



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

Issued by the Chief Inspector

Name of designated centre:	The Fern Dean
Name of provider:	SRCW Limited
Address of centre:	Deansgrange Road, Blackrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0000759
Fieldwork ID:	MON-0038957

About the designated centre

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

The Fern Dean Nursing Home is set in its own gardens close to Blackrock in Co. Dublin. It is a purpose built nursing home, which can accommodate 140 male and female residents over the age of 18 years. The centre comprises of 126 single and seven double en suite bedrooms, set across three floors. Each floor has its own dining and sitting rooms. On the ground floor there is a hair salon, an oratory and a private room that visitors can use. There is 24 hour nursing care, and residents with cognitive impairment and or dementia are welcome. The centre can also accommodate respite and convalescent residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	137
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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 20 April 2023	09:00hrs to 16:00hrs	Margo O'Neill	Lead
Friday 21 April 2023	08:15hrs to 13:15hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

Residents reported they were supported to live a good life in the Fern Dean Nursing Home and that their rights were respected. Throughout the inspection the inspector spoke with residents and visitors and spent time observing practice throughout the different floors. The inspector noted a calm atmosphere and residents who looked well cared for. Residents and visitors who spoke with the inspector reported that they were happy with the service and care provided to them. Residents said they felt safe and comfortable and could bring issues they had to staff who took action to address them.

The centre is located in Blackrock in south county Dublin. The centre is a modern purpose built premise and was found to be maintained to a good standard both internally and externally. On each floor there were nicely decorated bright living spaces and dining areas where residents were observed spending time and relaxing during the inspection. All areas within the centre were observed to contain appropriate furniture to enhance residents' mobility and independence. There were several private rooms that residents could access to receive visitors and a nicely decorated oratory was available to residents; this contained religious images, artwork and soothing soft lighting to enhance the atmosphere.

The 126 single en-suite bedrooms and 7 double en-suite bedrooms were located over three floors with stairs and several lifts available to allow movement between levels. Residents' bedrooms were well maintained, modern, spacious, clean and comfortable. The inspector observed that many residents had personalised their rooms with artwork, items of furniture and personal photos. All rooms had the required number of chairs, tables and adequate display and storage facilities for residents' personal items. The inspector observed that residents who wanted or required more storage had received additional units for their bedrooms. Residents reported to the inspector that they were very happy with their bedrooms and the facilities in the centre. One resident reported that they were 'delighted' with their bedroom. The ensuite facilities were modern and spacious enough to allow residents to undertake their personal care activities independently or comfortably with assistance if that was required.

A secure unit for residents living with dementia was located on the first floor. This was found to be a calm and relaxing space with dementia inclusive signage incorporated throughout to aid residents living on the unit with finding their way around. The person in charge informed the inspector of plans to implement a 'magic table' on the unit in the coming months to further enhance recreational opportunities for the residents living there.

Residents had access to three safe enclosed garden areas; these were maintained to a high standard with seating provided so that residents and their families could sit and enjoy the outdoor area.

There was an open visiting policy in the centre and residents were observed to receive visitors throughout the inspection. Visitors who spoke with the inspector were complimentary of the service that was being provided to their loved one.

Notice boards were available on all floors and units to inform residents of the social and recreational activities occurring and other pertinent information. There was a dedicated activity team of six staff who provided a varied programme of activities Monday to Sunday. Throughout the inspection the inspector observed different activities that had been arranged for residents to enjoy such as a live music session with staff participating in the singing. There was a varied activity schedule which included gardening, gentleman's club, exercise classes, flower arranging, live music sessions from musicians, bingo, trivia and proverb quizzes, movie nights and scrabble. A hairdresser also attended the centre every week for residents to have their hair styled.

Regular residents' meetings and residents' committee meetings were held every 8 weeks in the centre and this was chaired by the activity team lead. Records of these meetings provided to the inspector demonstrated that there was a comprehensive agenda discussed with residents. Residents' feedback and action plans to address areas for improvement were also detailed. Residents had access to advocacy services and signage was displayed regarding advocacy in the centre.

Residents were able to exercise choice in relation to how they spent their time, their food choices and refreshments and how to personalise their bedrooms. Residents throughout the centre were observed to spend their time in their rooms or communal spaces and were observed leaving the centre with relatives or friends as they chose. Residents who preferred to spend time alone, reported to the inspector that this right was respected by staff.

Residents were very positive about the staff working in the centre. Residents reported that staff were 'helpful' and 'lovely' and received help promptly when it was requested or required. Staff appeared to be familiar with the residents' needs and preferences and were observed to be respectful in their interactions with residents. Staff greeted residents by name and residents were seen to enjoy the company of staff with light hearted fun and laughter observed during the inspection.

Mealtimes were seen to be a relaxed experience for residents. Residents who took their meals in the centre's dining rooms sat at tables that were laid and decorated nicely. Soft music was played to add to the dining experience. Residents had a choice of where they could dine and were assisted in a respectful and dignified manner by staff who were patient when providing support. Residents reported positively regarding the variety, quality and choice of food available.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall the Fern Dean Nursing Home had a strong governance and management structure in place with effective management systems to monitor the quality of the service and residents were supported by staff to live a good life and their rights were respected. During the inspection the inspector followed up on concerns received by the Chief Inspector since the last inspection related to infection prevention and control, governance and management of the centre and residents' rights. These concerns were found to be unsubstantiated during this inspection. Outstanding actions identified on the last inspection were also followed up. The following areas were identified as requiring further action to come into compliance with the regulations; Fire Precautions, Records and Premises.

