

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Fairlawns Nursing Home
Centre ID:	OSV-0000136
Centre address:	Cavan Road, Bailieborough, Cavan.
Telephone number:	042 966 5930
Email address:	fairlawnsnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fairlawns Nursing Home Limited
Provider Nominee:	Susan O'Reilly
Lead inspector:	PJ Wynne
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 July 2017 09:05 To: 17 July 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to accommodate a maximum of 37 residents who need long-term care, or who have

respite, convalescent or palliative care needs. This is the same level of occupancy the centre is currently registered to accommodate.

The inspectors observed practices, the governance system, clinical and operational procedures and records required by regulation to inform decision making on this registration renewal application inspection. The provider and person in charge were knowledgeable of the regulatory requirements. They were committed to providing person centred care for the residents.

Questionnaires from residents and relatives were received and the inspectors spoke with residents and families during the inspection. The collective feedback was one of satisfaction with the service and care provided. The actions identified in the report from the last inspection were satisfactorily completed.

At the time of this inspection the centre was fully occupied. There were appropriate levels of staffing at the time of inspection for the number of residents accommodated.

Medical cover was provided by two local general practitioners (GP's) practices who visit the centre on allocated days weekly to review residents. They visited in between these times when requested by nursing staff. Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs.

The design and layout of the building was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. There was a choice of different sitting rooms where resident could spend time and different areas to meet visitors in private. The building was well maintained, warm and comfortably decorated. Residents had access to a safe enclosed garden which they utilised independently throughout the day of inspection and met with visitors in the summer sunshine.

There was a sufficient equipment to meet the needs of residents. There was a contract in place to ensure all equipment used by residents was functioning safely.

Each resident had a nutritional care plan. There was sufficient staff available to offer assistance to residents who required help with their meals. Care staff when spoken with confirmed they were required to report immediately to nursing staff any resident with a reduced appetite or refusing meals.

A total of 18 outcomes were inspected. Thirteen outcomes were judged as compliant with the regulations and five as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The statement of purpose was revised in May 2017. The inspection evidenced the service provided was reflective and as described within the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The governance arrangements in place reflected the information available in the statement of purpose. The evidence collated during this inspection indicated that the

centre was managed effectively and was appropriately resourced, safe, appropriate and consistent to meet the needs of residents.

Systems were in place to ensure that the service provided met residents' needs effectively. Procedures were established to monitor the quality and safety of care. There was a residents' committee that met regularly. Regular meetings gave residents a forum to express their views and they said that changes were made as a result of their opinions. There was an advocate who came to the centre on a weekly basis to meet with residents and discuss any issues that they may arise.

The inspectors reviewed audits completed by the person in charge. Environmental areas audited included, health and safety, hygiene of the premises and safety of equipment used by residents. Clinical audits of medicine usage were completed every three months to review the use of psychotropic, night sedative medication and the use of bedrails. Acute medical events were monitored for each resident for example, any urinary or respiratory infection. Any accident or injury sustained by way of a trip or fall was recorded in the audits. Each area was reviewed by the person in charge to identify a trend or risk for individual residents allowing the management team to take responsive action.

The provider met with the inspector during the inspection and demonstrated knowledge of the legislation and of her statutory responsibilities. The provider works in the centre full time in an administrative capacity. The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a plan for ongoing training in 2017. There were arrangements for ongoing decoration and maintenance to ensure the building, services and facilities remained in good condition.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

Information on the centre was communicated to resident through the residents' guide and centre newsletter, which were available in the main lobby of the centre. Information of interest to the residents was posted in prominent spots around the centre, on matters such as how to make a complaint, how to contact the independent advocate, and what activities were on for the day. Residents' bedrooms were clearly identifiable to them,

and rooms such as the toilets, dining room, and hairdresser with signposted with pictorial signage.

The centre was at capacity at the time of inspection with long-term residents, and no respite placements. Each of the residents had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. There was a schedule of services facilitated by the provider that would incur a separate charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post.

The person in charge demonstrated that she had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. Her training on the mandatory topics required by the regulations was up to date.

The person in charge facilitated the inspection and ensured that all the documentation required was available. She conveyed that she had good knowledge of all residents care and had developed good systems to guide and support the staff team.

Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored and maintained in a secure manner. Samples of records were reviewed by the inspectors. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included;

The centre's insurance which covered against accidents or injury to residents, staff and visitors, and insured the premises and assets, and residents' personal effects..

The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

Incidents falls and accidents, physical restraint management (the use of bedrails of restraint.

Correspondence to or from the designated centre relating to each resident.

Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.

