the kitchen were visibly dirty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. The provider had failed to complete a number of the actions to address known fire risks in the centre, for example:

· The inspectors observed that gaps found in two compartment fire door identified on the last inspection in May 2024 had not been addressed by the provider. This potentially compromised the effectiveness of these doors to prevent the spread of fire and smoke in the event of a fire emergency.

· The automatic door closures were not working in a number of bedrooms and inspectors were not assured that these doors would close if the fire alarm sounded.

· A gas cylinder was stored in the kitchen. The person in charge was given an immediate action to remove this due to the potential fire risk. Staff removed the cylinder to appropriate storage outside of the building.

· Inspectors found that records monitoring fire safety in the designated centre were not well organised. For example, there were no dates identified in relation to when personal emergency evacuation plans (PEEPs) were last updated. While some records indicated that peeps were updated monthly, or as and when the residents needs changed, some staff informed the inspectors they were updated on a six-monthly basis. One record stated that a resident required two staff to evacuate them, whereas the resident was assess to require three staff for day to day transfers and care, and would therefore need three staff to evacuate them in a fire emergency. The lack of up-to-date records created a risk that staff and emergency staff attending a fire in the centre would not have the information needed to evacuate each resident safely.

· Records of a simulated fire evacuation drill carried out by the provider in January 2024 did not provide sufficient detail regarding the lessons learned from the evacuation.

Judgment: Not compliant

Regulation 8: Protection

The provider failed to take appropriate actions to ensure residents personal monies and finances were managed through systems that protected residents and their finances. This was a repeat finding from the previous inspection and was evidenced by;

· The records of all monies or valuables deposited by a residents for safekeeping with staff were not well maintained and did not give clear and up-to-date accounts of income and expenditure for each resident. The inspectors found several gaps in the records where invoices were not available for items that had been charged to residents, such as taxis and personal shopping.

· A sum of money for one resident was missing and could not be accounted for. This was followed up by the person in charge on the day of the inspection who found that the money had been given to the resident at their request a few days before

the inspection. The resident had the full amount in their possession but there was no record of this transaction in their account records.

· At the time of the inspection, the provider supported five residents with their pension arrangements. A review of the records found that the systems that were in place to support these residents did not afford them adequate protection and were not in line with the guidance from the Department of Social Protection. Inspectors found clear evidence that the resident's pensions were being paid into the registered provider's operational business account and there was no resident account available for residents pensions to be paid in to. This meant that the provider was unable to ensure that residents' finances were separate to the company accounts and were not used for any other purpose than by the individual residents.

· In addition, there were no clear arrangements or records in place for two residents for whom the provider collected pensions from the post office.

· In the absence of clear financial records, it could not be established how the residents' monies were being used and the balance of their account.

· In the absence of detailed up to date records of monies received and charges made, it was not possible to determine what monies the registered provider held belonging to residents.

· Furthermore, inspectors were not assured that residents and/or their representative were provided with monthly statements of account which itemised clearly all income and expenditure associated with the resident's account.

Judgment: Not compliant

Regulation 9: Residents' rights

Seven twin bedrooms did not uphold the residents' rights to dignity and privacy as the size and layout of these bedrooms did not ensure that residents could carry out personal activities in private. The inspectors found that there was insufficient space between the beds to allow assistive equipment to be used without encroaching on the other resident in the room. In addition, a number of bedrooms did not have privacy curtains in place. This was a repeat finding from the previous inspection.

There is only one television in the twin bedrooms and the lack of space would make it difficult to install a second television in a suitable position so that each resident could enjoy their choice of programmes without impacting on the other resident in the room. This was a repeat finding form the previous inspection.

There had been a number of changes to the use of rooms in the centre some of which had reduced the amount of communal space that was available for residents.

Furthermore, there was no evidence that residents had been consulted about these changes and were happy with the outcome.
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 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Fearna Manor Nursing Home OSV-0000339

Inspection ID: MON-0043872

Date of inspection: 05/06/2024

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 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: The Registered provider is going to make an application to vary based on the current room usage but also to reflect the proposed new room usages. This will be done by late September. **The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.**	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Since the inspection the Care Monitor system now requires two staff signatures in all recording of resident's finance. There is also a cash balance record in place for each individual resident which mirrors the transactions from Care Monitor but also allows residents to sign the transaction where applicable. Receipts for each transaction are attached to the individual balance record to provide transparency in relation to money spent and to keep an accurate record. A system was already in place to record all residents' finances and maintained by them in	

