

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Fairfield Nursing Home
<b>Centre ID:</b>	OSV-0000227
<b>Centre address:</b>	Quarry Road, Drimoleague, Cork.
<b>Telephone number:</b>	028 31 881
<b>Email address:</b>	fairfielddrimoleague@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Fairfield Nursing Home Limited
<b>Provider Nominee:</b>	Seán Collins
<b>Lead inspector:</b>	John Greaney
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	49
<b>Number of vacancies on the date of inspection:</b>	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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
23 August 2017 09:00	23 August 2017 17:30
24 August 2017 08:00	24 August 2017 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre was divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents.

Overall, residents' healthcare and nursing needs were met to a high standard. Staff were seen to interact with residents in a caring and respectful manner. Residents had access to the services of a GP, including out-of-hours. There was good access through referral to the allied health services, such as speech and language, dietetics, occupational therapy, palliative, and psychiatry of old age. Access to physiotherapy

was predominantly through a private physiotherapist as there was a delay in being seen through the public referral system.

Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised assessment tools. Care plans were developed based on these assessments and many of these were comprehensive and personalised. Some improvements, however, were required. Some issues such as the resuscitation status of residents and identified risks were not adequately addressed in care plans.

Correspondence from the Cork County Fire Service in relation to required improvements was reviewed by the inspector and some actions remained outstanding at the time of inspection. The inspector is seeking assurances from the provider that all actions are addressed to the satisfaction of the fire service.

Other required improvements included:

- simulated night time fire drills
- personal emergency evacuation plans
- contracts of care
- vetting disclosure
- out-of-date medications
- staff induction and appraisal

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

**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:**

There was a written statement of purpose that contained all of the information required by the regulations.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were adequate resources to support the effective delivery of care. There was a clearly defined management structure. The provider was based locally and visited the centre on an almost daily basis. The person in charge reported to the provider and was supported in her role by two assistant directors on nursing. There was an annual review of the quality and safety of care. There was a comprehensive programme of audits on issues such as food and nutrition, medication management, accidents and incidents,

staff observation, end of life care, and infection prevention and control. Where areas of improvement were required these were addressed.

There were management meetings held on a fortnightly basis. These were attended by the provider, person in charge, assistant directors of nursing and lead healthcare assistants. Issues discussed at these meetings included resident nutrition, quality improvement and staffing.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was a guide to the centre available to residents. The guide included a summary of the services and facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Each resident had a contract of care. The contract set out the services to be provided and the fees charged to residents, including fees for additional services, such as chiropody, hairdressing, accompaniment to appointments, and pharmacy. The contract included a monthly fee for additional services, however, it did not specify what these services were, so it was not possible to ascertain if residents that paid for these services availed of them. Additionally, the contract did not include terms relating to the bedroom to be provided to the resident and the number of other occupants, if any, of that bedroom.

**Judgment:**

Non Compliant - Moderate

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a person in charge of the centre. The person in charge was a registered nurse and had the required experience in nursing older persons. During the days of the inspection the inspector observed the person in charge interacting with residents and it was evident that residents knew the person in charge. The inspector was satisfied that the person in charge was engaged in the day-to-day governance, operational management and administration of the centre.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Inspectors found that the designated centre had 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.</p> <p>Other records listed in Schedules 3 and 4 were also maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The residents' directory was available in an electronic format. This was continuously updated by staff and contained all of the information required under Regulation 19.</p> <p>Inspectors saw evidence that the centre was adequately insured in respect of buildings, contents and stock. Injury to residents and loss or damage to residents' property were also covered.</p> <p>Improvements were required in relation to the maintenance of Schedule 2 documents.</p>
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For example, an up-to-date vetting disclosure had not been obtained for a recently recruited member of staff. The provider and person in charge were given an immediate action plan to which a satisfactory response was obtained. The provider and person in charge were advised that no staff member should be rostered for duty unless an up-to-date vetting disclosure report was obtained in compliance with the National Vetting Bureau Act 2012.

