Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	23 September 2021
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0034307

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 23 September 2021	09:30hrs to 19:00hrs	Siobhan Bourke	Lead
Thursday 23 September 2021	09:30hrs to 19:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

During the inspection, inspectors met with the majority of the 49 residents who were living in the centre and spoke with eight residents in more detail. The inspectors also met with a number of family members who were visiting residents during the inspection.The overall feedback from residents and relatives was that Fairfield Nursing Home was a nice place to live. Residents told inspectors and inspectors observed that staff were kind, caring and respectful of residents' choices in the centre.

On arrival, the person in charge guided inspectors through the centre's infection prevention and control procedures before entering the building. Following an initial meeting, the person in charge accompanied inspectors on a walk around of the centre. The centre was warm throughout and there was a relaxed and friendly atmosphere. During the walk around the centre it was evident that the residents knew the person in charge well, stopping to talk to her in the corridors.

Residents were observed mobilizing independently around the centre or resting and relaxing in many of the centre's communal spaces. The centre which is divided into three units or houses, Dromusta House, Rockmount House and Deelish House and can accommodate 49 residents in 39 single rooms and five twin rooms. Since the last inspection, a former treatment room had been converted to a single bed room with ensuite toilet and shower, should residents require isolation for COVID-19. This room was unoccupied on the day of inspection but was ready for use if required.

The centre is operated on a homely household model of care and staff members do not wear uniforms. Each house had ample communal spaces and each had a dining/living room. The centre also had a sitting room and plenty seating near the main reception where a number of residents appeared to enjoy watching the activity in the centre during the day. There were also a number of quiet spaces with seating and inspectors saw residents enjoying reading the local papers in these areas. Inspectors observed lovely wall murals and expressions of encouragement painted on the walls. A post office scene was also recreated and home style front doors to bedrooms were seen in a number of residents rooms. Rummage boxes that were easy to clean were also placed throughout the centre. However, at the time of the inspection these were empty.

The centre had a beautiful well maintained enclosed garden that residents could easily access from the communal spaces. This garden had plenty of flowers and plants and brightly coloured wall murals, including one of a horse in a stable scene. One resident who loved horses could see one of these wall murals from their room. Inspectors saw that residents who were independent with walking went in and out of the garden as they choose and other residents were assisted by staff to do the same. The gardens contained plenty of colourful garden furniture for residents use. There was also a more open garden to the front of the centre and during the inspection inspectors saw residents and visitors, sit in private, in the gardens to the

front of the centre that had a beautifully maintained water-feature and plenty of well-maintained garden seating.

Many bedrooms were seen to be personalised with pictures, quilts, ornaments and personal items brought from home. Inspectors saw outside some of the bedrooms was information about the resident living there. Their likes and dislikes, hobbies and interests. Staff said this information were great conversation point when going in to assist the resident.

However during the walkabout of the centre, inspectors saw many examples of where the organisation of the centre, the premises and infection control practices were impacting on the safety and dignity of residents. A number of sofas, armchairs and lockers throughout the centre were chipped and worn and therefore could not be effectively cleaned. Paint on one of the handrails in one of the corridors were chipped. Flooring in areas required replacement. Inspectors saw that wheelchair and specialised chairs were stored in residents' bathrooms. Risks to residents were also observed in that a thin metal wire was hanging from the ceiling in one of the corridors, and one residents room had a multi-socket extension lead on the floor that was an electrical and trip hazard.

Storage of equipment and personal belongings did not always support the dignity of residents. A number of wardrobes seen by inspectors were cluttered and untidy. Two hoists were stored in one of the sitting rooms where residents were relaxing. Furthermore, one recently admitted resident had another resident's name displayed outside their door. There was no suitable space for storage of the linen skip and inspectors saw that it was left in residents' rooms during the day. Two staff were observed wearing wrist watches and two staff were observed wearing cloth instead of surgical masks that was not in line with national guidance.

