



**Health
Information
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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:	Ferbane Care Centre
Name of provider:	Maracrest Ltd.
Address of centre:	Main Street, Ferbane, Offaly
Type of inspection:	Unannounced
Date of inspection:	19 September 2024
Centre ID:	OSV-0004690
Fieldwork ID:	MON-0044906

About the designated centre

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

Ferbane Care Centre is a 61 bedded facility set in mature grounds. It is a three-storey building and a lift and stairs provide access to each floor. It consists of 51 single rooms and five twin rooms some of which are en suite. Residents' communal accommodation includes a day room and dining area on each floor as well as a chapel and a drawing room. There are a number of toilets and bathrooms throughout the building. Kitchen and laundry facilities are located on the lower ground floor. There are nurses and care assistants on duty covering day and night shifts. The centre's statement of purpose outlines that the ethos of care is to promote the dignity, individuality and independence of all residents. The centre provides general nursing care predominately for older people but also for residents over 18 years of age. People who require short term and long term care are also accommodated in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 19 September 2024	10:00hrs to 18:00hrs	Leanne Crowe	Lead
Thursday 19 September 2024	10:00hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

From the inspectors' observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life in the centre and that they received a high standard of person-centred care from staff. Residents described their daily life and routines positively. They were complimentary about the programme of activities available, the food served and care provided to them.

Ferbane Nursing Home is a three-storey building which can accommodate up to 61 residents in 51 single rooms and five twin rooms, 37 of which contain ensuite facilities. On the day of the inspection, 54 residents were living in the centre. A number of communal showers and toilets were available throughout the building. Communal rooms for residents were available on each floor and included day rooms, dining rooms, a chapel and an activities room. These rooms were observed to be bright and comfortably furnished. Landscaped grounds located to the front of the nursing home were accessible to residents and contained shaded seating areas, walking paths and a small pond.

This was an unannounced inspection which was carried out over one day. On arrival to the centre, the inspectors were greeted by a clinical nurse manager (CNM), who was deputising for the person in charge. Following an introductory meeting, the inspectors completed a walk around the centre. Many residents were observed in communal rooms, engaging in activities or chatting with one another. One resident who spoke with inspectors said "this is my home, I love it here".

The atmosphere in the centre was warm and welcoming. Inspectors observed that staff interacted well with the residents, providing assistance and encouragement as necessary. Residents were complimentary of the staff, saying that they "couldn't fault them". They confirmed that they were happy with how promptly staff attend to them, with two residents advising that they regularly ring their call bell and that staff always come to them in a timely manner.

Residents who spoke with inspectors said that they were satisfied with the layout and size of their bedrooms and that they had sufficient storage for their belongings. Residents were supported to personalise their bedrooms with ornaments and furniture as many bedrooms contained these items as well as photographs of their families and friends.

A programme of activities was available to residents, which was carried out by an activity co-ordinator with the support of health care staff. Throughout the day of the inspection, residents were observed engaging in a number of different activities. A musician was playing in the centre in the morning and in the garden in the afternoon. Residents happily participated by singing along or by playing instruments such as drums and tambourines. Later in the afternoon, many residents enjoyed ice creams in the sunshine. Staff were observed supporting residents to engage with

the activities in line with their own capacities and capabilities. Residents spoke positively about the activities, particularly a recent boat trip on the Shannon river.

Visitors attending the centre throughout the day of the inspection were welcomed by staff. Residents and visitors were satisfied with the visiting arrangements in place. They confirmed that these arrangements were very flexible. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom. A number of visitors who spoke with the inspectors felt that their loved ones were well cared for in the nursing home and that they were kept up to date with any important changes to their care needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspectors also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

The registered provider for Ferbane Care Centre is Maracrest Limited. The person in charge worked full-time in the centre. They were supported in their role by two assistant directors of nursing (ADONs), two clinical nurse managers (CNMs), as well as a team of nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff.

Inspectors found that while a management structure was in place, the systems of communication amongst management and staff were not fully effective. Members of nursing management that spoke with inspectors during the inspection were not always able to provide key information regarding the management systems in place. For example, the plan of fire safety works that were ongoing at the time of the inspection could not be described to inspectors and therefore it was not clear on how risks, such as noise and dust pollution arising from the works, or the impact on residents, were being monitored or mitigated against within the centre. Additionally, members of nursing management were not able to describe the recommendations put in place following the review of two recent incidents in the centre. While a full review of the incidents had occurred, the outcome and quality improvement measures were not known by some of the nursing management team who were responsible for the supervision of staff practice on a day-to-day basis.