head office. These records are now shared each month with the centre and copies are retained in the centre. Residents statements are shared with the residents on a monthly basis and a copy sent to any representative with the resident consent.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The management structure is in line with the updated organizational chart which identifies clear roles & responsibilities – RPR, Area Manager/PPIM, DON, ADON for management roles
The statement of purpose has been updated to reflect the relevant management structures for the centre with updated organizational chart
The RPR employs staff from his own accounting practice to perform financial duties associated with the record keeping, invoice issuing and supplier payments but they don't have access to residents finances. The RPR can employ staff external to the operational company to complete duties and this is in line with regulations & legislation as the RPR has corporate oversight of these staff. This is ongoing and there is not requirement for such staff to be employed directly by the registered Provider.
There is also a cash balance record in place for each individual resident which mirrors the transactions from Care Monitor but also allows residents to sign the transaction where applicable.
Care Monitor system now requires too signature for all transactions which is in line with the nursing home policy.
Receipts for each transaction are attached to the individual balance record to provide transparency in relation to money spent and to keep an accurate record.
A system was already in place to record all residents' finances and maintained them in head office. These records are now shared each month with the centre and copies are retained in the centre. The financial statements will be shared with the residents on a monthly basis and a copy to representative with the resident consent.

In a weekly basis the two CNM's are completing the balance check for all the monies which are held in this premises.

Currently we are reviewing all the audits that are used to monitor the service to ensure that they are fit for purpose and identifying risks and areas for improvement. All audits

will have, and action plan and the outcome of audits will be shared with the staff on the shared learning board in the nursing station.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

Since the inspection we have submitted the Statement of Purpose which is now identifying the designated centre name and procedure for the management of complaints in line with the requirements of regulation 34.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The policy has been updated to take account of changes made to regulation 34.
All complaints and concerns raised will now be logged appropriately follow up an outcome will be also documented as per policy.
Since inspection we have put in place a red post box, for the residents/ families and staff for complaints/ compliments

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The policy for the management of resident finances can now be implemented comprehensively as there is a separate account, which has been opened since previous inspection, and is specifically for the residents who the registered provider is the appointed pension agent. The policy has also been updated to reflect the process and time frame for returning money and property to a resident estate.
We ask the NOK to identify the solicitor dealing with the Estate and we either make a refund to the Estate through the solicitor or to an account nominated by the NOK.
The complaints policy has been updated to reflect the changes in legislation in relation to regulation 34.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Since inspection the floor outside of the vacant room was replaced and now is no longer a trip hazard.
There have been changes made to communal areas. The rationale of moving the oratory was to allow the residents easier access to the oratory as in its previous location it was not used by the residents. It has been observed by staff and reported by residents that it is a much better location and easier to access.
An application to vary is to be submitted by the registered provider in relation to this change and others. The smoking area was also relocated with the consent of those residents who smoke due to a passive smoking risk and fire hazard. Prior to the relocation of the smoking room the small activity room was not utilized by residents due to the smell of smoke. A smoking shelter is to be built in the outside garden area to provide residents who smoke protection from the elements whilst using this area. This will be done by middle of October. Furthermore, due to the relocation of the smoking room we have in fact increased the use of communal spaces as residents are now able to use the small activity room without the risk of inhaling cigarette smoke.

The light switch in bedroom 3 and damage to wall in conservatory has been repaired. Maintenance has now implemented a walkabout each Monday to morning to inspect the building for faults/repairs such as those observed during inspection to reduce the risk of faults like this going unreported or missed.
With regards to the layout of bedrooms, furniture and décor this has been reviewed by the registered provider during recent visit to the centre and plans are being made to source the required equipment.

All storage areas have been decluttered and equipment not in use removed. The items in the yard have also been disposed of appropriately. There is a cleaning schedule in place for the storage areas to ensure that they remain clean and free from clutter.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Since inspection we have installed additional hand gel dispensers along the corridors and now the staff can have easy access to them.
Orders are made on a regular basis for all infection control supplies – hand wash paper towels are now consistently available and fully stocked at all times – this is monitored by the housekeeping supervisor, ADON & DON to ensure adequate orders are made on a consistent basis from suppliers. Weekly stock checks are completed by staff to ensure that adequate supplies are always available. All orders and receipts can be viewed in the centre as the ADON, DON & PPIM now have access to shared drive that contains all financial records for the centre. Infection control and hand hygiene audits are completed regularly to ensure all residents, staff & visitors are protected from the risk of infection.
All storage areas have been decluttered and equipment not in use removed.
Since inspection we have employed a staff who is solely allocated to complete the deep cleaning of the kitchen. The role is for 9 hours per week over 3-4 day