**Judgment:**

Non Compliant - Major

***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:**

There was no period in excess of 28 days when the person in charge was absent. There were adequate arrangements for when the person in charge was absent. The person in charge was supported by two assistant directors of nursing who took charge of the centre in her absence.

**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:**

There was an up-to-date policy on, and procedures in place for, the prevention,

detection and response to abuse. Training records indicated that all staff had attended up-to-date training on prevention, detection, and response to abuse. Staff spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre. There were no allegations of abuse.

There were adequate records in place in relation to residents' finances. The centre did not act as pension agent for any residents and did not hold any money for safekeeping on behalf of residents.

There was a policy in place for working with residents that have responsive behaviour. There were a number of residents in the centre with responsive behaviour. A sample of care plans reviewed by the inspector contained adequate detail in relation to the care of these residents, including triggers and de-escalating tactics. Staff spoken with were knowledgeable of individual resident's behaviour and the most appropriate means to provide care to the resident.

A restraint free environment was promoted. The only forms of restraint were bedrails and chemical restraint for a small number of residents. There was evidence of the exploration of alternatives to the use of restraint. There was a risk assessment completed prior to the use of bedrails and safety checks while bedrails were in place.

**Judgment:**

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):**

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

**Findings:**

There was an up-to-date safety statement that was signed and dated. There was an up-to-date risk management policy that contained all the requirements of the regulations. There was an emergency plan that detailed what to do in the event of an emergency, including the safe placement of residents in the event of a prolonged evacuation.

The inspector reviewed the accident and incident log. The log was audited every two months for trends and themes and improvements were implemented where required. There were reasonable measures in place to prevent accidents with safe floor covering, handrails on corridors and grab rails in showers and toilets. Training records indicated that all staff had up-to-date training in patient moving and handling.

Suitable fire equipment was provided and records indicated that it was serviced on an annual basis. Records indicated that the fire alarm and emergency lighting were serviced quarterly. There were daily checks of emergency exits to ensure they were unobstructed. The inspector noted, however, that linen skips were frequently stored on corridors leading to emergency exits while personal care was being provided to residents. There were weekly checks of the fire alarm, emergency lighting, fire doors and electro magnetic door closing devices. The provider was advised to include the fire alarm panel in daily checks to ensure no faults were displayed on the panel.

Training records indicated that all staff had attended fire safety training. Staff members spoken with by the inspector were knowledgeable of fire safety practices, including horizontal evacuation and how to extinguish a fire should a resident's clothes catch fire. There were regular fire drills and records were available of what took place during the drill and any learning from the drill. A finding on two fire drills was that evacuation sheets were not properly fitted, however, the inspector saw records of checks by staff to ensure that these sheets were properly fitted.

Correspondence from the Cork County Fire Service in relation to required improvements was reviewed by the inspector and some actions remained outstanding at the time of inspection. The inspector is seeking assurances from the provider that all actions are addressed to the satisfaction of the fire service.

A simulated night-time evacuation drill was carried out on one evening. While it is recognised that this is good practice, the inspector was not satisfied that it adequately took into consideration all aspects of night time. For example, none of the night duty staff participated in the drill and there was insufficient consideration given to the likelihood that most residents would be sleeping in bed at night time. This is particularly relevant given that night staff did not rotate to days, so these staff had not participated in any fire drill outside of annual training.

Personal emergency evacuation plans were in place for residents. These detailed the most appropriate means of evacuation of each resident, such as by walking, wheelchair or evacuation sheet. They also detailed whether or not residents had a cognitive impairment. They did not, however, provide sufficient detail of the likely psychological response of each resident to the need to evacuate in an emergency in response to a fire alarm. This is supported by the findings of one fire drill that indicated that, due to cognitive impairment, some residents may return to their rooms or be difficult to evacuate.

**Judgment:**

Non Compliant - Moderate

***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:**

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were generally safe and a random sample of controlled drugs counted indicated they were correct. The controlled drug cupboard was a locked cupboard within a locked cupboard. Medication requiring refrigeration were stored appropriately and the fridge and ambient room temperature were monitored.