There was an established management structure with clearly defined lines of accountability and authority in place. The centre had sufficient resources to ensure the effective delivery of care and robust management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. There was evidence of ongoing improvement to the premises and service. For example since the last inspection a new extension had opened in April 2022 that included 25 new bedrooms and an extensive renovation project had occurred throughout the centre to ensure that all areas were well maintained and decorated with a cohesive design. Management were also aware of the recent changes to the regulations regarding advocacy services, which commenced in March 2023 and detailed that a process of engaging with external advocacy agencies and reviewing of resident literature had begun to ensure that the service was supporting residents' rights.

The person in charge had commenced their role in March 2023, and was responsible for the day to day operations in the centre. The person in charge was well known to residents during the inspection and had the necessary clinical and management experience and qualifications to meet the requirements of the regulations. Two assistant directors of nursing and a team of senior nurses provided support to the person in charge. A member of the senior management team attended the centre on a weekly basis to meet with the person in charge to review and monitor the service.

A copy of the centre's annual review of the quality and safety of the service for 2022 was provided to the inspector. This was found to be a comprehensive review of the quality of the service and was informed by residents and family feedback, received through themed surveys completed throughout the year, to inform improvements in the service. A quality improvement plan was detailed for 2023.

All required policies and procedures as set out in Schedule 5 were available to the inspector. These policies were maintained on the centre's electronic records management system and were available to staff in all areas of the centre. Policies and procedures had been reviewed and updated as required and at least every three

years as stipulated by the regulations.

Records reviewed by the inspector were found to be held securely and were overall found to be accurate, up to date and accessible with the exception of some residents' property records. The system in place to maintain and review these required strengthening. This is detailed under Regulation 21, Records.

There was an up-to-date contract of insurance against injury to residents in place.

No volunteers attended the centre at the time of inspection, however the registered provider was aware of their responsibilities under the regulations should volunteers attend the centre in the future.

Regulation 14: Persons in charge

The person appointed by the registered provider to fill the role of person in charge of the designated centre met the requirements of the regulations. They were well known to the residents.

Judgment: Compliant

Regulation 21: Records

A sample of residents' property records were reviewed by the inspector. Some records were not maintained in a clear and logical manner and one record was found to be incomplete. This was not in line with the centre's local policy.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an insurance policy in place which insured against injury to residents in place which was found to be up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

There was sufficient resources available to ensure the effective delivery of care in accordance with the statement of purpose. There were robust and effective management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. Details of ongoing quality improvement projects were provided to the inspector throughout the inspection.

Judgment: Compliant

Regulation 30: Volunteers

At the time of inspection no volunteers were attending the centre. The registered provider was aware of their responsibilities under the regulations should this change.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures were available to the inspector. These had been reviewed and updated as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector was assured that residents living in the Fern Dean Nursing Home enjoyed a good quality of life and there was a rights-based approach to care. Both staff and management promoted and respected the rights and choices of residents living in the centre. There were records of regular resident committee meetings and resident meetings where residents were consulted with and could participate in the organisation of the service. Action was required however under Regulation 17, Premises and Regulation 28, Fire Precautions.

A clear safeguarding policy for the prevention of and response to allegations of abuse had been developed to inform staff how to respond to allegations, concerns or disclosures of abuse. Records indicated that all staff had received training in the safeguarding of vulnerable adults and staff who spoke to the inspector demonstrated that they had the confidence, knowledge and skills necessary to report any issue of safeguarding if required. Residents reported they felt safe and

secure living in the centre.

Residents who from time to time displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported by staff who were familiar with the potential triggers of these behaviours and the de-escalation strategies to use to positively support residents. There were ongoing efforts to ensure that restrictive practices used in the centre were reducing in number.

There were care plans in place for residents that reflected residents' health care needs and details of residents' wishes and preferences. These were found to be of a good standard and the sample reviewed by the inspector were found to be updated every four months or more frequently if required.

There were good infection prevention and control practices in place in the centre. Records indicated that all staff were up to date with training in infection prevention and control and the inspector observed that there was good hand hygiene practices and use of personal protective equipment by staff throughout the inspection. The centre was visibly clean and clutter-free. There was monitoring of antibiotic use and the inspector was informed that the centre had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are generally preferred narrow spectrum agents or "red" which are broad spectrum agents generally best used very selectively. Green/ red usage was monitored and there was ongoing input from the centre's general practitioner to enhance and to drive improvements in this area. Surveillance of healthcare associated infection (HCAI) and MDRO (multi drug resistant organisms) colonisation was routinely undertaken and recorded.

Visiting arrangements had returned to pre-pandemic arrangements with an open visiting policy in place. Visitors were observed attending the centre during the inspection and residents were observed to receive their visitors in the privacy of their bedrooms or in private visiting rooms.

The premises was found to be well maintained internally and externally and was decorated in a homely and comfortable manner. All areas met the needs of the residents and enhanced residents' rights to privacy and dignity. For example, shared bedrooms were configured to ensure privacy, autonomy and dignity of both residents. