



**Health  
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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:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Announced
Date of inspection:	27 September 2023
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0031850

## About the designated centre

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

Ferbane Care Centre is a 61 bedded facility set in mature grounds. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and five twin rooms some of which are en suite. Residents' communal accommodation includes a day room and dining area on each floor as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

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

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 27 September 2023	10:00hrs to 18:00hrs	Catherine Sweeney	Lead
Wednesday 27 September 2023	10:00hrs to 18:00hrs	Sarah Quilter-Lee	Support

## What residents told us and what inspectors observed

Overall, residents told the inspectors that Ferbane Care Centre was 'a nice place to live' and that their care needs were met by staff who were kind and made them feel safe. The inspectors spoke with residents throughout the inspection. Residents described positive experiences of living in the centre. Residents were satisfied with the food, staff and activities provided. One resident stated that 'it is a very pleasant and happy environment to live in'.

Inspectors arrived at the centre on an announced inspection where they were met by the person in charge and the quality manager. The person in charge accompanied the inspectors on a walkabout of the centre. The atmosphere was observed to be unhurried and welcoming. There was living and communal areas on all three floors. Notice boards containing activity schedules and information for residents and visitors were prominently displayed throughout the centre.

The layout of the premises was found to meet the needs of the residents. Residents were seen mobilising around the centre independently and availing of the many communal areas. Residents who chose to spend time in their bedrooms were content and confirmed that they enjoyed spending their time in their room. They told inspectors that they could personalise their rooms as they wished. Many bedrooms were observed to be personalised with items of significance to the residents such as photographs and ornaments. Inspectors observed that communal areas, bedrooms and bathrooms were clean and well maintained. The centre was well ventilated and light was used effectively to create a warm and comfortable atmosphere. Call bells were available throughout the centre and staff were observed to respond to call bells in a timely manner. Residents confirmed that the staff were responsive to their needs.

Inspectors observed that refurbishment work in the centre had been completed. This included redecoration, painting and the installation of new floor coverings. The impact of this was that the premises appeared bright, well maintained, and safe for the residents who chose to mobilise independently. The provider had also installed appropriate hand washing facilities for the housekeeping staff.

There was a range of furniture provided in bedrooms for residents to store their belongings, including wardrobes and bedside drawers. In some bedrooms there was additional space to store larger items such as a desk and chair.

Residents were observed to be provided with wholesome and nutritious meals and some meals were modified to meet the residents needs. The dining room environment was observed to be social and supportive. There were adequate staff to assist residents at meal times. Residents were complimentary of the food provided. Assistance was observed to be offered and provided in a discrete and

respectful manner. Interactions between residents and staff were positive and person-centered.

Staff were observed to be kind and patient in their interactions with residents. Resident told the inspectors that the staff were 'fabulous' and all residents spoken with reported feeling safe in the centre. Residents could describe who they would speak with, if they had a concern.

Residents were engaged in activities throughout the day. Some residents were facilitated to watch a religious ceremony on the television in the morning while others were observed to be enjoying music and chatting to staff and each other. There were photographs of residents completing activities prominently displayed in the centre. Residents with complex care needs who were not able to verbally communicate with inspectors appeared relaxed and comfortable in their surroundings.

The next two sections of this report details the findings of the inspection with regard to the capacity and capability of the centre, and how these findings support the quality and safety of the service being delivered to the residents.

## Capacity and capability

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in February 2023. The provider had also submitted an application to renew the registration of the centre, and this application was reviewed on this inspection.

Overall, the findings of this inspection were positive. The provider had taken action to address the non-compliance found on the last inspection, particularly in regard to staffing, fire precautions, and infection prevention and control. The provider had reviewed a number of management systems to improve the overall oversight and monitoring of the service delivered. Notwithstanding the positive movement towards compliance, further action was now required to ensure full compliance across all the regulations. Further action was required in relation to records management, particularly in relation to the records of money and valuables deposited by the residents for safekeeping, and the management of monitoring documents, such as audits and risk assessments.

The registered provider of Ferbane Care Centre is Maracrest Limited. The directors of this company are actively involved in the management and oversight of the centre. The centre is supported by a quality manager, who supports the person in charge. Within the centre, the person in charge was supported by an assistant director of nursing and a team of clinical nurse managers. The organisational

structure was clearly defined and known to the staff in the centre. The management staff in the centre have clear lines of responsibility and demonstrate an awareness of the systems in place to escalate concerns to the provider and senior management team.

The provider had adequate resources in place to ensure the safe delivery of care and to ensure that there was adequate staff employed to cover planned and unplanned leave.

The findings of this inspection were that residents received a high standard of person-centred care in a care environment that was safe. Staff were knowledgeable in relation to the day-to-day needs of the residents and delivered care in a person-centred and respectful manner. The provider had management systems in place to ensure that this standard of care was consistent and maintained, and these systems were, in part, effective. There was a schedule of clinical and environmental audits in place and completed by the person in charge and the assistant director of nursing. However, poor information management and record keeping meant that information could not always be easily retrieved and could not be used to identify trends and areas for learning and improvement. For example, a system in place to monitor the nutritional risk to residents, completed on a weekly basis and reviewed by the quality manager, could not be retrieved for review on this inspection. Records in relation to risk management, clinical assessment and management meetings were also poorly organised, with historical records filed with contemporaneous records.