Records of visitors to the centre.

All centre policies required by Schedule 5 of the regulations

The certificate of registration was displayed prominently as required by the regulations.

The complaints policy was displayed and a comments box was provided in the foyer to elicit views on the service provided.

The records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

There is one deputy notified to the HIQA to deputise in the absence of the person in charge. A review of her staff file evidenced continuous professional development. Mandatory training required by the regulations and ongoing engagement in education was evident.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that measures were in place to protect residents from being harmed or abused. There was a record of visitors' maintained. This was located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Access to the centre was secure. The front door was secured with a coded keypad. Residents confirmed that they felt safe and contributed this to the security measures in place and that staff responded to call bells.

A restraint free environment was promoted. The use of physical restraint measures (bedrails) was risk assessed. Records were maintained of the type of restraints or enablers in place. At the time of this inspection eight bedrail were raised as an enabler

and three as a restraint to minimise the risk of an accident to the residents. Each resident requiring the use of a bedrail had a risk assessment completed to determine it was in the best interest of the resident and safe for their use. On each assessment viewed, the least restrictive alternative to the use of restraint had been considered and the reason for the restraint was discussed. Checks were in place. All residents were checked periodically throughout the night by staff.

Care plans for residents with bedrails raised require the inclusion of more detail to outline the enabling function of the raised bedrail for example to help the resident sit up or turn in the bed independently or as psychological safety aid.

There were policies in place on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. There was a standardised assessment tool to assess behaviours in place

Incidents of responsive behaviour were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. However, care plans for responsive behaviour require more detail. The information from the (ABC) charts were not used to inform the care plan. Care plan for responsive behaviours did not detail the triggers or deescalating techniques in detail.

There was good access to the psychiatry team. The community mental health nurse visits the centre routinely to review residents and is available to nursing staff via the phone to discuss any concerns. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

During conversations with the inspectors residents confirmed that they were well looked after and they felt safe. Questionnaires completed by residents and families confirmed they were happy. While some expressed a wish to be able to live at home they confirmed they were content with the care provided and the centre was the next best option. Residents spoken with stated "I feel safe and it is better than living on my own", "I am happy with my privacy and staff always come when I use the cal bell", "I am well looked after and the doctor calls". Another resident explained she was content living in the centre and stated "I make up my own mind about when I want to get up and go back to lie down", "the food is great and there is Mass at the weekend". Relatives in questionnaire completed stated they can visit at any time and always feel welcome. They confirmed any issues of concern are discussed with them by the person in charge and they are kept updated and informed of any changes or new issues.

Measures were in place to protect the finances of residents for whom the centre held money. The provider acts as a Pension Agent for 5 residents in the centre. Petty cash was locked in a safe to which access was limited but was accessible to residents, and a balance book was kept and double signed for each addition and subtraction. Inspectors reviewed this balance book against the actual amount stored for a sample selection of residents, and the amounts were found to match.

A selection of personnel files, including the management and a sample of floor staff, was reviewed and these contained evidence of Garda vetting. In addition, the provider gave inspectors a written assurance that all staff employed by the centre have been Garda vetted.

Training records were reviewed for all care and ancillary staff in the centre, and it was found that a number of staff who had commenced work in recent months had not yet received training in safeguarding of vulnerable adults. The person in charge and the training schedule highlighted that these staff members would be in attendance at a training session in the coming months.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre maintained a health and safety statement and procedures for evacuating in an emergency. Staff spoken with were familiar with horizontal evacuation procedures and training records evidenced that all staff had been trained in fire safety within the past 12 months. Each resident had personal emergency evacuation sheet notes which outlined who needed personal assistance to move, used mobility aids, or moved independently. This list reflected the fact that one resident was currently off the premises in hospital.

Reports were kept on fire drills which noted the staff and residents involved, the time taken to complete the drill, and notes on potential delays and learning for future reference. Staff completed regular checks on the fire alarm system, escape routes and door closing mechanism. Certificates were available of fire fighting equipment servicing and testing by external companies.

All doors of bedrooms and corridors compartments had mechanisms to hold open and automatically close to contain the spread of smoke and flame during a fire event. Fire maps were posted on the wall and the assembly point was prominently signposted. The centre maintained a risk register describing any hazards and the controls and actions to mitigate same. For one resident who smoked there was adequate safety features such as an apron, metal astray, fire blanket and the option of CCTV monitoring of the room. The centre was free environmental risks such as trip hazards, unsafe flooring or

staircases.

