



# 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:	04 May 2021
Centre ID:	OSV-0000339
Fieldwork ID:	MON-0032443

## 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:	33
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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
Tuesday 4 May 2021	11:00hrs to 18:30hrs	Catherine Sweeney	Lead
Wednesday 12 May 2021	10:30hrs to 15:30hrs	Catherine Sweeney	Lead
Tuesday 4 May 2021	11:00hrs to 18:30hrs	Kathryn Hanly	Support
Wednesday 12 May 2021	10:30hrs to 15:30hrs	Gordon Ellis	Support

## What residents told us and what inspectors observed

Inspectors spoke with seven residents over the two days of inspection. Residents told that inspectors that they were well looked after and that they felt safe in the centre.

One resident told the inspectors they were very contented living in the centre and that all their needs were met. They explained how the staff were kind and respectful and that they would know who to speak with if they had a problem.

Through walking around the centre, the inspectors observed that some residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient closet space, display space, and storage for personal items. Overall, the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean with a few exceptions. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

Inspectors found the dining room and the day rooms lacked ambiance. The day room layout appeared disjointed and cluttered. The main day room had six doors. These doors were used to access three corridors, an activities room, a conservatory and a quiet room. The day room was used as a through-way connecting different parts of the centre. This meant that there was a constant flow of people walking through the day room. There were six televisions on, with no volume, in the main communal areas. There were two televisions on in the conservatory showing different channels. The radio was playing Irish music, which some residents told the inspectors they enjoyed. Inspectors observed the communal areas to be noisy and disorganised.

The residents were given the option of having their meals in the dining room, their bedroom or in the communal areas of the centre. Residents commented that they were satisfied with the quality of the food and the choice offered. A menu board was on display in the dining room detailing lunch options.

A review of residents meeting records found that there had been no scheduled residents meetings held since December 2020. The person in charge explained that there was an informal system in place to communicate with residents on a one-to one basis however, no records of these meetings were available for review on day one of the inspection. Residents spoke with told the inspectors that they had not been advised of the changing visiting guidelines. By day two of the inspection, two resident meetings had been scheduled and documented.

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect

the quality and safety of the service.

## Capacity and capability

This was an unannounced risk inspection of the designated centre completed over two days. On day one, the lead inspector was supported by an infection prevention and control inspector and on day two, eight days later, by a fire and estates inspector. This risk inspection had been scheduled to follow up on an outbreak of COVID-19 declared on 31 December 2020. Information provided to the Office of the Chief Inspector at that time indicated that 28 residents and 28 staff had a tested positive for COVID-19. Sadly, 12 residents that contracted COVID-19 had died.

Records reviewed on the inspection indicated that the provider had actively engaged with Public Health and had followed the advice given during a visit from an infection control nurse. The outbreak had been formally declared over by Public Health on 12 February 2021 and there were no active cases of COVID-19 on the days of the inspection. An outbreak report had not yet been commenced by the provider.

Inspectors also followed up on actions taken since the last inspection in August 2020. While inspectors found repeated non-compliance in fire precautions and infection control, this inspection also found that the provider had taken action to comply with the regulations relating to the statement of purpose, directory of residents, and notification of incidents.

The Chief Inspector had received two pieces of unsolicited information since the last inspection. The detail of this information was also reviewed during this inspection. The information was found to be unsubstantiated.

Inspectors acknowledged that residents and staff living and working in the centre had been through a difficult and challenging time. They acknowledged that management and staff had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. However, a number of improvements were required on implementation of adequate and effective management systems to ensure that the quality and safety of care delivered to residents achieved regulatory compliance.

The provider of this designated centre is Castlerea Nursing Home Limited. Inspectors found that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of health care-associated infection at the centre. Senior management reported that they had acted to implement the majority of Public Health COVID-19 recommendations. Discussion with staff and review of documentation showed that daily management meetings were convened to oversee the management of the outbreak in January 2021.

A review of the management systems used to ensure safe and effective delivery of

care was required. While risk assessments, meetings, and audits had identified areas of improvement, they did not have a quality improvement plan developed. This meant that there was no plan of action, delegated to a responsible person with an appropriate time line, available for review.

Staffing levels and skill mix were found to be adequate to meet the assessed needs of the residents. The person in charge was supported on-site by an assistance director of nursing and a clinical nurse manager, both of whom work in a supervisory capacity. The provider had put systems in place to support staff following the outbreak, and staff spoken with told the inspectors that they felt very supported by the management team.

Inspectors found that improvements had been made in the management of complaints, however, a review of residents progress notes found that resident's complaints were not always logged in line with the centre's complaints policy.