There was ample time between meals and inspectors observed a relaxed approach to breakfast with many residents observed enjoying a late breakfast in accordance with their personal preference. If residents wished to eat their meals in their rooms, their choice was respected in the centre. Inspectors saw a great selection of snacks, such as pastries and homemade brown bread was available to residents. Inspectors saw that lunch in the dining rooms was a sociable and enjoyable experience for residents. Staff were aware of residents likes and dislikes and were seen providing assistance in a discreet manner. Residents and staff were seen to have lively chats and banter during mealtimes. There was two choices available for the lunch time meal and evening meal. Inspectors saw and heard a staff member go from resident to resident enquiring about their meal preferences. Residents told the inspectors they always got a choice of meals and were complimentary about the food. Food offered to residents both appeared and smelled appetising. The dining rooms/dayrooms were set out in a homely style model with a kitchenette as part of the room. One of the residents was seen with an apron on and doing some washing up; they informed the inspectors as it was their home they liked to get involved in aspects of the clean up as they would have done at home.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and

compassionate care and told the inspector they were listened to and respected by the staff. Activities in the centre were provided by care staff and on the day of inspection, a carer was leading a light exercise class followed by a card session for some residents and hand massage for other residents in one of the houses. Inspectors saw boxes of equipment for activities such as nail polish, knitting needles and wool and balls. Residents appeared well dressed and groomed in clothes of their choosing.

Relatives that spoke with the inspectors were generally complimentary about the care given to their relative in the centre. They described easy access to visiting now that visiting was open up again and described how difficult they found it during the pandemic when they were unable to visit. Some relatives identified how they would like more communication with the nursing staff but overall found the staff very approachable.

Residents were happy that indoor visits had resumed and that visits were organised in a safe way. There were suitable indoor spaces for visits and residents could choose to have visits in their bedroom if they preferred. Residents were seen going for outings with their relatives.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The centre had a history of good compliance with the regulations, however inspectors found on this inspection that the governance and management systems in place required improvement to ensure the quality and safety of care provided to residents was safe and effective and compliant with the regulations. In particular the systems in place with regard to night time nursing staff levels, residents' assessments and nursing care plans, infection prevention and control and fire safety and premises**.** An urgent action plan was issued to the provider following the inspection in relation to governance and management and fire safety. The response from the provider provided assurances that immediate action was been taken to address the risks identified during the inspection.

The centre was owned and operated by Fairfield Nursing Home Limited who is the registered provider. The company has two directors, one of whom represented the provider and attended the centre on a regular basis. A chief executive officer had been appointed to Fairfield Nursing Home Limited and its sister nursing home Bushmount Nursing Home Limited in 2020. There was a clearly defined management structure and staff and residents were familiar with staff roles and their responsibilities. The person in charge was supported in her role by three

clinical nurse managers, and a team of nursing, caring, housekeeping, catering and maintenance staff. However, the centre had experienced a number of changes to the management structure in the months prior to the inspection that impacted on the oversight arrangements in place.

A new person in charge who had worked at the centre previously as an assistant director of nursing had been appointed since May 2021. The assistant director of nursing position was vacant; the chief executive officer was on unexpected long term leave at the time of the inspection. The operations manager had left the centre in the month prior to the inspection. The three clinical nurse managers worked as one of the two nurses on duty during the day and therefore were not available to support the person in charge with administrative duties. These changes impacted the governance and management of the centre and inspectors were not assured that there were robust governance arrangements in place at the time of the inspection.

This unannounced risk inspection was triggered by unsolicited information that raised concerns regarding the standard of nursing care provided to residents living in the centre. During the inspection, some evidence was found to support the concerns received. Following the inspection a timely response was received by the registered provider that provided assurances to the inspectors that immediate action was taken to improve the governance and oversight of the centre. The provider also arranged for support to be provided to the person in charge from the sister nursing home following the inspection to assist with implementing the required improvements. Recruitment was in progress to fill the assistant director of nursing position.

Management systems were not effective in ensuring the service was safe, consistent and effectively monitored which resulted in poor oversight of the service. Inspectors found that, nursing staffing levels at night time, poor oversight of care planning and assessments impacted the safety and quality of care provided to residents. The provider had not identified risks with infection control and fire safety which were impacting on the safety and well being of residents and staff. These issues are all highlighted throughout the report. The urgent compliance plan response from the provider after the inspection indicted that a second nurse would be rostered for night duty with immediate effect and nurse recruitment would be commenced to ensure safe staffing levels.