Staff had received training in infection control. Cleaning staff were clear on their routine for cleaning different types of rooms, and how procedures change when a resident has an infection or a bodily spill, or if there is an outbreak of infection in the centre. Laundry staff were clear on the procedures to follow when handling soiled items of clothing or bed sheets. Kitchen staff followed HACCP food safety principles, ensuring that food was stored, prepared, cooked and served in an appropriate manner.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Policies and procedures were in place to guide staff in the management of residents' medicine. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines. Practices were satisfactory to ensure each resident was adequately protected by all medicine management procedures.

There were no residents self medicating at the time of this visit. The midday and evening medicines were dispensed from blister packs. The morning and night time medicines were dispensed from their individual packs. All medicines were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked to ensure all medicine orders were correct for each resident.

The prescription sheets reviewed were legible. Regular medicines were identified separately, from short term medicines and p.r.n medicines (a medicine only taken as the need arises). The prescription sheets for each residents contained additional information on the purpose of each medicine and possible side effects. Photographic identification was available on the prescription chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The maximum amount for p.r.n medicine was indicated on the prescription sheets examined. There was evidence of residents' medicines being reviewed on a regular basis. In one kardex examined two different p.r.n medicines were prescribed for seizure activity. However, the medicine to be administered first and then secondly was not clearly specified on the kardex. Medicines being crushed due to

swallowing difficulty were prescribed by the GP as suitable for crushing.

The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the medicine and time of administration. The medicines were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured. Medicines that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection and found them to be correct.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify HIQA of notifiable incidents within three days.

Quarterly notifications had been submitted to HIQA as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were 36 residents in the centre during the inspection and one in hospital. All residents accommodated at the time of this inspection were residing in the centre for long term care. There were 11 residents with maximum care needs. Two residents were assessed as highly dependent and 16 had medium dependency care needs. Seven residents were considered as low dependency.

A pre-admission assessment was completed by the person in charge to ensure the centre could meet the needs of prospective residents. Regular reviews of residents overall health was found on admission, readmission following return from acute hospital care and as required according to changing needs of residents.

On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain. The inspectors noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. Risk assessment and care plans were reviewed at a minimum of the required four monthly intervals or in response to a changing need or circumstances. There was evidence of resident or relative involvement in the care planning and reviews.

Nursing staff demonstrated an in-depth knowledge of the residents and their physical care needs. Nursing notes were completed on a twice daily basis and provided a clinical record of each resident's health. The daily nursing notes as required by Schedule 3 (4) (C) do not provide a clear account of the resident's health, condition and treatment. The daily nursing records describe physical care needs only, for example no concerns, diet and fluids taken well. Personal or psychosocial needs were not well documented in all cases. They did not detail the resident's psychosocial needs or general wellbeing.

As previously described under Outcome 7, Safeguarding and Safety, care plans for residents with responsive behaviours and those with bedrails raised require more detail to ensure they are well personalised.

Residents had required access to GP services and out-of-hours medical cover was provided. Medical cover was provided by two local GP practices who visited the centre on an allocated day weekly to review residents. They visited in between these times when requested by nursing staff. Residents had timely access to allied health professionals including opticians, dentists and chiropody services. Access to palliative care specialists, dietitian, speech and language therapist and occupational therapist. There was a good range of specialist seating equipment available to meet the needs of frail residents requiring specific support.

Residents identified at risk of developing pressure wounds had specific equipment in place to mitigate the risk, such as repositioning regimes and pressure relieving mattresses. There were two residents with vascular wounds at the time of this inspection. One resident was referred back to the vascular clinic for further review. Care plans were in place to guide staff on the frequency and type of dressing.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The layout and design of the building was suitable to meet the needs of the residents in the centre. The building was clean, well lit, heated and ventilated, and in a good state of maintenance and repair. The premises were designed in such a way as to facilitate residents to independently navigate the centre. There were no steps, slopes or trip hazards internally or externally, doors to the external premises were open, and handrails lined all corridors. The building corridors formed a loop which allowed residents to mobilise around independently in circuitous pattern. The centre used pictorial signage to identify rooms such as the dining room and toilets to assist navigation. Inspectors noted that there was an absence of clocks in some residents' bedrooms and communal zones, to help residents with confusion or dementia get their bearings. The centre was furnished and painted in a homelike and comfortable fashion, with residents' art projects on display in day rooms.