### Regulation 15: Staffing

There were 33 residents accommodated in the centre on the day of the inspection. There was a dependency assessment completed for each resident. A review of these assessments found that 26 residents were assessed as having high to maximum care needs, with seven assessed as medium to low dependency.

A review of the staffing rosters and the staffing levels on the day of the inspection found that staffing was adequate to meet the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the training record for staff found that mandatory training such as safeguarding of vulnerable adults, fire safety, and infection control had been completed by all staff.

Adequate levels of supervision were in place to support staff.

Judgment: Compliant

### Regulation 19: Directory of residents

A review of the directory of residents found that it contained all the information required under regulation 19. This is a completed action since the last inspection.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the provider had adequately resourced the centre and had management systems in place to ensure the service was safe, appropriate and monitored. However, the quality of the information documented within these systems required review and improvement. For example,

- audit schedules were incomplete and lacked the development of a quality improvement plan. This meant that any action taken to address issues was not documented or reviewed.
- some audits, such as the infection control audit, were not developed using evidence-based practice and therefore the findings were not accurate.
- governance, staff and resident meeting notes did not contain an action plan to address issues raised.
- an outbreak incident report identifying areas of good practice and areas of learning had not been commenced.

This is a repeated non-compliance from the last inspection.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed and updated. This was a completed action from the last inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted notifications to the Chief Inspector in line with regulatory requirements. This is a completed action since the last inspection.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had introduced a revised system for the documentation of complaints. A review of the complaints register found that complaints had been recorded, investigated and the results communicated to the complainant in line with the centre's policy. However, a review of the residents progress notes found that some complaints made by residents were documented in the residents progress notes and not managed in the complaints register, in line with the centre's policy.

Judgment: Substantially compliant

## Quality and safety

In light of the COVID-19 outbreak experienced in the centre in January 2021 inspectors followed up on the infection control policies and procedures in place. While inspectors identified some examples of good practice in the management of the recent COVID-19 outbreak, further improvements were required in respect of infection prevention and control. The centre had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, the use of colour coded cleaning cloths to reduce the chance of cross infection and audits of environmental cleanliness. Overall, the general environment and equipment was clean with a few exceptions. These are detailed under regulation 27, infection control.

In addition, there was a suite of infection prevention and control policies. However, the information contained in these policies were not comprehensive and lacked detail on core infection prevention and control procedures including hand hygiene, cleaning and decontamination and waste management. The management team explained that they planned to incorporate new national infection prevention and control policies into local policies.

Inspectors followed up on the fire safety issues that were identified on the last inspection and found that further assurances were required. These issues are identified under Regulation 28, Fire precautions. Due to a number of repeated non-compliance's inspectors concluded that a full fire risk assessment by a suitably qualified person would be required.

Overall, inspectors found that the health care needs of the residents in the centre were met. Residents had good access to medical and allied health care professionals such as physiotherapists, dietitians and chiropodists.

Each resident had a comprehensive assessment and care plan in place. A review of residents care plans found that they were informed by assessment. Most care plans

reviewed were person-centred and detailed. However, Inspectors found that the quality of information found in the care plan of a resident with complex health and social care had not been informed by a comprehensive assessment and was not reflective of evidence-based practice and required immediate review. The care plan was adequately updated when reviewed on day two of the inspection.

An activities schedule was in place and facilitated by an activity coordinator. Inspectors observed activities taking place over the two days of the inspection. However, the day room in the centre, where activities took place, lacked ambiance. The layout and the activity level of the room did not allow for relaxed and comfortable social engagement. The room had six doors, three of which were used to access other parts of the centre. There were three smaller rooms accessed through the day room including the conservatory, activities room and a quiet room. There was multiple television screens around the day room that were switched on, with the sound off. The radio was playing Irish music. A resident was in the adjoining activity room watching television with the sound on. The atmosphere in the communal rooms was noisy and chaotic. A number of residents in the day room did not appear to be participating in any activity or social engagement. A review of the layout of the communal spaces was required to ensure that residents could participate in activities in accordance with their interests and capacities.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends and scheduled visits in a dedicated visiting booth, telephone and video calls were also facilitated. However, the visiting policy did not support access consistent with national guidance. Visits continued to be facilitated in a booth with a plastic screen. One resident who spoke with inspectors was unaware that indoor visits were permitted. A second resident said they didn't want any visits in the booth as he found it difficult to communicate effectively with his visitors. By the second day of inspection, a resident meeting had been held and a letter had been sent to residents families to announce the commencement of visiting arrangements that were in line with the national guidelines. On day two of this inspection inspectors observed residents and their families enjoying face to face, indoor visits.