The centre had appropriate policies on recruitment, training and vetting of new employees. A sample of staff records reviewed indicated that there were robust systems in place for staff recruitment and all files contained the required information as per the regulations.

The centre's administrator maintained oversight of training for staff and training records and staff spoken with confirmed a good level of ongoing training was provided at the centre. All staff had attended up-to-date training in mandatory areas, such as responsive behaviour, safeguarding and fire safety and infection control.The three clinical nurse managers had completed a management course in the months prior to the inspection. The provider was funding nursing staff to

complete end of life care training in the weeks following the inspection.

The centre had a policy in place to manage complaints and residents told inspectors that they knew who to complain to if required. The complaints procedure was displayed in the centre's reception area. Inspectors found that from review of the complaints log, improvements to complaints management was required to ensure that the centre investigated all complaints raised by relatives and residents.

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had a late payment of the annual fee as required by regulation 8(1) and (2) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 in 2021.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that the number of nurses on duty at night time was not appropriate to meet the assessed needs of the 49 residents given the size and layout of in the centre at the time of inspection. Evidence reviewed showed that there was one registered nurse on night duty to meet the needs of residents in the three houses or units.

- 17 residents with maximum dependency care needs were living in the centre on the day of inspection
- one resident was end of life and required increasing nursing care.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Training records demonstrated that mandatory training was up-to-date and staff who spoke with inspectors were knowledgeable regarding their role. End of life care training was scheduled for nursing staff in the weeks following inspection. Staff who spoke with inspectors told them that the administrator at the centre sent them alerts and reminders for when their mandatory training was due.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and all records viewed were well maintained. A sample of four staff files were reviewed and found to contain all of the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not effective in ensuring the service was safe consistent and effectively monitored which resulted in poor oversight of the service.

- The governance arrangements in place at the time of the inspection were not sufficiently robust to ensure full oversight and management of the centre.
- Audits and meetings were not consistently informing quality improvements in the centre. For example infection prevention and control audits conducted at the centre did not identify the risks seen by inspectors on the day of inspection. Care plan audits had not been carried out since January 2021.
- Minutes of meetings provided to inspectors recorded the same issues raised at staff meetings over a few months without evidence of an action plan to drive improvement. While key performance indicators such as the number of falls, infections and wounds were collected weekly at the centre, there was little analysis or review of these incidents to drive improvement to residents' care.
- Risks identified by inspectors had not been addressed at the centre. The key pad lock for access through a set of double doors was too high for some staff to reach and posed a risk in an emergency. A wire hanging from the ceiling for ornaments that could pose a risk to residents had not been removed and an electrical lead was a potential electrical and trip hazard in one of the residents rooms.
- There were insufficient resources to meet the nursing care needs of residents at night.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the

Chief Inspector within the required time frames.The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors found that improvements were required to ensure that all complaints were investigated , actioned and properly recorded in the centre.

The inspectors were made aware of complaints during the inspection that had not been documented as a complaint, therefore there was no evidence of any investigation, any action taken, outcome and whether or not the complainant was satisfied. The person in charge acknowledged that these issues should have been recorded and investigated.

Judgment: Not compliant

Quality and safety

Residents were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the high levels of non-compliance found on inspection was posing a risk to the safety and well being of residents particularly with regard to nursing care planning and assessment, premises, fire safety and infection control. As outlined previously, an immediate action plan was issued in relation to governance and management and the safe evacuation of residents from the centre in the event of fire.

Inspectors found that nursing assessments and care plans required improvement. While validated assessment tools were in use at the centre they were not consistently updated when residents care needs changed. Inspectors found that wound care management required improvement as dressing changes were not documented at the frequency outlined in care plans and scientific measurements were not recorded in the nursing wound care assessments. The urgent compliance plan issued by the provider following the inspection provided assurances that wound care training would be provided for nurses with immediate effect.

The local General Practitioner (GP) provided a comprehensive service to the centre and visited weekly and more frequently as required. Residents had good access to healthcare services including occupational therapy, dietitian, speech and language therapy and ophthalmology services. The service also had access to tissue viability

expertise.

The provider had ensured that all staff had training in relation to the detection and prevention of and responses to abuse. Staff who communicated with the inspectors, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. Some improvements were required with residents finances.

Where residents were predisposed to significant episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. Restraint was being effectively monitored by the management team and strategies were in place to reduce the number of bed rails in use at the centre.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The centre maintained a register of controlled drugs, which was checked twice daily by two nurses. However the system for recording these checks required improvement.

Fire fighting equipment was available throughout the centre. Emergency exits were clearly displayed and free of obstruction. The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Daily and weekly fire safety equipment checking procedures were undertaken at the centre but records indicated some gaps in the daily fire safety checks of evacuation routes. While fire safety drills were undertaken, records provided to inspectors indicated that these were undertaken in the same compartment in the centre. However as outlined under Regulation: 28 simulated fire drill evacuations of the centres largest compartments had not taken place with night time staffing levels and urgent actions were required to rectify this and provide assurance around safe evacuation from the centre.

Residents and staff in the centre had been through a very challenging time during the COVID-19 pandemic, and had been successful in preventing an outbreak in the centre. At the time of inspection all residents and over 90% of staff were vaccinated. The centre had a COVID-19 resource folder, and a comprehensive COVID-19 contingency plan. Since the previous inspection the provider had reconfigured the centre so that a single isolation room with ensuite toilet and shower facilities was available should a resident in one of the shared rooms require isolation. A number of beds in the twin rooms had been reconfigured to maximise the space between residents for physical distancing. However a number of risks were identified in relation to infection prevention and control were identified during the inspection and these are outlined under Regulation 27.

Overall the design and layout of the premises met the residents' needs. The centre was bright and airy throughout with a homely atmosphere. Plenty of communal space was available for residents use and lovely external grounds and enclosed gardens were readily available. However inspectors identified a number of issues in regard to upkeep of furniture and storage at the centre that required review. These

are addressed under Regulation 17.

Overall, residents' right to privacy and dignity were respected and inspectors observed frequent positive and respectful interactions between staff and residents. Residents confirmed to inspectors that they were offered choice regarding their meals and around their daily routine in the centre.

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. A number of visitors were observed taking their relative out to the gardens at the centre to enjoy the sunshine during the day. Staff guided visitors through the infection prevention and control precautions required to reduce transmission of COVID-19.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the premises did not conform to the matters outlined in Schedule 6 of the regulation in relation to the following which impacted on the dignity and safety of residents:

- a number of sofas and arm chairs through out the centre were worn and torn
- some of the lockers in residents rooms were chipped and worn
- paint was chipped on one of the corridor's handrails
- flooring in one of the ensuite bathrooms was chipped
- a toilet seat in one residents room was broken
- the centre did not have appropriate sluicing facilities such as a bedpan washer or macerator

Inadequate space and suitable storage in the centre resulted in:

- hoists being stored in one of the day rooms
- wheelchairs were stored in ensuite toilets
- specialised chairs were stored in toilets
- linen skips were stored in residents' rooms

Judgment: Not compliant

Regulation 26: Risk management

The centre's risk management policy set out the risk identified in Schedule 5. The risk register had been updated to include the risks associated with COVID-19. The centre had a plan in place for responding to major incidents and a contingency plan in place should an outbreak of COVID-19 occur. Risks not identified and managed at the centre have been addressed under regulations 23, 27 and 28.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that all procedures consistent with the standards for the prevention and control of healthcare associated infections were implemented by staff in the centre. This presented a risk of cross infection. For example:

- alcohol hand gel dispensers were refilled in the centre which is not best practice and there was no expiry date on the drum used in the centre to refill the dispensers
- a bottle of alcohol hand gel stored in a press had expired in April 2021
- facilities for and access to staff hand wash sinks were less than optimal throughout the centre. There was a limited number of dedicated clinical hand wash sinks in the centre, and these were not compliant with Health Building Note 00-10: Part C standards.
- the grouting and sealant on one of the clinical hand wash sinks for staff was worn and therefore could not be effectively cleaned.
- hand hygiene signage required improvement to remind staff to practice hand hygiene effectively
- two staff were observed to be wearing wrist watches so could not practice hand hygiene effectively
- two staff members were wearing cloth masks instead of surgical masks as recommended in national guidance
- residents toiletries were observed on a shelf above a toilet in a shared ensuite and were therefore at risk of contamination
- a hoist was observed to be unclean
- cleaning of the dirty utility room required review
- the schedule for deep cleaning of bedrooms required review as the frequency outlined in the current schedule was not sufficient.
- segregation of clean and dirty laundry to avoid cross contamination required review as some clean clothes were stored in the dirty section of the laundry.

Judgment: Not compliant

Regulation 28: Fire precautions

Some gaps were noted in the daily fire safety checks of evacuation routes undertaken at the centre.

While fire drills were undertaken in the centre, inspectors noted that the evacuation of the largest compartments had not occurred with simulated night time staffing levels. This was required to be assured that this complete compartment evacuation could be completed in a timely and safe manner by all staff. An urgent compliance plan was issued on inspection requiring the provider to organise simulated evacuations of the largest compartment mindful of night duty staffing levels. Drill reports were submitted following the inspection of a full compartment evacuation and this was completed to a satisfactory level. Further drills and ongoing drills are required to ensure the competency of all staff in this area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The systems in place for documenting the checking of controlled drugs between nurses at each shift required strengthening so that it recorded that the count for each controlled drug was correct.

Some prescription medications such as creams were seen on residents shelving and were not securely stored in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of six residents' records and found that assessments and care plans were not always updated in line with the requirements of the regulations and were also not updated following changes to the care needs of the resident. For example two residents' care plans in relation to pain management had not been updated to reflect their changing needs. A care plan had not been updated following a residents changing needs after return from acute services. This could result in errors in care provided as care should be provided in accordance with the care plan.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that a high standard of evidenced based practice was not evident particularly in relation to wound care.

- the inspectors saw that residents nursing care plans were not always adhered to to meet the residents nursing care needs. For example a care plan outlined that a resident required alternate day dressing changes as recommended by a tissue viability specialist. Review of records indicated gaps of up to four days between dressing changes.
- There were no also clinical measurements or assessment of the wound documented in two care plans reviewed to show improvement or deterioration of wounds
- the inspectors saw and were told that a small number of residents had bruising and a small wound of unknown origin however documentation and investigation around this was not sufficiently robust.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

From the observations of the inspectors and discussions with staff, there was evidence that residents who presented with responsive behaviours were responded to in a dignified and person centred way by staff using effective de-escalation methods. Responsive behaviour care plans were also seen to be person centred. Staff were observed to gently encourage residents to go for walks around the centre and garden and use other distraction techniques. Bed rail usage was monitored at the centre and the person in charge was proactive in looking at alternatives for residents usage to reduce the number in use at the centre.

Judgment: Compliant

Regulation 8: Protection

The inspectors saw that more robust measures were required for money and items handed in for safe keeping.

The inspectors saw that monies and residents personal items were inappropriately stored in the controlled medicines cupboard. Monies and items handed in and out as required were just documented on the envelope which was then disposed of when no longer in use. This did not leave a written record of the transactions which did

not provide protection for the resident or staff member dealing with the monies and property. There was also no audit of property or monies handed in to offer further protection.

As actioned under Regulation 6 Health care not all incidences of unexplained bruising were investigated at the centre. This was discussed with the person in charge on the day of inspection who agreed to action this.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. Residents meetings had recommenced in the centre in the weeks prior to the inspection where they made suggestions for activities such as holding an evening bar event, a mobile shop and outings. The centre had held BBQs over the summer months and a day trip to a local organic yogurt factory was planned. Residents had access to media such radio television and local and national newspapers. Staff supported residents to access to religious services online as mass had not yet resumed at the centre. Residents could also access clergy of their own faith. One to one and group activities were provided to residents by care staff depending on their interests and ability.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0034307

