Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Fairlawns Nursing Home
Centre ID:	OSV-0000136
Centre address:	Cavan Road, Baileborough, Cavan.
Telephone number:	042 966 5930
Email address:	fairlawnsnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fairlawns Nursing Home Limited
Provider Nominee:	Susan O'Reilly
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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.

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:
09 July 2014 09:00	09 July 2014 19:00

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

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

Summary of findings from this inspection

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

The inspector met with the provider, person in charge and members of the management team who all displayed a good knowledge of the Authority's Standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one

of satisfaction with the service and care provided.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. The inspector found the premises, fittings and equipment were very clean and well maintained decorated.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. There was a low turnover of staff and staff were well known to residents.

Some improvements were identified to further enhance the service provided. The inspector was not satisfied there was a sufficient number of care assistants available to meet all residents' individual and collective needs in the evening time Other required improvements include reviewing aspects of restraint practice in the use of bedrails to promote a restraint free environment, annual refresher training for staff in fire safety and evacuation. Aspects of the complaints and risk management policy require revision.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose set out the services and facilities provided in the designated centre and the majority of the requirements of Schedule 1 of the Regulations. The statement of purpose is kept under review by the provider and had been updated in May 2014.

The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not included.
The organisational structure in a flow chart or similar diagram to clearly demonstrate the lines of authority and accountability was not included.
The named person nominated to deputise in the absence of the person in charge was not identified.
While a mission statement was detailed the aims and objectives to achieve the mission statement were not specified.

Judgment:
Non Compliant - Minor

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 was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

The provider attends the centre on a routine basis. There is reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the person in charge and the service provider. The provider was familiar with residents and their care needs.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned on an annual basis to include clinical data over a wide range of areas namely medication management, nutrition and any accident/falls sustained by residents, number of General Practitioner (GP) visits to each resident, hospital admissions, diagnostic investigations and treatment recommended.

The inspector found that this information was used to improve the service. Improvement plans to ensure enhanced outcomes for residents were developed.

Monitoring systems require further development by the provider to ensure a more robust consistent approach in line with the requirements of regulation 23. Annual reviews of the quality and safety of care were not undertaken in consultation with the residents and their families and copies of reports made available to residents.

Judgment:
Non Compliant - Minor

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:
The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the overall fees to be charged.

The overall fee was noted on the contract. However, the charges payable per all items not included in the overall fee was not outlined for all additional expenses incurred by residents clearly in the contract of care for example, chiropody, hairdressing, prescription charges.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the terms and conditions of occupancy, the services provided and the complaints procedure.

Judgment:
Non Compliant - Minor

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations in fire evacuation, safe moving and handling of residents and adult protection. She had attended courses in nutrition in the elderly and dementia care. The person in charge confirmed she assists in the delivery of clinical care in addition to her governance responsibilities ensuring she is appraised of each resident's care needs.

There is a key senior manager notified to the Authority to deputise in the absence of the person in charge. The arrangements and reporting systems were known to staff.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated

centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

A sample of six staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed with the exception of valid photographic identification for two staff. The provider had applied for Garda Siochana vetting for all staff and was awaiting the outcome of vetting for one member of staff most recently recruited.

Judgment:
Non Compliant - Minor

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The key senior manger is appointed to deputise while the person in charge was absent. To date this has not occurred.

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):
No actions were required from the previous inspection.

Findings:
The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and entrance and exit doors were monitored by CCTV. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records including the course content confirming all staff had up to date refresher training in protection of vulnerable adults.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Siochana vetting forms examined by the inspector.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the

handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The ongoing balance was transparently managed. The provider is a designated agent to manage pensions for four residents. This arrangement was made in consultation with residents and their next of kin. An accountable system was in place for the management of money collected by the provider on behalf of residents.

There is a policy on the management of behaviour that is challenging and supportive strategies were in place. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health. This was evidenced by a review of medical notes where treatment plans were outlined.The impact of medication prescribed was outlined in reviews. Risk assessments for challenging behaviour were completed and plans of care identified triggers and outlined preventative and reactive strategies on the interventions to take to ensure the safety of the resident and staff. Staff had received training in behaviours that challenge by the person in charge. Staff spoken with were very familiar with resident's behaviours and could describe the particular interventions as outlined in their plans of care.

There was a policy on restraint management (the use of bedrails and lap belts) in place. However, the policy was not reflective of the national policy on promoting a restraint free environment. Aspects of physical restraint management in the use of bedrails are high, with 22 residents or 59% having bedrails in position. Signed consent was obtained by the resident or their representative. A comprehensive risk assessment was not completed prior to using bedrails. Cognisance only of a limited range of issues was examined and risk from challenging behaviour, intermittent confusion or medical conditions were not explored. There was limited evidence of exploring alternative options prior to using a restraint measures in the documentation reviewed such as ultra low beds, perimeter mattresses or additional mattress by the bed or increased safety checks.