Medication administration was observed and staff were seen to adhere to appropriate medication management practices. Medication and prescription charts were legible. Where crushed medications were required, this was appropriately identified on the prescription. There were appropriate procedures for the handling and disposal for unused and out of date medicines. At the time of inspection no residents were responsible for their own medication administration.

The inspector reviewed stock medications that were for use out-of-hours. While there was a system in place for monitoring stock medications, a small number of antibiotics had recently passed their expiration date.

A system was in place for reviewing and monitoring safe medication management practices. Medication audits were conducted by the pharmacist. Medication errors were recorded. The pharmacist was facilitated to meet their obligations to residents. Staff reported receiving good support and a good service from the pharmacist.

**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 inspector reviewed the accident and incident log. Most notifications were submitted as required by regulations, however, a small number incidents had not been reported. For example, a resident had exited the centre through an emergency door and even though he was discovered before he left the grounds of the centre, a notification should

have been submitted. Additionally, a notification had not been submitted following the commencement of a disciplinary investigation.

**Judgment:**

Substantially 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:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of residents' records, which included comprehensive biographical details, medical history, and nursing assessments.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, occupational therapy, psychiatry, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Records indicated that these were reviewed at a minimum of every four months and more frequently, if required.

Care plans were developed for issues identified on assessment. These were seen to be comprehensive, person-centred and provided detailed guidance on the care to be delivered on an individual basis to residents. Some improvements, however, were required. For example, the care plan for a resident that had a near choking episode did not contain guidance on the care to be delivered to prevent further incidents as detailed on the incident form. Additionally, the end of life care plan for a resident did not detail that the resident was not for resuscitation. There was evidence of good care in the management of wounds and care plans provided adequate guidance on the care to be provided.

**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:**

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprised 39 single bedrooms and five twin bedrooms. Twenty nine of the single bedrooms and all of the twin bedrooms are en suite with either a toilet, shower and wash-hand basin or toilet and wash-hand basin only. The other 10 bedrooms had a wash-hand basin. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodated 17 residents, Rockmount House, which accommodated 16 residents and Deelish House, which also accommodated 16 residents.

The location, design and layout of the centre was suitable to meet the individual and collective needs of the resident profile and was in keeping with the centre's statement of purpose. There was a parking area to the front of the premises and further parking was available at the rear. Appropriate heating, lighting and ventilation were in place throughout the premises.

On the days of inspection the centre was clean, bright and in a good state of repair. The centre was homely and many of the bedrooms were personalised with residents' personal possessions and memorabilia. Corridors were painted in bright colours in addition to murals and paintings on the walls. In addition to the brightly coloured walls and murals, Deelish corridor was decorated with various other artefacts and memorabilia on walls that contributed to a stimulating environment. The doors to the bedrooms in Deelish had an overlay that had the effect of making them appear like "front doors" and were all different colours to support residents identify their bedrooms.

Communal space comprised combined sitting rooms/dining rooms, which were designed and furnished to reflect a homely atmosphere. Deelish unit, in particular, provided an environment that was homely and was furnished with comfortable couches, chairs and other furniture such as kitchen cupboards. There was a secure, well maintained patio area, which was enclosed and could be accessed safely by both visitors and residents.

In addition to ensuite facilities, there were two bathrooms, one of which contained a

bath, shower and toilet and the other contained a shower and toilet.

There were suitable laundry facilities and an adequate system to ensure clothes were returned to residents following laundering. Records were available demonstrating the preventive maintenance of equipment such as hoists, beds and chairs.

**Judgment:**

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:**

There was a system in place to ensure that the complaints of residents or their representative were listened to and acted upon. There was a complaints policy that identified the person responsible for managing complaints and also included an appeals process. It did not, however, identify who was responsible for ensuring all complaints were recorded and that adequate records were maintained, as required by the regulations. The complaints procedure was on prominent display in the centre, and summarised in the residents guide. The notice on display, however, did not correlate with the policy in relation to the independent appeals process.