Bedrooms were of an adequate size for residents and had suitable amounts of storage space for clothes and belongings, including lockable storage for valuables. Resident's own decorations and photographs were observed in bedrooms. Bedrooms accommodating more than one resident had privacy screening which did not hinder navigation for the other resident. Some bedrooms had en-suite toilet facilities, and those which did not were in relatively close proximity to facilities on the corridor. Bedrooms which did not have en-suite facilities had a hand wash basin. All toilet and shower facilities had appropriate assistive rails and bathroom ware to allow residents with reduced mobility to use them. Call bells were located in all bedrooms and bathrooms.

The centre had a safe and secure enclosed courtyard garden which residents were observed accessing without difficulty, strolling around sitting out in the sun alone or with visitors. The garden was nicely featured with flowers, statues, garden furniture and sun parasols, and had a safe path network to navigate around. Use of the garden was encouraged by its location and ease of accessibility.

There were multiple communal rooms and spaces for residents to undertake activities, sit and chat, watch television, or receive visitors. There was a smoking room with a ventilator which was supplied with resident aprons, fire blanket and metal ashtrays for safe use. There was a large dining room which was sufficient in space to comfortably meet the number and assistance needs of residents. There was an oratory and hairdressing room on the premises, the latter of which was also used as a sensory room which some residents preferred over the communal day rooms. There were large areas of designated storage space for wheelchairs, hoists, commodes and other assistive equipment and as a result day rooms and corridors were clear of clutter. The kitchen and laundry facilities were sufficiently equipped to cater for the number and needs of residents.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre maintained a policy on receiving and addressing complaints from residents and relatives, which identified the person tasked with recording and investigating matters raised. Also identified was the process for independent appeals should the complainant be unsatisfied by the outcome of their complaint. The procedure for making complaints was posted centrally in the centre and there was also a letterbox for complaints to be received anonymously.

There was a complaints log which recorded the time and date of complaint, the details of the issue, actions taken to address it, and the outcome, as well as a space for notes on the complainant's satisfaction with same. At the time of the inspection, there were no complaints received and recorded. Staff spoken to, including those in the kitchen and laundry, advised that if a complaint was raised with them,, they would report it to the complaints officer for them to record, and that they had never had reason to bring matters to the complaints officer. Inspectors discussed with the complaints officer the

importance of ensuring that verbal or informal complaints, which are resolved before being escalated, are still referred to them by the person who received them, as per the complaints policy, and equally recorded to help identify recurring issues and trends.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

The inspectors viewed the end of life policy. Discussions with the nursing team evidenced that end-of- life care was person centred and respected the values and preferences of individual residents.

Caring for a resident at end-of-life was regarded as an integral part of the care service provided. there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes through the provision of advance care planning.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector reviewed a sample of end-of-life care plans. The end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care.

There were one resident under the care of the palliative team at the time of this inspection. The policy of the centre is all residents are for resuscitation unless documented otherwise.

A system is developed to ensure residents with a do not attempt resuscitation (DNAR) status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. There were two sittings at each meal time. There were a sufficient number of staff in the dining at mealtimes to help residents with their meals. Menus were on a four week cycle and edited for the time of year, and there was adequate overstock of ingredients for if residents changed their mind on their choice or wanted something alternative to the menu choices.

There was a high level of independence observed amongst the resident profile. Only three residents required full assistance to eat their meals and a small number partial help or prompting. The majority of residents attended the dining room for both their dinner and evening meal.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were monitored according to risk assessment. Those identified as being at high risk were weight every two weeks and other monthly and all residents at a minimum every three months.

Kitchen staff were provided with an up to date list of each resident's dietary requirements. Care staff when spoken with confirmed they were required to report immediately to nursing staff any resident with a reduced appetite or refusing meals. Medication records showed that supplements were prescribed by the GP and administered accordingly.

The food provided was appropriately presented and sufficient in quantity for each resident. Residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively. Snacks and drinks were readily available, and care staff had access to the kitchen in the evenings if the resident wanted something that required cooking. Residents spoken with were highly complimentary of the food.

Each resident had a nutritional care plan. Access to dietician and a speech and language therapist was available when required to obtain specialist advice to guide care practice.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

In general, interactions between staff and residents were friendly, patient and respectful. Examples were seen of staff talking residents through their assistance and personal care, and knocking before entering bedrooms. Staff were observed chatting with residents and appeared to know their background and personalities quite well. Some of the staff were aware that it was one resident's birthday and were seen congratulating her. Residents were not observed going for long periods of time with no engagement or stimulation. Independence of the residents was facilitated in the centre. Residents were not all gathered in one communal area for the whole day, rather they were observed sitting out in the sun, strolling about the building and garden, relaxing in the bedrooms and coming and going between the multiple sitting rooms and communal zones with the dispersal not appearing to cause any difficulty around supervision. The centre was quiet and comfortable with a relaxed atmosphere overall.

