<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fearna Manor Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID as provided by the Authority:</td>
<td>339</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tarmon Road, Castlerea, Co. Roscommon.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 9620725</td>
</tr>
<tr>
<td>Fax number:</td>
<td>094 9621830</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fearnamanornh@gmail.com">fearnamanornh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>![Private] ![Voluntary] ![Public]</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Eldabane Properties Ltd.</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mrs Marguerite Horan</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 December 2009 and 16 December 2009</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td></td>
</tr>
<tr>
<td>Day 1 Start:</td>
<td>09:15 hrs Completion: 17:00 hrs</td>
</tr>
<tr>
<td>Day 2 Start:</td>
<td>09:00 hrs Completion: 16:00 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspectors:</td>
<td>Marie Matthews and Jude O’Neill</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>![Registration] ![Scheduled] ![Announced] ![Unannounced]</td>
</tr>
</tbody>
</table>
About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** - this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.
In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider’s fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.
About the centre

Description of services and premises

Fearna Manor is a bungalow style dwelling set on a spacious site in a quiet residential area. It can provide care for up to 53 residents.

Accommodation is provided in 12 single, 19 twin and one three bedded room. All rooms have ensuite shower and toilet facilities. The entrance is through a bright conservatory area that leads to the main hallways and on to communal sitting areas, a dining room, bedrooms and office areas. The main sitting room has two additional sitting areas leading off it. One of these is the designated smoking area.

There are two secure garden spaces that have artificial grass so that residents can use them all year round.

There is adequate parking for residents, staff and visitors available at the front and side of the building.

Location

Fearna Manor is situated in a residential setting on the Tarmon road a short drive from the town of Castlerea, Roscommon.

Date centre was first established: 01 February 2005

| Number of residents on the date of inspection | 50 |

Dependency level of current residents

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>6</td>
</tr>
</tbody>
</table>

Management structure

Fearna Manor is owned and operated by Eldabane Properties Ltd. On behalf of the company, Martin O’Dowd is the Registered Provider. The Person in Charge is Marguerite Horan who manages care on a day to day basis. She has a team of staff nurses, carers, catering and domestic staff that report to her. She is also supported in this role by Michelle Horan, Area Supervisor for the company.
<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1 Activity Coordinator, 1 Physiotherapist</td>
</tr>
</tbody>
</table>
Summary of findings from this inspection

The provider had been requested to apply for registration under section 69 of the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider has to satisfy the Chief Inspector of Social Services of the Health Information and Quality Authority (the Authority) that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The provider applied for registration for 53 residents to include the categories of older person, dementia care and physical disability.

The provider and the person in charge had completed the fit person self-assessment document. This was reviewed by inspectors, together with all information forwarded to the registration department at the Authority. Fit person interviews were also carried out with the provider and the person in charge.

In the main, residents and relatives who completed questionnaires and those who spoke to inspectors during the inspection were satisfied with the care provided. Inspectors were told that they valued the continuity of care, the personal commitment of the person in charge and staff and the attention that was being paid to the provision of activities.

The premises is well laid out, has a range of communal areas, wide corridors and all doors are wheelchair accessible. It was well decorated and had been maintained to a good standard. High levels of cleanliness and hygiene were noted throughout.

The action plan at the end of this report identifies areas 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 2009, and the National Quality Standards for Residential Care Settings for Older People in Ireland. The improvements identified included the need to keep night time staffing levels under review, and to update a range of policies and procedures to achieve compliance with legislation.

Residents’ and relatives’ comments

In advance of the inspection, 23 residents and 16 relatives completed questionnaires on the quality of care provided and the quality of life experienced in the centre. During the inspection, inspectors spoke at length to a further four residents and others less formally throughout the inspection visit.

Residents and relatives were generally complimentary of the care provided and spoke positively about staff.

Residents said that they were content, were well cared for and could choose how they wanted to spend their time. A resident who was recently admitted said that
staff had been very helpful in helping her settle in by showing her where everything was and by describing the activities and mealtimes.

Residents told inspectors that they liked the colour schemes, the large windows, the furnishings and the way the centre was kept clean and tidy. Residents who smoke said they like being able to watch television in the smoking area as they felt less isolated and could relax and chat together about whatever was on.

The catering arrangements were described as satisfactory. Food was described as “good” and residents said that there was always plenty of variety.

A small number of residents reported some delays in the answering of call bells, particularly during the early morning period. Two residents also said that they felt that they had to wait for attention at night because staff were busy. Three relatives also commented on the restrictive visiting times and difficulties in gaining access outside of regular visiting times.
Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The person in charge and provider were knowledgeable about their responsibilities under the Health Act 2007 and associated regulations and standards. They were also positive in their attitude to providing good quality care, appropriate facilities and trained / well informed care staff. The provider told inspectors that he visited weekly, usually unannounced and at times he visited at night.

The person in charge told inspectors that residents were being encouraged to become more actively involved in decision making. A local advocacy worker with the Citizen’s Information Board was due to visit in January 2010 and support the person in charge to develop inclusive approaches to advocacy to facilitate residents to have a meaningful voice in the operation of the centre.

A Residents’ Guide was available which described the ethos of care, the services and facilities, visiting arrangements and the complaints process.

The records of personal finances were of a very good standard. There was an individual record for each resident, all transactions were recorded and as appropriate, residents signed for money received or spent on their behalf.

Residents knew who the person in charge was, said she was approachable and had confidence in her ability to deal with their complaints.

Some improvements required

While there was a policy that described the arrangements for audit and quality improvement, this had not yet been introduced and there was no system in place for analysing trends or auditing incidents, accidents and other untoward events. However, the person in charge and area supervisor told inspectors that they were to shortly attend dedicated training in this regard and would be introducing the policy shortly thereafter.
Significant improvements required

While there was a contract of care in place for each resident, this was not centre specific and no reference had been made in the document to Fearna Manor.

A complaints procedure was on display and had been made available to all residents. However, the timescales for the investigation of the complaint and the process for providing feedback to the complainant had not been clearly described. The procedure also failed to outline the name and contact details of the Chief Inspector of Social Services and the Health Service Executive (HSE) Local Health Office.

The statement of purpose was incomplete and did not contain the name, address and telephone number of the centre, the type of nursing care provided and the criteria for admission.

In discussion with the person in charge, inspectors identified that a quarterly report outlining all notifiable incidents for the period July to September 2009, had not been submitted to the Chief Inspector in accordance with legislation.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The person in charge and staff told inspectors that Fearna Manor served the needs of the local community and that they were committed to providing a good quality service which local people could access and enable them to maintain contact with family, friends and neighbours. This view was echoed by residents who said they valued being near where they used to live and that it enabled them to maintain contact with friends and family.

The menu was rotated on a weekly basis. Staff said they tried rotating the menu fortnightly but residents said they preferred to know what they were having on a more short-term basis. A number of residents confirmed this. Home cooked dishes, scones and bread were prepared daily and fresh fruit was always available, either in communal areas or included in the diet in pureed form or in fresh fruit salad.

There is an activity coordinator available three times a week who facilitates a range of activities aimed at stimulating interest, promoting discussion and improving wellbeing of residents. He told inspectors that as well as giving residents something to do he aimed to support them to do things they enjoyed and had fun doing. The activities available included art / painting sessions, word puzzles, discussion groups, newspaper reviews, exercise and reminiscence sessions. Inspectors were shown a book that contained old photographs (including some of the residents), their homes and farm animals that were used to aid reminiscence. Mass was celebrated in the centre monthly and residents watched the mass channel on television.

The activity programme was on display and each specific daily activity had been outlined in large font on a single page and laminated so that it could be shown to residents with visual impairment or memory problems. Residents consulted were complimentary of the variety of activities on offer and the stimulation this provided. Examples of the art and textile work completed by residents were on display. A local artist visited twice a week to facilitate pottery classes with residents and work from these sessions was also prominently displayed.

A labelling system was in place to ensure that personal clothing was not mislaid while being laundered. Residents said that the laundry service was very good and that items did not get misplaced or lost very often.
Some improvements required

While inspectors were told that there was an individualised approach to personal care, a list describing the days residents were to have showers was noted on the hall outside the sitting room.

Menus were available but it would benefit residents with visual impairment if the menus were available in large print.

Significant improvements required

While a procedure on elder abuse was available, this did not provide staff with specific guidance on how to report, record or investigate an allegation, incident or suspicion of abuse. The relevant contact details for the local HSE adult protection officer, Garda Síochána or who to report to within the organisation had not been included.

The dining area was very active, busy and noisy throughout the lunchtime period which detracted from efforts by staff to create a homelike dining experience. There were two lunch sittings. Those residents who required less assistance dined first while the more dependent residents attended the second sitting.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors talked to residents and staff, observed practice and examined care and medication records. Staff were very knowledgeable about residents in their care and could describe how they were enabling them to maintain their independence. Residents praised the care and attention of staff and the services of local doctors and the centre’s physiotherapist.

Care plans were computer based and reflected residents’ needs and abilities. Good use of evidence based tools was evident and a range of assessments had been completed to enable staff develop an informed picture of each residents’ needs. These assessments included pressure area risk, nutrition and the risk of falls. Inspectors examined a sample of three care plans in detail and were satisfied that there was a good standard of care planning and record keeping and that care was provided to residents in accordance with their assessed needs.

There were good quality photographs of residents on each medication chart and the medications to be administered were typed clearly to assist staff. The visiting doctors reviewed medication regularly and at a minimum every three months.

The provider employs a physiotherapist three days per week to help residents retain their mobility and independence. The exercise regimes outlined by hospital physiotherapists (where prescribed) were adhered to and a general exercise programme was made available to all residents every Tuesday. Dedicated time was spent with residents who were particularly frail and required one to one assistance.

Antibacterial gel was available in dispensers in strategic locations and these were regularly used by staff.

Some improvements required

While good documentation was in place and staff were well informed about residents’ needs there was no signage to guide residents around the building to the varied facilities and in particular to prompt them about the locations of the dining and sitting areas. This omission was particularly significant for residents with dementia and memory impairment.
Significant improvements required

While the medication policy was comprehensive, the procedures in place did not match some of the actions outlined in the medication policy. For example, while all medication for disposal was returned to the pharmacy, only the controlled drugs were listed and recorded as returned. There was no formal checking in system for medication received. Both these processes are described in the policy as being recorded.

The nurses interviewed said that there was a regular check of how the medication system was managed but that presently this had not been recorded. The management of medication errors did not outline fully the procedures that staff should follow to record and manage such a situation.

While the care planning system was very detailed, there was no evidence of consultation with residents or relatives and residents interviewed did not know about their care plans. Staff said that while residents did not have copies of their care plans they had started to show residents how information about them was recorded on the computer.

Staff were at times busy and did not engage in conversation with residents as they walked around the communal areas or when they provided assistance to them. Staff were observed providing personal care without making any attempt at conversation.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The building was in good structural condition, well decorated and maintained to a fine standard. In the large sitting area, there were three flat screen televisions so that residents could see the television regardless of where they were sitting. There were two well-furnished rooms near the entrance where residents could meet friends and relatives in private. Comfortable seating and books made the area restful and relaxing. Hallways were wide with handrails on both sides to assist residents when walking independently and to promote mobility and independence. The amount of personal and communal space available was in accordance with the spatial standards set out within the National Quality Standards for Residential Care Settings for Older People in Ireland.

An enclosed courtyard had artificial grass and seating for residents. This area had some tubs with winter flowering shrubs, which the residents had been involved in planting. Residents and staff told inspectors of plans to expand this gardening project, as it had been an enjoyable outdoor experience for all.

Bedrooms were well furnished and attractively decorated with coordinated colour schemes for curtains and bedspreads. Many residents had personalised their rooms with photographs, pictures and family mementos.

There was a variety of equipment available to meet the needs of residents. This was noted to be in good condition. Adequate systems were in place to service and maintain equipment, including the employment of an on site maintenance man. The provider also had appropriate systems in place for the management of emergencies such as fire and accident. The servicing of fire fighting equipment was up to date. There were clear plans of the layout of the premises on display throughout the building to guide staff, residents and relatives to the exit points.

Some improvements required

The sluice facilities were equipped with a spill kit to assist staff in mopping up spillages effectively. However, no wash hand basin was available in this area.
Minor issues to be addressed

The mechanical ventilation system in the smoke room operated manually when residents used the room. On the first day of the inspection, it was not operating and there was a strong smell of smoke evident in that area.

There were no walkways or paths in the enclosed garden to enable ready access for residents.

The laundry was well equipped with industrial washing machines and dryers. The cover was missing from the vent of the tumble drier leaving fluff evident on the artificial grass in the enclosed garden.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

There was evidence of good relationships between staff and between the person in charge and staff. Inspectors were told by staff that the provider was accessible and available for advice and guidance. All staff knew how to contact him if they had a problem or if the person in charge was not available and a resident wished to speak to him.

Inspectors talked to several staff members throughout the inspection. They were knowledgeable about the specific needs of residents and felt that good communication systems existed to allow them to provide the highest levels of care. The daily handover was used to discuss issues relevant to the care of residents.

Staff said that they all got on well and there was a good team spirit which worked to the benefit of residents. Residents said that staff talked to them regularly and that they were available when they needed them.

Good links have been fostered with the local community. Visitors were welcomed and there were many arriving and leaving throughout the inspection. Relatives told inspectors that staff communicated changes and other details to them promptly.

A notice board in the front hall displayed a range of local information and details of forthcoming events including a visit from a local brass band.

Inspectors observed that confidential information pertaining to residents such as nursing and medical records were retained securely in the nurses’ office and staff nurses interviewed could describe the arrangements for maintaining confidentiality.

Some improvements required

With the exception of day-to-day contact with residents, there were no formal arrangements in place for eliciting the view of residents or relatives on the care provided.
6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

From inspection of the duty roster and discussion with staff and residents, inspectors were satisfied that the numbers and skill mix of staff during the day were appropriate to meet the needs of residents. Annual leave and other periods of absence were appropriately managed within the current staffing complement. Residents said they felt that staff had time to attend to them once the early morning period was over. Inspectors noted that there was a high visibility of staff during the morning period.

Some improvements required

A range of mandatory and other training relevant to meeting the needs of the residents had been provided to staff. Examples of the training provided included moving and handling, elder abuse detection and prevention and palliative care. However, the records of staff training were incomplete.

There was no training or development plan in place and there was no appraisal or other means to identify training deficits or highlight where staff competencies could be improved.

Significant improvements required

Inspection of the duty roster, discussion with staff and residents, a review of the number and dependency of residents and consideration of the size and layout of the centre indicated that the arrangement of one nurse and two carers on night duty needed regular review as resident numbers or dependency levels increased. The provider and person in charge advised that staffing levels are regularly reviewed. Resident numbers had only recently reached 50 and continued reviews would be undertaken regularly.

The cleaning / domestic staff were only available until 14:00 hrs which left long periods of the day without this essential service. After 14:00 hrs, care staff had to deal with domestic matters and spillages when they occurred.
A sample of three staff personnel records was inspected. While the person in charge had commenced the process of obtaining Garda Síochána vetting checks, these had not yet been completed for all staff. Furthermore, the recruitment procedure did not outline advertising or shortlisting arrangements or the requirement to obtain three references.

**REPORT COMPILED BY**

Geraldine Jolley  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

3 January 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Fearna Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID as provided by the Authority:</td>
<td>0339</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>15 December 2009</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 February 2010</td>
</tr>
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</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care settings for Older People in Ireland.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The staff available to care for residents at night needs to be kept under regular review as resident numbers increase and residents’ needs change so that at all times staff are available in sufficient numbers to competently care for residents.

Action required:

The person in charge shall ensure that at night time the numbers of staff and skill mix of staff are appropriate to meet the assessed needs of residents and the size and layout of the designated centre.

Reference:

Health Act 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications
Please state the actions you have taken or are planning to take with timescales:

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the final meeting it was pointed out by the registered provider that whilst there were 50 residents in the home, on the days of inspection 4 were in hospital leaving 46 on the premises. The guidelines are 1 staff member for 15 residents at night and therefore an incorrect impression is being given by the wording of and certain omissions from this draft report. It was also advised that once these residents returned we would have an additional carer on up until 10 o clock at night and the inspectors agreed that this was a good idea. We also advised that it is under constant review. The registered provider feels that the residents benefit much more from having a physiotherapist working during the day than having an unnecessary carer on at night. It is the policy of the person in charge to have sufficient carers on duty either day or night in any particular circumstance and this always fluctuates.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

2. The provider has failed to comply with a regulatory requirement in the following respect:

The recruitment procedure did not outline the process for advertising posts or the short listing arrangements for suitable candidates and staff files did not contain all the information required by regulations.

Action required:

I. The provider shall ensure that the designated centre has written policies and procedures relating to the recruitment, selection and vetting of staff in accordance with current regulations.

II. Ensure that staff files contain the information set out in Schedule 2.

Reference:

- Health Act 2007
- Regulation 18: Recruitment
- Standard 22: Recruitment

Please state the actions you have taken or are planning to take following the inspection with timescales:

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
</table>
## Provider’s response:
The staff files contained 2 references as recommended in HIQA’s own guidelines. The legislation requires 3 and the additional references are being obtained even though they serve no useful purpose as most of our staff are with us years.

### 3. The provider is failing to comply with a regulatory requirement in the following respect:

The quality and safety of care provided to residents was not subject to ongoing review.

**Action required:**
Put in place a system for reviewing the quality and safety of care; and the quality of life provided to residents.

**Reference:**
Health Act 2007  
Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is currently no formal system in place but the results of this inspection shows that the informal ongoing system works.</td>
<td>6 months</td>
</tr>
<tr>
<td>The person in charge has gone on a course and will implement this over the next few months</td>
<td></td>
</tr>
</tbody>
</table>

### 4. The provider has failed to comply with a regulatory requirement in the following respect:

There was no hand wash basin in critical activity areas such as the sluice where good infection control management is vital for safety and well being.

**Action required:**
A wash hand basin must be provided in the sluice area.
### Reference:

Health Act 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>These have been installed.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

5. The provider is failing to comply with a regulatory requirement in the following respect:

There was no cleaning/domestic staff available in the centre after 2 pm. This compromised infection control arrangements and diverted care and nursing staff from their specific roles and responsibilities.

**Action required:**

Staffing numbers and skill mix should at all times be appropriate to the assessed needs of residents and the size and layout of the designated centre. Cleaning and household staff must be available throughout the working day.

### Reference:

Health Act 2007  
Regulation 16 Staffing  
Standard 23: Staffing Levels and Qualifications

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>There is now a cleaner on until 18:00 hrs</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

However given the inspection finding that “High levels of cleanliness and hygiene were noted throughout” it did not appear to have a major detrimental impact.
6. The provider is failing to comply with a regulatory requirement in the following respect:

Care plans had not been developed in consultation with residents and the views/wishes of residents had not been recorded.

**Action required:**

Develop care plans in consultation with residents and make care plans available to residents.

**Reference:**

Health Act 2007  
Regulation 8: Assessment and Care Plan  
Standard 11: The Resident’s Care Plan

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>3 months</td>
</tr>
<tr>
<td>Care plans are available to the residents but most have shown little enthusiasm to be involved and indeed many have signed documents declining to be involved. This is always under review and will be encouraged but it is the residents own choice on whether to be involved or not</td>
<td></td>
</tr>
</tbody>
</table>

7. The provider is failing to comply with a regulatory requirement in the following respect:

A written report had not been provided to the Chief Inspector for the quarter ending September 2009 detailing the occurrence of incidents in the centre.

**Action required:**

Quarterly reports should be provided to the Chief Inspector in accordance with regulations.

**Reference:**

Health Act 2007  
Regulation 36(4): Notification of Incidents  
Standard 29: Management Systems

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider’s response:

This was an oversight and the report for the 6 months to 31 December 2009 was submitted on 25 January 2010.

<table>
<thead>
<tr>
<th>8. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policy and procedure for abuse did not provide staff with specific guidance on how to report, record or investigate an allegation, incident or suspicion of abuse. Furthermore, it did not include the relevant contact details for the local HSE adult protection officer, Garda Síochána or who to report to within the organisation.</td>
</tr>
<tr>
<td>Action required:</td>
</tr>
<tr>
<td>Revise the policy and procedure for responding to abuse to provide staff with specific guidance on how to report, record or investigate an allegation, incident or suspicion of abuse. This information should also include the relevant contact details for the local HSE adult protection officer, Garda Síochána and who to report to within the organisation.</td>
</tr>
<tr>
<td>Reference:</td>
</tr>
<tr>
<td>Health Act 2007</td>
</tr>
<tr>
<td>Regulation 6: General Welfare and Protection</td>
</tr>
<tr>
<td>Standard 8: Protection</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take with timescales:</td>
</tr>
<tr>
<td>Provider’s response:</td>
</tr>
<tr>
<td>This has been amended.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policy and procedure for responding to medication errors did not fully outline the actions required of staff in recording and managing such an eventuality.</td>
</tr>
<tr>
<td>Action required:</td>
</tr>
<tr>
<td>Revise the policy and procedure for responding to medication errors to ensure that it fully details the actions to be taken by staff.</td>
</tr>
</tbody>
</table>
### Reference:
Health Act 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication management

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>This is being done.</td>
<td>3 months</td>
</tr>
</tbody>
</table>

### 10. The provider is failing to comply with a regulatory requirement in the following respect:

Only controlled drugs were recorded as returned to pharmacy and there was no formal checking in system in place for medication received by the centre.

**Action required:**

Have in place a system for recording all medication returned to the pharmacy and a system for recording all medication received in the centre.

### Reference:
Health Act 2007
Regulation 33 (2): Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication management

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>The medication is checked by the nurse against the list once it is received from pharmacy. It will be formalised from now on.</td>
<td>3 months</td>
</tr>
</tbody>
</table>
11. The provider is failing to comply with a regulatory requirement in the following respect:

The provider had not updated and amended the complaints policy and procedure to include the provisions of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Action required:**

Revise the complaints procedure to ensure that the centre has written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in or on behalf of a centre.

**Reference:**

Health Act 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

**Timescale:**

Provider’s response:

Our current policy will be amended. 3 months

12. The provider is failing to comply with a regulatory requirement in the following respect:

The dining room was noisy and very busy during the lunchtime periods which detracted from the dining experience.

**Action required:**

Review the mealtime arrangements to reduce the noise and to make dining a more relaxing experience for the residents.

**Reference:**

Health Act 2007  
Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

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

**Timescale:**
Provider’s response:
It is a busy room with residents encouraged to attend and just like in a restaurant or anywhere else that 30 – 40 people will gather it will be noisy.

Felt has been attached to chair legs to reduce noise but not much else can be done.

It is hard to expect 30 - 40 people to congregate and not generate noise

| Immediate |

**13. The provider is failing to comply with a regulatory requirement in the following respect:**

Menus were not displayed and had not been made available in a format that enabled residents to read them and make a choice.

**Action required:**
Display menus and ensure that menu options are made available to residents in a format that promotes choice.

**Reference:**
Health Act 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Standard 1: Information

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

Provider’s response:
I do not know how this conclusion was arrived at. On the days in question there was a menu on a blackboard in the dining room and the registered provider noted at least one inspector reading it. In addition there was a menu on a whiteboard in the day rooms.

There are no individual table menus as they proved unnecessary given the choice is explained by the carers to each resident

| Ongoing |
14. **The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not contain the name, address and telephone number of the centre, information on the range of needs cared for, the type of nursing care provided and the criteria for admission.

**Action required:**

Compile a statement of purpose which includes all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Provider’s response:  
The name, address and telephone number of the centre was included on page 2 of the statement of purpose.  
It will now be included on page 1 from now on but it is incorrect to state that this information was not available.  

**Timescale:** Immediate

15. **The provider is failing to comply with a regulatory requirement in the following respect:**

There was no formal system in place to enable residents to participate in the operation of the centre or to comment on their experience of care.

**Action required:**

Put in place arrangements to enable residents to participate in the operation of the centre.

**Reference:**

Health Act 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Standard 2: Consultation and Participation

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

**Timescale:**
<table>
<thead>
<tr>
<th>16. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A list describing the days residents were to have showers was left on the hall outside the sitting room.</td>
</tr>
</tbody>
</table>

**Action required:**

Have in place a system for providing personal care that reflects residents’ choice and protects their privacy.

**Reference:**

Health Act 2007
Regulation 10: Residents’ Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate</td>
</tr>
</tbody>
</table>

Provider’s response:

This is in place but the list should not be seen. If residents don’t want showers they don’t have to have one on any particular day.

<table>
<thead>
<tr>
<th>17. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was no signage to guide and prompt residents with memory impairment as to the various facilities in the centre.</td>
</tr>
</tbody>
</table>

**Action required:**

Provide appropriate signage to guide residents to the main facilities in the centre.

**Reference:**

Health Act 2007
Regulation 21: Provision of Information to Residents
Standard 25: Physical Environment
Please state the actions you have taken or are planning to take with timescales:  

| Timescale: |  
|---|---|

**Provider’s response:**

There are at least 6 signs in place indicating the direction of the dining room and were in place during the inspection. The oratory is clearly marked.

Too many signs just give the feeling of an institution.

The whole centre is designed so that any direction of travel will ultimately lead to the facilities as it is circular.

Again this could have been disproven if mentioned on the day but it was not referred to by the inspectors.

**Ongoing**

| Timescale: |  
|---|---|

### 18. The provider is failing to comply with a regulatory requirement in the following respect:

Staff did not engage in conversation with residents as they walked around the communal areas or when they provided assistance to them.

**Action required:**

Provide staff with training so that they are aware of the significance of positive interactions to the wellbeing of residents at all times.

**Reference:**

- Health Act 2007
- Regulation 6: General Welfare and Protection
- Standard 18: Routines and Expectations
- Standard 4: Privacy and Dignity.

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

| Timescale: |  
|---|---|

**Provider’s response:**

Again this was not mentioned to any of us on the day and I find it surprising as staff are constantly interacting with residents.

Indeed during the final meeting the inspectors noted how a member of staff who had only been with us for 6 weeks had been notable in her efforts to get a resident who required assisted feeding to be more involved in the feeding process.

**Ongoing**
19. The provider is failing to comply with a regulatory requirement in the following respect:

There was no system in place to identify training needs and ensure that staff are appropriately trained to meet the changing needs of the residents.

**Action required:**

Introduce a system that ensures that all members of staff have access to education and training commensurate with meeting the needs of the residents.

**Reference:**

Health Act 2007
Regulation 17: Training and Staff Development
Standard 24: Training and Supervision

![Please state the actions you have taken or are planning to take with timescales:](#)

**Provider's response:**

Again this was not discussed and I find it peculiar given that most staff have obtained training to FETAC Level 5. They have also been trained by Gannon Chemicals in the use of detergents, cleaning agents etc. They have been trained in Elder Abuse recognition and in manual handling

**Timescale:**

Ongoing

20. The provider is failing to comply with a regulatory requirement in the following respect:

The contract of care issued to residents was not specific to the centre.

**Action required:**

Provide a contract of care that is specific to Fearna Manor

**Reference:**

Health Act 2007
Regulation 28: Contract for the Provision of Services
Standard 7: Contract / Statement of Terms and Conditions.

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

**Provider's response:**

All contacts of care have now been stamped with the centre name

**Timescale:**

Immediate
**Recommendations**

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 25: Physical Environment</td>
<td>Walkways and/or paths should be introduced to the enclosed gardens to promote more ready access for all residents.</td>
</tr>
<tr>
<td></td>
<td>Replace the vent to the tumble drier to prevent fluff being expelled into the enclosed garden.</td>
</tr>
<tr>
<td>Standard 12: Health promotion</td>
<td>Review the arrangements in place to ensure that the smoke extraction system in the smoke room operates when the room is being used.</td>
</tr>
<tr>
<td>Standard 17: Autonomy and independance</td>
<td>Consider having the menus available in larger print to assist residents who have impaired vision.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider’s response:

Walkways and paths will not be introduced to the areas in question as they would completely defeat the purpose. We used artificial grass to avoid injury in the case of falls and footpaths would be contrary to this. In addition the whole area is level with access from any number of doors and not involving steps. In addition they would detract from the visual aspect of the areas. This was not discussed with us during the inspection.

The vent to the tumble dryer cannot be covered. It is a gas powered dryer and the installer recommended not to cover it as this can be a fire hazard. The fluff which might amount to a handful is picked up each afternoon. Again this was not mentioned during the inspection.

The arrangements for smoke extraction work. However if a resident decides to turn off the extraction fan then that is their choice. It is switched on each morning and regularly monitored by the staff each day.

I cannot understand how some relatives find visiting time restrictive as they can visit at all hours. They are not allowed in to the dining room during mealtimes and this is the only restriction. This has never been raised as an issue and was not mentioned to us on the days of inspection.

Garda vetting forms had been sent off for each staff member but we have no control over how quickly we get the results back.

Provider’s name: Martin O Dowd
Date: 9 February 2010