Throughout the inspection it was clear that residents were familiar with all members of management including the person in charge, and clinical nurse managers. It was apparent to the inspector that residents would find staff easy to approach with any concerns or complaints.

The inspector viewed the complaints log that contained details of a small number of complaints, the investigation of each complaint, the outcome of the investigation and whether or not the complainant was satisfied with the outcome of the complaint.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector observed staff interact with residents in a caring and respectful manner. Residents appeared to be familiar with staff and staff were familiar with residents' individual needs. Where support to eat and drink was being provided, it was done in a discreet way, however, independence was promoted and residents were not in any way rushed to complete activities. Where residents were able to eat themselves, they were supported to do so, for example, some residents had adapted equipment to help them hold items such as cups with handles.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The person in charge was supported by two assistant directors of nursing. The inspector reviewed staff rosters, which showed there was a nurse on duty at all times. The staffing complement included catering, housekeeping, administration and maintenance staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover in the event of unplanned absences. The inspector was also informed that an additional staff member was rostered for duty in times of need, such as when a resident was at end of life.

There was a varied programme of training for staff. Records viewed by inspectors confirmed all staff had completed mandatory training in areas such as manual handling; safeguarding and prevention of abuse; responsive behaviour; and fire safety and evacuation. Staff also had access to a range of education, including training in a specific dementia programme that formed the ethos of the care delivered to residents.

The inspector reviewed a sample of staff files and found that most of the information required by the regulations was present. This is addressed in more detail under Outcome 5, Documentation. There was a staff appraisal process and most staff had undergone appraisal. The appraisal process could be enhanced, however, as the documentation available only demonstrated a scoring mechanism from 1 to 10 but did not identify either recommended or requested professional development opportunities.

The inspector was informed that new staff underwent an induction process whereby they were supernumerary for a number of shifts. The induction process, however, was not documented and there were no records to support whether or not new staff had achieved an adequate level of competency prior to being allowed to work independently. This is particularly relevant in instances should references from previous employers

identify areas of required improvement.

**Judgment:**

Non Compliant - Moderate

**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:***

John Greaney  
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 report<sup>1</sup>

<b>Centre name:</b>	Fairfield Nursing Home
<b>Centre ID:</b>	OSV-0000227
<b>Date of inspection:</b>	23/08/2017 and 24/08/2017
<b>Date of response:</b>	28/09/2017

### 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 contract of care did not include terms relating to the bedroom to be provided to the resident and the number of other occupants, if any, of that bedroom.

#### 1. Action Required:

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

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

shall reside in the centre.

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

Addendum added to Contract of Care stating either single occupancy/multi occupancy room with ( ) other occupants. Going forward this will be included in the Contract of Care.

**Proposed Timescale:** 31/10/2017

**Theme:**

Governance, Leadership and Management

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

The contract of care included a monthly fee for additional services, however, it did not specify what these services were, so it was not possible to ascertain if residents that paid for these services availed of them.

**2. Action Required:**

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

An addendum will be attached to the Contracts to specify what the additional services include where charges are incurred.

**Proposed Timescale:** 30/09/2017

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

An up-to-date vetting disclosure had not been obtained for a recently recruited member of staff.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Recruitment policy updated to include Garda vetting specific to the nursing home

before beginning employment.

**Proposed Timescale:** 30/08/2017

### **Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

A simulated night-time evacuation drill was carried out on one evening. While it is recognised that this is good practice, the inspector was not satisfied that it adequately took into consideration all aspects of night time. For example, none of the night duty staff participated in the drill and there was insufficient consideration given to the likelihood that most residents would be sleeping in bed at night time. This is particularly relevant given that night staff did not rotate to days, so these staff had not participated in any fire drill outside of annual training.

**4. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

A simulated night-time evacuation is scheduled to take place on 02/10/2017 and this training will continue until all night staff have participated in same.