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The parts required for the compartment doors have been delivered and we have been reassured that these will be fitted by the end of August.
All automatic door closures are working and these are checked as part of the maintenance staff fire safety checks.
PEEPs are updated on a monthly basis and these are signed and dated by the staff member completing the update. There are copies available in fire folder, nurses station and in each resident bedroom. All PEEPS have been updated to reflect the current needs of the individual residents and ensure that staff are aware of the support residents would require to safely evacuate in the event of a fire.
Maintenance staff member has completed an additional training course- fire safety and warden instructor training and has taken responsibility of overseeing the fire safety in the centre with oversight from the DON and registered provider. A more robust fire safety audit has been developed by maintenance staff member and reviewed by fire safety officer. The audit aims to identify all fire risks and ensure that any issues are addressed within an appropriate time frame. Fire safety risks are on the agenda for clinical governance meeting and have been added to the weekly managers reported submitted by DON to registered provider.
Since inspection a fire drill has been completed and a detailed report was completed with an action plan to address issues relating to fire drill. Maintenance staff member has also completed several walk/talk fire evacuation drills which included reading the fire panel, a review of how to sound the alarm and location of all fire extinguishers.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Since inspection there now a more robust system in place to ensure that resident finances and monies held in the centre are protected. The care monitor system now requires two signatures for all transactions, which is in line with the centre's own policy. Furthermore, there are cash balance sheets for each individual resident who have money held here in the centre. These sheets document any transactions, which mirror the care monitor and are signed by two staff and the resident, where appropriate. Receipts for all transactions are secured to these records to provide clear evidence of any money spent. A weekly balance check is completed by CNM's and DON to ensure any discrepancies are identified and resolved in a timely manner.
The RPR currently acts as pension agent for 4 residents. A resident account has now been opened and is operational. All pensions are paid into this account directly from the Department of Social Protection, there are no pensions cashed or collected from Post

Offices. These 4 residents' pensions are lodged directly into an account solely for this purpose and not associated with the center's operational account. Statements are available and held in the centre and head office. A detailed monthly statement is provided and shared with the resident, where appropriate and with the resident's nominated representative with the resident's consent. Copies of these statements are also held in the centre and at head office.
The above actions have ensured the 4 residents that the RPR acts as pension agent for are safeguarded for their finances and are in line with Department of Social protection's requirements for a pension agent and Fearna Manors' policy in relation to residents' finance and property. No pensions are collected in the post office.

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Whilst there have been changes to the communal areas it is believed that these changes have increased the space that residents are able to utilize. Prior to the relocation of the indoor smoking area residents were reluctant to use the small activity room due to the smoke that filled this room from the smoking area. Since the relocation of the smoking area to outside residents are now able to avail of this room for small group activities, playing cards.
The oratory was relocated to a more central area close to the residents communal areas, where now the residents are engaged on the Mass preparation, praying when they feel to, also now they don't feel restricted or asking staff to open the door how was with the previous location as it had been noted that the oratory was not access by any resident in its previous location. Several residents have commented that the location of the oratory now allows them easier access and is a nice feature in the communal areas '"more homely"
We have 282.49 m sq communal area. That is 5.33 m sq per resident. We exceed the minimum requirement of 4 m sq by 33%. The moving of the oratory has resulted in increased usage and many compliments from the residents
The layout of the seven twin bedrooms has been reviewed by the registered provider and there are plans to improve the layout of these rooms to ensure that any resident residing in these rooms have private space. Sourcing of privacy curtains and televisions that are a suitable size to allow for two in each room is underway.
Whilst there have been changes to the communal areas it is believed that these changes have actually increased the space that residents are able to utilize. Prior to the relocation of the indoor smoking area residents were reluctant to use the small activity room due to

the smoke that filled this room from the smoking area. Since the relocation of the smoking area to outside residents are now able to avail of this room for small group activities, playing cards.
The oratory was relocated to a more central area close to the residents communal areas, where now the residents are engaged on the Mass preparation, praying when they feel to, also now they don't feel restricted or asking staff to open the door how was with the previous location as it had been noted that the oratory was not access by any resident in it's previous location. Several residents have commented that the location of the oratory now allows them easier access and is a nice feature in the communal areas ''more homely"

The inspectors have reviewed the provider' compliance plans. The actions proposed to address the regulatory non-compliance does not adequately assure the Chief Inspector that these actions will result in compliance with the regulations.

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 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	30/09/2024
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	Not Compliant	Orange	30/09/2024

	under Regulation 3.			
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	30/09/2024
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	31/08/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/08/2024
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.	Not Compliant	Orange	31/08/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines	Not Compliant	Orange	31/08/2024

	of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	Orange	31/08/2024
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.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/08/2024

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.	Substantially Compliant	Yellow	31/08/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/08/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/08/2024
Regulation 34(2)(e)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/08/2024

	complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/08/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2024
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	31/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably	Not Compliant	Orange	31/08/2024

	practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			