A review of the contracts of care found that the information documented within the contract was inconsistent and did not clearly describe the provision of services and charges, or the date from which the charges would be levied. The provider informed the inspectors that the contracts in use were in review and a plan to revise the contract would be detailed within the compliance plan to be submitted following the issuing of this inspection report.

The provider had ensured that there were appropriate staffing levels in place to meet the assessed needs of the residents and for the size and layout of the building. The provider had reviewed and increased the housekeeping staff since the last inspection to ensure that the care environment was maintained to a high standard.

Staff were provided with training, appropriate to their role. Staff were appropriately supervised and supported to provide consistent person-centred care.

There was a system in place for the management of complaints that had been updated to comply with the changes to the regulations.

## Regulation 15: Staffing

There was adequate staffing and skill mix on the day of inspection to meet the assessed needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed training appropriate to their role. There was a training schedule in place. Staff spoken with demonstrated a good level of knowledge regarding safeguarding and fire precautions.

There was a senior nurse rostered every day ensuring adequate and appropriate levels of supervision for all staff. Staff reported feeling well supported by the management team.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had available a directory of residents which outlined all specified information required in paragraph (3) of Schedule 3.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents and against other risks including loss or damage to resident's personal effects.

Judgment: Compliant

### Regulation 23: Governance and management

While the registered provider had management systems in place to ensure that the service provided was safe, consistent and effectively monitored, action was required in relation to the system of management and oversight of records. This was evidence by;

- inadequate records of all money or other valuables deposited by a resident for safekeeping. This included where the provider acted as a pension agent for residents.
- inadequate records of the designated centre's charges to residents, including any extra amounts payable for additional services, and the amounts paid by or in respect of each resident.
- records were not kept in a manner that ensured they were accessible.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of the contracts for the provision of services in place for five residents accommodated in the centre. The information set out in the contracts of care was inconsistent and did not give assurance that residents would receive clear information in relation to the provision of care or the associated charges. For example;

- Three contracts reviewed set out the weekly fees that were to be charged but did not specify the additional fees to be charged for other third party services such as health and social care services.
- information, such as the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, was absent from one contract.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A review of the complaint management system found that complaints were recorded, promptly responded to, and managed in line with regulatory requirements. Staff demonstrated knowledge of the complaints procedure, including how to identify a complaint.

The register provider had identified, and facilitated access to, independent advocacy services who could assist the resident with making a complaint. There was a complaints policy in place and the complaints procedure was displayed prominently within the centre.

Judgment: Compliant

## Quality and safety

Inspectors found that residents living in the designated centre receive a service that delivered high quality care and ensured that, for the most part, residents were safe. The provider had taken significant action to address non-compliance in relation to infection prevention and control and fire safety since the last inspection. The findings of this inspection were that some outstanding actions were now required to be completed, to ensure full compliance with these regulations. In addition, the inconsistent records management systems, referred to in the capacity and capability section of this report, meant that further assurance was required to confirm that all reasonable action had been taken by the provider to ensure that residents' personal finances were protected.

There was safeguarding systems in place to protect residents from abuse. A comprehensive policy set out the organisations approach to safeguarding adults at risk of abuse. Records reviewed found that staff had completed the required training for safeguarding. Staff spoken with were able to describe appropriate safeguarding actions to recognise and respond to allegations of abuse, in line with their policy. However, the arrangements in place for residents for whom the provider acted as a pension agent, required review to ensure that residents were kept informed in relation to how payments were made on their behalf and how records of their finances were documented.

Inspectors found that the premises, including the bathrooms, bedrooms, communal space and dining room, were clean and well maintained. There were cleaning schedules in place, ensuring consistent cleaning of the centres' living environment, curtains and communal bathrooms. There was appropriate storage in the sluice room and cleaning room.

Residents were provided with access to appropriate medical and health care such as general practitioners (GP) and a range of allied health care professionals such as dietitians, speech and language therapists, and physiotherapists. Inspectors observed a group exercise activity being facilitated by a physiotherapist on the day of the inspection. Inspectors reviewed the records of multidisciplinary team meetings and found that regular meetings were held with the nursing team and the local doctors to ensure that care plans were up-to-date and reflected the needs of the residents.

Each resident had a comprehensive assessment of their health and social care needs completed on admission and regularly reviewed thereafter. A care plan was developed in line with up-to-date assessment to ensure appropriate care interventions were in place and known to all staff. A sample of care plans were reviewed and found to be detailed and person-centred. There was evidence that care plans were developed with the resident or their representative.

A review of the fire safety systems in the centre found that significant action had been taken by the provider to address issues relating to fire safety, identified in the

provider's own fire safety risk assessment. There were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Fire drills were being completed and they outlined the number of residents being evacuated from a compartment. Notwithstanding the fire precautions in place, some action remained outstanding in relation to a number of fire doors in the centre.