There were sufficient resources to ensure the delivery of care. A review of staffing rosters found that staffing levels were adequate to meet the needs of the residents accommodated in the centre at the time of the inspection, with consideration of the

size and layout of the building. The inspectors reviewed a sample of staff files and found that these contained all of the information required by the regulations, including evidence of nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to attend training that was appropriate to their role. This included fire safety, safeguarding of vulnerable adults, moving and handling practices and the management of responsive behaviours. It was evident that training in other areas was offered to staff, including including basic life support skills, wound care and dementia care. Staff who spoke with the inspectors could describe how they implemented the training that they received.

The annual review of the quality and safety of the service for 2023 had been completed, which had been informed by feedback from residents and their representatives. It contained an overview of key clinical and operation areas of the service as well as a quality improvement plan for 2024. There was evidence that actions outlined in this plan were in progress at the time of the inspection.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A summary of this process was displayed in the reception area of the centre. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly. Complaints were reviewed regularly by a member of the management team.

Inspectors reviewed a sample of residents' contracts of care. The action from the previous inspection had been addressed. These contracts stated the information required by the regulations, such as the fees to be charged and the terms of the accommodation. The contracts had been signed by a resident, or their representative where appropriate.

A certificate of insurance was displayed at reception and the corresponding policy was made available to inspectors for review.

Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents and taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices. There were systems in place to support the supervision of staff.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place regarding communication of information between management and staff was not consistent or effective in relation to fire safety works or learning from the review of significant incidents within the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that the interactions between residents and staff were kind and respectful throughout the inspection. Residents reported that the staff made them feel safe living in the centre. The inspectors found that there was a person-centred approach to care, and residents' well-being and independence was promoted. Residents received care and support from a team of staff who knew their individual needs and preferences.

A sample of residents' files were reviewed by the inspectors. Residents' care plans and daily nursing notes were recorded. Inspectors found that care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and the risk of falls. Care plans were person-centred and guided care.

Residents were provided with appropriate and timely access to general practitioner services. Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language and physiotherapy through a system of referral. There was clear evidence that recommendations made by allied health care professionals were implemented, having a positive impact on a resident's overall health.

The centre was actively promoting a restraint-free environment and the use of bed rails was appropriately monitored in the centre. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received non-restrictive care and support from staff that was kind, and respectful.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. In the main, staff delivering direct care demonstrated an appropriate awareness of the centres' safeguarding policy and awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

A review of fire safety systems in the centre found that the provider was progressing with works that had been identified through a fire safety risk assessment. The provider was at an advanced stage with these works, which involved the replacement of fire doors and other remedial works.

Residents were provided with daily newspapers and had access to radio, television and Internet if they wished. There were opportunities for residents to consult with management and staff on how the centre was organised through residents forum

meetings. Residents had access to advocacy services and information regarding their rights.

Residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There was an activity schedule in place and many residents were observed to be encouraged and supported to partake in the activities that were taking place on the day of the inspection. This was further supported by the positive comments from visitors. Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to General Practitioners (GP) of their choice and the person in charge confirmed that GPs attended the centre as required. Residents had access to a range of health and social care professionals, such as physiotherapy and dietitians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of the residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy dated September 2023 provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to participate in a variety of activities. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice. Residents were provided with information about services available to support them. This included independent advocacy services.

Residents' choice was respected and facilitated in the centre. For example, residents spoken with told inspectors that they could retire to bed and get up when they choose. Residents were satisfied with the daily food choices on offer.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ferbane Care Centre OSV-0004690

Inspection ID: MON-0044906

Date of inspection: 19/09/2024

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
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A review of communication processes between management and staff was completed on 05/10/2024. This review addressed the identified gaps in information flow, particularly regarding fire safety works and the outcomes of incident reviews. Completed. • A daily management debrief has been implemented as of 10/10/2024, ensuring that all managers are informed of key issues and updates. This daily briefing facilitates immediate feedback, clarification, and team alignment. Completed. • The center has an established schedule of monthly Quality and Safety Meetings with the Multidisciplinary Team (MDT) to consistently address critical incidents, safety initiatives, and quality improvements. • These meetings follow a structured agenda that includes reviewing recent incidents, assigning follow-up actions, analyzing trends, and monitoring ongoing quality improvement efforts. • Additional training sessions for nursing management are scheduled for November 2024 to reinforce knowledge of ongoing fire safety improvements and incident response measures. To be completed by 30th November. • These sessions will ensure that all management members are equipped to communicate risks, mitigations, and procedural updates effectively to both residents and staff. 	

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
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.	Substantially Compliant	Yellow	30/11/2024