While there was a bed replacement program ongoing there were 23 beds where the bedrail was independently attached to the bed. While checks were undertaken to ensure the rails on the beds were secure the audit of safe positioning of these bedrails did not verify positioning measurements to minimise the risk of entrapment. This is required regularly with these types of bedrails to ensure safe dimensional limit requirements and positioning to protect the safety and welfare of residents.

Judgment:
Non Compliant - Minor

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

Theme:
Safe care and support

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

Findings:
The governance arrangements to manage risk situations were specified. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy. The health and safety statement was updated n January 2014.

The risk management policy included procedures on the specific risks outlined within the regulations, for example, the risk of violence and aggression, accidental injury to residents, staff and visitors. There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. There were procedures in place for the prevention and control of infection and hand gels were located around the building

A missing person's policy and procedures on incident reporting and risk escalation were in place. Controls to ensure the risk of a resident leaving the centre unaccompanied or unknown to the person in charge were not adequately ensured. While no notifications of a resident leaving the centre unaccompanied were reported to the Authority, restrictors were not fitted to all windows and on some windows they were loose as the chain had broken. The inspector observed in the care notes of one resident's file documentation of verbal articulation of intent of attempts to leave the building unaccompanied.The risk management policy did not contain procedures for the investigation and learning from serious incidents or adverse events to ensure learning for all staff and minimise the risk of reoccurrence.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for dependent older people in advance of this inspection. Service records showed that the fire alarm system and the emergency lighting and fire equipment was serviced. The inspector read the records which showed that inspections of fire exits, the fire panel and fire fighting equipment was checked to ensure it was in place and intact.

The inspector read the training records which confirmed that all staff had attended fire training. However, refresher fire safety training was not undertaken on an annual basis with all staff. Additionally while fire drills were completed not all staff had participated in a minimum of two fire drill practices within the past 12 months, to include simulated evacuation techniques to reinforce their knowledge from annual training. While fire drills records documented the names of staff who participated, the time taken to evacuate was not recorded. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

The inspector viewed evidence staff were trained in the safe moving and handling of residents. A moving and handling assessment was available for each resident in case files reviewed. The inspector observed safe moving and handling practices during the course of the inspection. There was sufficient moving and handling equipment available. However, the type of hoist required by the resident was not specified. Details of the

sling type and size were not outlined in the moving and handling assessments.

There was one resident who smoked. A risk assessment was completed to outline the level of assistance and supervision required. Cigarettes and matches were held in safe keeping by staff.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for all residents were checked and recorded consistently. Records sheets were available to record neurological observations where a resident sustained an unwitnessed fall or a head injury. However, in a sample of two falls reports where details of injury to the head were recorded neurological observations were not completed. The falls policy reviewed did not outline the instances or procedures for completing neurological observations in line with best practice for a defined period of time at regular intervals post fall.

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):
No actions were required from the previous inspection.

Findings:
There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and distinguished between regular and short term medication. A record of medical reviews by GP's was documented in the drug kardex folder. This system allowed for clear checks to ensure regular and appropriate medical care provision.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time-frames. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

Judgment:
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 a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care to include the files of residents with nutritional issues, forms of restraint in use, potential behaviour that challenges and residents under palliative care. The inspector found that all files reviewed were comprehensive. This was an area indentified for improvement on a previous inspection. In the sample of care plans reviewed there was evidence care plans were updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition.

A range of risk assessments had been completed and were used to develop care plans that were person-centred, individualised and described the current care to be given. There was documentary evidence that residents or their representative were involved in the development and review of the resident's care plan, where possible. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors.

Residents had access to GP (General Practitioner) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Access to allied health professionals to include speech and language therapist, dietetic service and occupational therapy was available to residents on referral. There were no residents with pressure wounds on the day of inspection. There were two residents with protective dressings and care plans were in place accordingly to manage them.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The building is designed to meet the needs of dependent older people. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

There are two day sitting rooms and a conservatory sitting room overlooking the enclosed landscaped garden. A dining suitable in size to meet residents' needs is located off the kitchen. Other facilities include a room where residents can meet visitors in private, a hair salon, smoking room and an oratory. The inspector noted the building was comfortably warm. Hand testing indicated the temperature of radiators and hot water did not pose a risk of burns or scalds.

All accommodation for residents is on the ground floor. The accommodation consists of 21 single and nine twin bedrooms. Wash hand basins are provided in all bedrooms which do not have ensuite bathroom facilitates. Bedrooms are suitable in size to meet the needs of residents. There is a call bell located by each resident's bed. All bedrooms had good natural light and were suitably ventilated.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience. Each resident had sufficient space to store their clothing and personal belongings in single and twin bedrooms.

Staff facilitates were provided with space for the storage of personal belongings Separate toilets and showering facilitates were provided for care and kitchen staff in the interest of infection control. A separate cleaning room, sluice areas and laundry is available.

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 comprehensive complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The inspector reviewed the complaints procedure and noted this displayed inside the main entrance. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

There were not robust internal mechanisms within the centre's policy to resolve complaints. While there were timeframes to respond to a complaint and investigate, the independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations. The independent appeals procedures referred residents/complainants to agencies which do not assist to resolve issues of concern on behalf of residents.

No complaints were being investigated at the time of inspection. A complaints log was in place. However, the complaints log did not have the facility to record investigations made and document the complainant's satisfaction with the outcome.

Judgment:
Non Compliant - Minor

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
This outcome was the subject of a thematic inspection in October 2013 and all aspects of end of life were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

Resident's end-of-life care preferences/wishes are now being identified and documented in their care plans. The policy of the centre is all residents are for resuscitation unless documented otherwise. At the time of this inspection six residents had a do not resuscitate (DNR) status. The documentation reviewed included the clinical judgement of the general practitioner and the resident's next of kin to ensure consensus judgement. One resident's status was documented in December 2013 and the remainder in May 2014. However, there was not an established system in place to regularly review (DNR) status in consultation with the GP

The end-of-life care policy was revised to reflect all the good practices of end-of-life care provided and ensured sufficient detail to guide staff.

Judgment:
Non Compliant - Minor

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
This outcome was the subject of a thematic inspection in October 2013 and all aspects of food and nutrition were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

All resident's food and nutrition needs were detailed in a nutritional plan of care in files reviewed. The food and nutrition policy was revised to clearly outline the procedures in place to monitor and identify changes in residents' food and fluid intake. The fluid chart reviewed was well maintained and totalled to ensure a daily fluid goal was achieved.

Residents' weights and body mass index (BMI) were monitored monthly and those identified at risk had their weight reviewed on a more frequent basis.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
There was evidence of a good communication culture amongst residents, the staff team and person in charge. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote at each election either in house or their own locality. Residents could practice their religious beliefs. Mass took place on a weekly basis.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They had a choice of sitting rooms and could move to a smaller quieter room if they wished. There was a visitor's room to allow residents meet with visitors in private.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to two independent advocates who provided feedback to the person in charge.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator, employed five days each week. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation. There was a live music session on a monthly basis.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The inspector reviewed a policy for the managing of residents' personal property. It

provided guidance to staff on the storage and care of residents' belongings. There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided a service to launder all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A clear system was not in place to ensure all clothes were identifiable to each resident. The inspector checked items of clothing in the laundry and resident's wardrobes and noted names were not recorded on all clothing. In some cases the name in ink pen was illegible due to the washing process.

A property list was completed with an inventory of all residents' possessions on admission and updated annually. The inspector noted that resident's bedrooms were personalised with many of the rooms decorated with pictures and photographs.

Judgment:
Non Compliant - Minor

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The provider employs 41 staff in total which includes a whole-time equivalent of 5·7 registered nurses and 13·6 care assistants. In addition, there is catering, cleaning, laundry and activity coordinator employed. The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a sufficient number of nursing staff and care staff available throughout the day. However, from 18:00 hrs the number of care assistants decreased from four to two. There are 12 residents with maximum care needs and eight residents assessed as highly dependent. Approximately ten residents required the use of the hoist to assist in

moving and handling. This required two staff members to ensure safety leaving only one other staff member, the nurse, to assist residents and complete an evening medication round. The inspector was not satisfied there was a sufficient number of care assistants were available to meet all residents' individual and collective needs in the evening time to assist residents with their supper, retire to bed and ensure adequate supervision of all other residents.

There was a training matrix available which conveyed that staff had access to on-going education and the range of professional development training was provided. The inspector found that staff had attended training sessions in addition to the mandatory training required by the regulation to ensure their continuous professional development. Staff had received training on infection prevention, caring for residents with dementia and end of life care. A record of An Bord Altranais PINs (professional identification numbers) for all registered nurses was maintained.

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:

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

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Fairlawns Nursing Home
Centre ID:	OSV-0000136
Date of inspection:	09/07/2014
Date of response:	01/08/2014

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.

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose requires more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not included.
The organisational structure in a flow chart or similar diagram to clearly demonstrate the lines of authority and accountability was not included.
The named person nominated to deputise in the absence of the person in charge was not identified.
While a mission statement was detailed the aims and objectives to achieve the mission statement were not specified.

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

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The statement of purpose has been updated to include all the above as required.

Complete

Proposed Timescale: 01/08/2014

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Monitoring systems require development to ensure a more robust consistent approach in line with the requirements of regulation 23. Annual reviews of the quality and safety of care are not undertaken in consultation with the residents and their families.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The annual review due at the end of July has been carried out and copies made available to residents and their families.

Complete

Proposed Timescale: 01/08/2014

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 charges payable per all items not included in the overall fee was not outlined for all additional expenses incurred by residents clearly in the contract of care including

chiropody, hairdressing, prescription charges.

Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
The charges are now specified in the contract of care.

Complete

Proposed Timescale: 01/08/2014

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:
All the information required by Schedule 2 of the Regulations was available in the staff files reviewed with the exception of valid photographic identification for two staff.

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:
The 2 staff photographs have been replaced with copy of passport photo ID as requested.

Complete

Proposed Timescale: 01/08/2014

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A comprehensive risk assessment was not completed prior to using bedrails. Only of a limited range of issues was examined and risk from challenging behaviour, intermittent confusion or medical conditions were not explored. There was limited evidence of

exploring alternative options.

There were 23 beds where the bedrail was independently attached to the bed and audit of safe positioning of these bedrails did not verify positioning measurements to minimise the risk of entrapment.

Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
A comprehensive review audit, and discussion with residents and their N.O.K has taken place regarding the use of same and recorded.
Use of Bed rail is reduced following same , and this will continue to be monitored .Crash mattresses have been purchased for use on some low beds and going forward it is intended to replace more beds with high / low beds.

Complete

Proposed Timescale: 01/08/2014

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:
Controls to ensure the risk of a resident leaving the centre unaccompanied or unknown to the person in charge were not adequately ensured. Restrictors were not fitted to all windows and where fitted on some windows, they were loose as the chain had broken.

Action Required:
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:
An audit of windows at low levels which could be a risk have been identified.
Restrictors have been ordered and will be fitted in 2 weeks to these windows.
This is included in the risk management policy.

Complete

Proposed Timescale: 15/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not contain procedures for the investigation and learning from serious incidents or adverse events to ensure learning for all staff and minimise the risk of reoccurrence.

Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Serious incidents are recorded in a log exercise and data will be evaluated to prevent or minimise recurrence.

Complete

Proposed Timescale: 01/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The type of hoist required by the resident was not specified. Details of the sling type and size were not outlined in the moving and handling assessments.

Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The type of hoist and sling size used is now included in the residents moving and handling assessment and care plan.

Complete

Proposed Timescale: 01/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
In a sample of two falls reports where details of injury to the head were recorded neurological observations were not completed. The falls policy reviewed did not outline the instances or procedures for completing neurological observations in line with best practice for a defined period of time at regular intervals post fall.

Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The falls policy now includes procedures for completing neuro – observations.
A neuro-observations policy has been completed.

Complete

Proposed Timescale: 01/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Refresher fire safety training was not undertaken on an annual basis with all staff

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
The 2 yearly training will now become yearly and 6 monthly fire drills will continue with simulated evacuation in zone areas with all staff.

Complete

Proposed Timescale: 01/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had participated in a minimum of two fire drill practices within the past 12

months to include simulated evacuation techniques to reinforce their knowledge from annual training.

Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
A simulated fire drill has taken place on August 1st for night staff ,other staff and some residents.

Complete

Proposed Timescale: 01/08/2014

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Following all future fire drills discussions held following them will now be recorded and evaluated in a log exercise and data will be available for inspection.

Complete

Proposed Timescale: 01/08/2014

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:
A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

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 nominated person has now been appointed as a third party who will monitor any complaints should they occur.

Complete

Proposed Timescale: 01/08/2014

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations as it referred residents/complainants to agencies which do not assist to resolve issues of concern on behalf of residents.

Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
Any complaints will continue to be dealt with in- house and appeals can be made to the provider .

Complete

Proposed Timescale: 01/08/2014

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log did not have the facility to record investigations made and document the complainant's satisfaction with the outcome.

Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person

maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaints log has been revised to include the details of complaint, investigations, follow up action and result.

Complete

Proposed Timescale: 01/08/2014

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not an established system in place to regularly review (DNR) status in consultation with the GP.

Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Following discussions with the G.P a DNR directive is being drafted which allows for review to take place.

Proposed Timescale: 31/08/2014

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A clear system was not in place to ensure all clothes were identifiable to each resident. The inspector checked items of clothing in the laundry and residents wardrobes and noted names were not recorded on all clothing. In some cases the name in ink pen was illegible due to the washing process.

Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

Please state the actions you have taken or are planning to take:
A new labelling apparatus has been purchased.
In consultation with the resident and families a new labelling system will be introduced for residents and families wishing to avail of same.

Proposed Timescale: 30/09/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not a sufficient number of care assistants from 18:00 hrs available to meet all residents' individual and collective needs, to assist residents retire to bed and to ensure adequate supervision of all other residents.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
An extra care assistant is now employed from 18.00- 20.00 hrs.

Complete

Proposed Timescale: 01/08/2014