Activity sessions such as art, mass, bingo and exercises were posted on a timetable at various points in the centre. The centre had an activities coordinator who was familiar with the residents and their level of ability and preference to engage with activities. For residents for whom it was appropriate, the activities coordinator set time aside early in the day to do one-to-one chatting and exercises, and for a group arts and crafts session during the afternoon, the coordinator was seen assisting residents to participate to the best of their capacity. For each resident, a daily activities log was kept which identified what they resident had participated in each day and this log could clearly highlight where certain residents repeatedly did not attend activities or refused one-to-one sessions. Residents who had capacity went on occasional outings, and residents were involved in local community events; some of their artwork pieces were being submitted to a local art competition.

Residents were registered to vote and facilitated to cast their ballot in the centre. Mass was held in the centre weekly by the local priest and a minister from the Church of Ireland also visits regularly. Inspectors met with an independent advocate from Sage who visited the centre regularly, knew the residents well, and worked on referral from

the centre management on various issues of residents' wellbeing. The advocate also attended resident forum meetings, which were held approximately every six months. Minutes of these meetings were kept and evidenced discussion of activities, events and outings, positive or negative feedback on meals or environment, and news of the day-to-day operation of the centre. The residents were also kept up to date with a newsletter.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was adequate storage space in residents' bedrooms for clothes and belongings, including lockable storage for valuables.

There were adequate laundry facilities for the number of residents in the centre. There were clear procedures for collecting clothes, cleaning, drying and returning them to their respective owners, with all items of clothing appropriately labelled. An inventory was created on admission of each residents' clothes, and families were encouraged to inform staff of new clothes so that the inventory and labelling system could be kept up to date.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre maintained policies on recruitment, training and development of staff.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

There are six care assistants rostered from 8.00hrs until 12.00 noon and five until 14.00hrs. There are four care assistants in the afternoon and three in the evening until 20.00hrs. There is one nurse rostered throughout the day in addition to the person in charge and two nurses on Saturday from 08.00hrs until 14.00hrs. There is one nurse rostered for night duty supported by two care assistants.

There is a training and development program to ensure that staff maintain competence in all areas relevant to their role. This includes specialist training in relation to the care of the older person in areas such as dementia and responsive behaviours and end of life care, as well as first aid, infection control and CPR. Mandatory training required by the regulations for all staff was maintained through ongoing programs of refresher training. However, there was a small number of recently recruited staff were not trained in safeguarding. The person in charge had identified these staff and arrangements were in place for training to occur.

A sample of staff files from each role was reviewed. The files contained all documentation required under Schedule 2 of the regulations. There was evidence of vetting by An Garda Síochána for all staff. The centre did not use external agency staff or volunteer staff.

All nurses had records confirming their active registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Questionnaire submitted to HIQA indicated that staff were caring, responsive to their needs, and treated them with respect and dignity.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Fairlawns Nursing Home
Centre ID:	OSV-0000136
Date of inspection:	17/07/2017
Date of response:	02/08/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:

New admissions to the centre will have allocated room number included in the contract of care.

Proposed Timescale: 02/08/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of active staff had not yet received training in relation to the detection, prevention and response to alleged or suspected abuse of vulnerable adults.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

All new staff employed in the recent months have now been trained in prevention , response to abuse and safeguarding vulnerable adults.

Proposed Timescale: 01/08/2017

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In one kardex examined two different p.r.n medicines were prescribed for seizure activity. However, the medicine to be administered first and then secondly was not clearly specified on the kardex

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

This was actioned by the G.P during her routine visit to the care centre on 26/7/17 and it is clearly written which medicine is given first and second depending on seizure activity.

Proposed Timescale: 26/07/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Care plans for residents with responsive behaviours and those with bedrails raised require more detail to ensure they are well personalised.

4. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

This is added into care plans in detail RE: Responsive behaviours, triggers and management.

When bedrails are required or requested as enablers, this is now recorded in detail in the individual's care plan along with recording it in detail in a risk assessment folder as previous.

Proposed Timescale: 28/07/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The daily nursing records describe physical care needs only, personal or psychosocial needs were not well documented in all cases. They did not detail the resident's psychosocial needs or general wellbeing.

5. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:

The nurses are now writing psycho – social needs in the progress reports along with

medical and general care needs.

Proposed Timescale: 28/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was an absence of clocks in some residents' bedrooms and communal zones, to help residents with confusion or dementia get their bearings.

6. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

All bedrooms and communal zones now have clocks

Proposed Timescale: 28/07/2017