**Proposed Timescale:** 30/10/2017

**Theme:**

Safe care and support

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

Correspondence from the Cork County Fire Service in relation to required improvements was reviewed by the inspector and some actions remained outstanding at the time of inspection. The inspector is seeking assurances from the provider that all actions are addressed to the satisfaction of the fire service.

**5. Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

To comply with Fire regulations it has now been agreed with the Fire Officer that

Deelish and Rockmount houses will be sub- compartmentalised to 8 persons maximum.

**Proposed Timescale:** 31/12/2017

**Theme:**

Safe care and support

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

Personal emergency evacuation plans were in place for residents. These detailed the most appropriate means of evacuation of each resident, such as by walking, wheelchair or evacuation sheet. They also detailed whether or not residents had a cognitive impairment. They did not, however, provide sufficient detail of the likely psychological response of each resident to the need to evacuate in an emergency in response to a fire alarm.

**6. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Staff have undertaken specific dementia behaviour training and have a very good knowledge of how each resident respond to stressful situations and with the ongoing evacuation training staff will be very aware of residents who find the evacuation process stressful and this then will be highlighted in their PEEP's.

**Proposed Timescale:** 31/10/2017

**Theme:**

Safe care and support

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

The inspector noted, however, that linen skips were frequently stored on corridors leading to emergency exits while personal care was being provided to residents.

**7. Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

All staff retrained on the importance of keeping emergency fire exits clear and the appropriate use of Lined trolley.

**Proposed Timescale:** 27/09/2017

### **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:**

The inspector reviewed stock medications that were for use out-of-hours. While there was a system in place for monitoring stock medications, a small number of antibiotics had recently passed their expiration date.

**8. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Current monthly check form redeveloped to include expiry date.

**Proposed Timescale:** 27/09/2017

### **Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

Most notifications were submitted as required by regulations, however, a small number incidents had not been reported. For example, a resident had exited the centre through an emergency door and even though he was discovered before he left the grounds of the centre, a notification should have been submitted. Additionally, a notification had not been submitted following the commencement of a disciplinary investigation.

**9. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Practices/systems updated to adhere to regulation to notify HIQA of any resident that exit the nursing home that have been deemed a risk.

Additionally notification will be submitted to HIQA of all disciplinary investigation.

**Proposed Timescale:** 30/09/2017

### **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:**

Some improvements were required in the care planning process. For example, the care plan for a resident that had a near choking episode did not contain guidance on the care to be delivered to prevent further incidents as detailed on the incident form. Additionally, the end of life care plan for a resident did not detail that the resident was not for resuscitation.

**10. 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:**

All Care Plans are currently being reviewed to be person centred to comply with Regulation 5. Care Plan education sessions are being organised over the next quarter and will be audited accordingly.

**Proposed Timescale:** 31/12/2017

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints policy did not identify who was responsible for ensuring all complaints were recorded and that adequate records were maintained, as required by the regulations.

**11. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A complaints officer has been nominated and the policy rewritten to reflect same.

**Proposed Timescale:** 15/09/2017

**Theme:**

Person-centred care and support

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

The complaints procedure was on prominent display in the centre, and summarised in the residents guide. The notice on display, however, did not correlate with the policy in relation to the independent appeals process.

**12. Action Required:**

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The Complaints procedure on display has been updated.

**Proposed Timescale:** 12/09/2017

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Improvements were required in relation to staff supervision. For example:

- the appraisal process could be enhanced as the documentation available only demonstrated a scoring mechanism from 1 to 10 but did not identify either recommended or requested professional development opportunities
- the inspector was informed that new staff underwent an induction process whereby they were supernumerary for a number of shifts. The induction process, however, was not documented and there were no records to support whether or not new staff had achieved an adequate level of competency prior to being allowed to work independently. This is particularly relevant in instances should references from previous employers identify areas of required improvement.

**13. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The appraisal process is being enhanced and new appraisal format has been put in place.

Robust induction programme is now in place and will be documented.

<b>Proposed Timescale:</b> 30/11/2017