Residents' rights were promoted in the centre. Residents reported that they had opportunities to consult the management and staff, and provide feedback on how the centre was organised. Independent advocacy services were available to residents. An activity schedule was displayed on all floors of the centre and residents were observed to be participating in group activities such as quiz, bowls, and art. There were opportunities for residents to participate in private activities, in accordance with their interest and capacities, such as playing the piano. Residents were also supported to go on overnight stays in the community with family members.

Visiting arrangements in the centre were not restrictive. Inspectors spoke with two visitors who outlined that they could visit their family member in line with the wishes of the resident.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place, and that there were no restrictions. The inspectors observed visitors arriving throughout the day and a visitor log book was used. Visitors were received by residents in their bedrooms and in communal areas.

Judgment: Compliant

### Regulation 27: Infection control

The provider had addressed the findings of the last inspection. The following action had been taken to bring the centre into compliance with the regulation;

- Communal showers and sanitary ware were cleaned to an acceptable standard.
- There were adequate numbers of hand sanitisers throughout the centre which were clean on inspection
- There was good oversight of cleaning procedures throughout the centre. All cleaning schedules were in place and up-to-date
- There was a hand hygiene sink in the housekeeping room

- Staff had access to infection control training

Judgment: Compliant

### Regulation 28: Fire precautions

Action was taken by the provider to address fire issues in the centre, however, further action was required to ensure that the systems in place were adequate to contain smoke and fire in the event of a fire emergency. The provider was required to complete the actions in relation to some of the fire doors in the centre, to ensure full compliance with this regulation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of the nursing care documentation found that all residents had a comprehensive assessment of their health and social care needs completed and a care plan was in place to address the needs of the residents. Care plans were found to be detailed and person-centred.

Care plans were reviewed in line with the changing needs of the residents, in line with regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as dietitians, physiotherapists, psychiatry of late life and end of life services.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedure for safeguarding adults at risk of abuse was in place. The majority of staff had completed the necessary training for the detection and prevention of, and responses to abuse.

The provider was a pension agent for eight residents. The arrangements in place to manage these pensions was not in line with best practice guidelines. For example, while all pensions were paid into a separate resident bank account, and a clear ledger in relation to each resident's payments and surplus amounts was available to review, it was not clear how the funds in the residents account were transferred to pay for care, or if the residents monies or balance of account were immediately available to the resident.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The residents had opportunities to engage in a range of activities in a group setting or in the privacy of their own bedroom. There was access to independent advocacy services and an independent advocate was present on the day of inspection. Monthly resident meetings gave residents an opportunity to discuss any concerns.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0031850

Date of inspection: 27/09/2023

## 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
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>Following the inspection, a full review of the system in place to monitor and record resident finances has been completed. The RPR met with the financial controller, to ensure the process by which the records that are kept for the Residents of whom we act as pension agent are compliant with the regulations. A monthly audit of the client account will be completed to ensure compliance with this instruction. The financial controller has committed to carrying out a full bank reconciliation for each of the residents at the end of every month. The balance in the client account will be equal to the resident’s funds and an individual statement will continue to be issued to each resident monthly. To be completed 31st of October 2023</li> <li>Resident’s Contracts of Care to be updated to reflect the current service charge and the services provided with this charge. To be completed 31st January 2024</li> </ol>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ol style="list-style-type: none"> <li>Resident’s Contracts of Care to be updated to specify the additional fees to be charged for other third party services such as health and social care services.</li> <li>The new contracts of care will be updated to ensure regulatory compliance, to be completed 31st of January 2024</li> </ol>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. The fire doors have been repaired and are awaiting drop-down seals, which are ordered, to be delivered. It is on the maintenance schedule and identified as a matter of priority once the materials arrive on site, to be fitted.</li> <li>2. The Registered Provider and an Engineer have discussed the systems in place to contain smoke and fire in the event of a fire emergency with local Fire Authority and plan to carry out works in conjunction with the next phase of refurbishment to commence in January 2024.</li> <li>3. A Fire Safety Certificate has recently been granted for the refurbishment works ref FSC 23/59</li> <li>4. All Staff have been trained in Fire safety and emergency evacuation procedures. Completed.</li> <li>5. Ongoing update of fire safety risks assessment has been completed and an action plan is in place to mitigate against any risks identified.</li> <li>6. The statement of purpose was updated which describes accurately the fire precautions and safety procedures in the centre. Completed</li> </ol>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> <li>1. Following the inspection, a full review of the system in place to record the transfer of residents' funds from the client account is completed. The RPR met with the Financial Controller, to ensure the Resident's pensions are managed in line with best practice guidelines. The financial controller has committed to carrying out a full bank reconciliation for each of the residents at the end of every month. The balance in the client account will be equal to the resident's funds and an individual statement will continue to be issued to each resident monthly. To be completed 31st of October 2023</li> </ol>	

**Section 2:**

**Regulations to be complied with**

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	31/01/2024

	reside in that centre.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/10/2023