## Regulation 27: Infection control

A number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. these included

- a limited number of dedicated staff hand wash sinks in the centre and many were dual purpose. The available hand hygiene sinks did not comply with current recommended specifications for clinical hand wash sinks. Outlets of several hand hygiene sinks appeared unclean and difficult to clean.
- a cleaning trolley was visibly unclean. This was addressed by day two of inspection.
- the fabric covers of several resident chairs and support cushions were

missing, worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk,

- gloves were worn inappropriately while preparing a drink for a resident and administering medications,
- the dirty utility rooms were cluttered with raised toilet seats stored on the floor. Cleaning equipment was also inappropriately stored on the floor of this room. This was addressed by day two of the inspection.
- alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment and frequently touched sites.
- a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment including unused wheelchairs and walking frames and used linen trolleys along corridors.
- moving and handling slings which were not in use were hung on corridor wall which posed a risk of contamination. These had been removed by day two of the inspection.
- improvements were required with infection prevention and control signage at the entrance to rooms accommodating residents who were restricting their movements having recently returned from an acute hospital.

Judgment: Not compliant

### Regulation 28: Fire precautions

Inspectors found that the fire safety systems in the centre required review. This was evidenced by

- the largest compartment, while currently accommodating three residents, had the capacity to accommodate 17 residents. Floor plans and fire drills reviewed did not provide assurance that full compartments could be safely evacuated in a timely manner, with night time staffing levels.
- the current fire doors, ceiling hatch, kitchen servery and emergency exits did not provide adequate assurance that they were suitable and appropriate to contain a fire and to facilitate safe evacuation.
- floor plans did not accurately reflect the layout of the centre
- two smoking areas in the centre had not been risk assessed and did not have appropriate fire fighting equipment close-by.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of the care plans of residents with complex health and social care needs was required to ensure that the information was evidence-based and met the needs

of the residents.

Judgment: Substantially compliant

### Regulation 6: Health care

A review of residents notes found that residents were well supported by a doctor of their choice and a team of allied health care professionals. During the outbreak, the centre was supported by local doctors and public health to provide clinical oversight for all residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Restrictions on visiting on the first day of inspection were in excess of those specified in current public health guidelines. The management team addressed this issue following day one of inspection. By day two, visiting was being facilitated in line with the national guidelines.

The layout of the communal areas required review in order to enhance opportunities for social engagement.

Judgment: Substantially 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Fearna Manor Nursing Home OSV-0000339

Inspection ID: MON-0032443

Date of inspection: 12/05/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to come into compliance with regulation 23 we ensure all action plans are implemented in line with our audit findings and documented fully.</p> <p>Our Quality Improvement plan will be informed by audit findings and documented fully.</p> <p>Our Infection Control audit will be brought in line with evidence-based practice.</p> <p>All plans of action implemented following staff and resident meetings will be fully documented.</p> <p>Outbreak incident report will be completed.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We will ensure that all complaints are managed in the Complaints Register in line with our policy.</p>	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

We ensure that regular cleaning inspections continue.

All staff have been updated on the appropriate use of gloves.

The utility room is cleaned every morning and all staff are aware that this area is to be kept clutter free.

Corridors are now clutter/trolley free and wheelchairs and walking frames are stored appropriately.

Appropriate Infection Prevention and Control signage is in use as required and all staff are aware of same.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
A Fire Risk Assessment was carried out on 17th and 18th May.

Recommendations from the FRA report will be implemented.

Regular fire drills of the different compartments, using night staffing levels are taking place.

Mitigation of the risks in the '17' capacity compartment is in place. There are currently 3 residents occupying this compartment and all are close to fire exits.

Mitigation of the risk associated with the fire safety hatch in the kitchen is in place with regular safety checks being maintained when the kitchen is not staffed until it is fitted. Floor plans have been updated.

There is a fire extinguisher in the smoking room.

The canopy in the courtyard has been removed.

The fire engineer confirmed the adequacy of all fire exits and drills using all types of chairs in use in the centre have been carried out without issue.

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:

A review of the care plans has been carried out and residents with complex needs have comprehensive, evidence-based care plans to reflect their needs.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Visiting is now in line with current guidelines. Residents' meetings are taking place and feedback will be used for plans of action.	

## 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.	Not Compliant	Orange	30/06/2021
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	Orange	15/06/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Not Compliant	Orange	31/08/2021

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons 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	Orange	16/06/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken	Substantially Compliant	Yellow	31/05/2021

	on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
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	15/06/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/05/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	15/06/2021