Date of inspection: 23/09/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people: A late payment occurred as we did not receive an invoice from HIQA, due to a fault with our email address, which we had not recognized. Once we were made aware of this, the fee of €2,989 for May to August 2021, was paid in full on August 31st 2021 to The Authority. The Registered Provider has updated the email address of the company and provided this to The Authority. All fee's going forward will be paid as per the regulations, which has been our history of payments to HIQA.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Night nurse ratios have been reviewed by management and staffing levels have been increased to allow for 2 nurses on duty every night, from 8PM to 8AM.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:
Prior to inspection the PIC was supported by the Chief Executive Officer and Operations Manager (Non-Clinical). However, the Non-Clinical Operations Manager is no longer employed by the centre and the CEO went on unexpected long term sick leave. The registered provider had recognized the need for support to the PIC and were in the process of actively recruiting a Clinical Support Manager. Since inspection the management structure has been reviewed and a new PIC has been appointed, she is due to take up her role on November 22nd 2021. The role of the operations manager which was non-clinical, is being absorbed into the role of the PIC. We have appointed a Clinical Compliance Manager who will both support the PIC and be directly responsible for infection control and clinical compliance. This person will commence their role January 2022.
Meeting agendas have been reviewed and now have a set structure of mandatory topics to cover in each meeting, to include but not limited to, resident concerns, safety & welfare, quality improvements/audit outcomes, complaints/compliments, staffing/recruitment/training and maintenance.
Audit process has been reviewed, though audits were being completed actions plans had not been identified. Action plan template has now been developed to be used for completion of each audit and to develop a standardized approach to investigation of all and any findings. Audit results will now be routinely discussed at management meetings, action plans reviewed and actioned on and target dates set. This will complete the audit circle.
Key performance indicators are collected and data reviewed, however more in-depth analysis was required. This process has been reviewed and follow up audits on KPI findings now implemented to investigate data outcomes and implement prevention plans.
Key pad locks have been lowered throughout the house, and are now within easy reach. The wire that was hanging from the ceiling was immediately removed on day of inspection.
The electrical lead that was seen in one of the resident's rooms was immediately removed on day of inspection. This has since been replaced by a permanent socket, as the current resident has decided to reconfigure the room to what it was originally designed to suit her own personal needs.
Nursing hours at night have been reviewed and a second nurse is now rostered at night.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
There is a robust complaints procedure in place for reporting, however follow up needed review. Complaint's process has now been reviewed and updated. Procedure is clearly displayed throughout the centre. All reports are completed on a standardized form. Any additional information received can be added to the form. A designated complaints folder remains in place, which is kept in the director of nursing office, and is reviewed regularly. Blank copies are available at the front door and on all desk top computers. Director of

Nursing is responsible for ensuring timely investigation, follow up and closing of all complaints. All complaints are reviewed and discussed as part of the weekly management meetings.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Due the Pandemic routine replacement of furniture had not been able to take place over the last 18 months.
An audit of all furniture on the premises has been undertaken and any furniture (including but not limited to chairs, sofas and lockers) that is worn will be replaced.
Hand rails in the corridor have been repainted.
Flooring that was chipped in one resident's Ensuite has been repaired.
Toilet seat that was broken on the day of inspection, had already been noted by staff and was in the maintenance book for replacement. This was rectified immediately following inspection.
The centre uses disposable pulp bed pans and urinals, which are disposed of in clinical waste, as per our policy and in line with national waste disposal guidelines.
A review of the centre, with a view to appropriate storage space, has taken place by management and the registered provider representative. Areas for reconfiguration have been identified to allow for appropriate storage of hoists, wheel chairs, specialized chairs and linen skips

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Fairfield Nursing Home was COVID free up to and on the date of inspection, however following the inspection a full and thorough infection control audit was immediately carried out to highlight all areas of weakness or gaps. An action plan was drawn up to set out target dates for completion of all issues highlighted.
Disposable one use pouches are only to be used in hand gel dispensers. Practice of refilling has been immediately discontinued.
Expired hand gel was immediately disposed of. A new process for expiry date checks has been implemented to ensure this does not reoccur.
Handwashing sinks in the facility have been reviewed. 3 sinks will be replaced.
New handwash signs have been erected throughout the centre, including at all hand wash sinks and hand gel dispensers.
Posters regarding COVID-19 awareness and hand hygiene awareness have also been

erected at visitor entry points.
Hand hygiene audits have taken place, as part of the infection control audit. All staff have been reminded regarding the importance of hand hygiene, including not wearing jewelry whilst on duty.
The 2 staff that were wearing cloth masks, had done so due to allergic reactions to the surgical masks provided to all staff. Hypoallergenic masks have now been sourced for these staff members.
Toiletry storage for residents in our 5 shared rooms has been reviewed and enclosed individual presses will be installed in the relevant ensuites/shared bathrooms.
Hoists will continue to be cleaned after every use, as per our policy. Alcohol wipe holders will be attached to each hoist to allow for quick and easy access for staff to ensure all hoists are kept clean.
The deep cleaning schedule has been reviewed and updated to ensure that all bedrooms, communal areas, clean and dirty clinical rooms are included on the schedule and allow for adequate frequency of deep cleaning of all areas, in line with national standards.
Laundry has been reviewed and laundry room has been reconfigured to allow for segregation of clean and dirty laundry, with minimal risk of cross contamination. Karri Karts are in the process of being sourced to allow for safe storage and transfer of residents' laundry.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drills of the largest and most difficult to evacuate compartments have been undertaken with night staff numbers.
Fire drills now take place weekly and will continue to be undertaken on a weekly basis until all staff demonstrate proficiency and ability to evacuate each compartment in a timely and safe manner.
Fire policy and procedures have been reviewed; weekly, monthly and annual fire audits have also been reviewed and updated to comply with the regulations.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
System for counting and checking of DDAs has been reviewed and updated. A new recording book has been implemented to reflect the name of the person counting and checking, date and time of check and declaration that all controlled drugs have been

counted and are accounted for.
Prescription creams are to be stored in individual locked presses only, and are not to be stored on open shelving. All creams that are prescribed have been securely stored away.
Education sessions on medication management and local policy is being undertaken with each nurse and all nurses are completing a medication competency review.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Full documentation audit of all residents' notes has been completed and all areas showing gaps have been highlighted.
We are continuing with the practice of each nurse being allocated individual residents for whom they are responsible for their documentation. After reviewing the audits, we have highlighted the gaps in the documentation process. These gaps are to be completed immediately.
A repeat documentation audit will be undertaken to ensure increased compliance in documentation.
Each nurse is receiving documentation workshops and is completing a documentation competency assessment.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All nurses at the centre have been enrolled in and completed 2 online wound care courses, with a focus on pressure ulcer care, skin tears, aseptic technique and dressings, since the inspection. These have been followed up with in person workshops and competency assessments, focusing on clinical measurements and wound assessment as well as proficiency in aseptic and dressing technique.
The importance of accurate documentation, investigation and follow up of all wounds, including unexplained bruising and wounds of unknown origin has been discussed with all nurses. A new standard operating procedure has been implemented to guide the process on this.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The practice of storage and management of resident's monies and personal items has been reviewed and updated to provide a more secure and robust process. Where possible, all valuables will be handed to the resident's care representative immediately or as soon as possible and both residents and families are advised to take valuables home, if possible, as per house policy.
Should valuables need to kept on site, all monies and personal items are now stored in a secure, dedicated locked press with a log book which requires all items to be signed in and out by 2 members of staff, which will allow for a written record to be maintained. Valuables kept in the centre, and the management of them, will now also be subject to an audit.
We have audited the current practice of how unexplained bruising is documented on our Epiccare system and we have decided to change the practice. All incidences of unexplained bruising are now documented in the residents file under wound, to allow for photographic storage. Nurses are required to document all discovered unexplained bruises as an incident. An incident report is completed and the director of nursing is to be informed to allow for thorough follow through of the investigation.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 8(1)	The fee payable by a registered provider is €183 in respect of each resident for a full calendar year	Not Compliant	Yellow	31/08/2021
Registration Regulation 8(2)	The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due	Not Compliant	Yellow	31/08/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Not Compliant	Orange	01/10/2021

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/02/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	28/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	28/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	01/12/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	28/09/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	22/10/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall	Not Compliant	Orange	22/10/2021

	investigate all complaints promptly.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	12/11/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	12/11/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	26/10/2021
Regulation 8(3)	The person in charge shall	Substantially Compliant	Yellow	26/10/2021

	investigate any incident or allegation of abuse.			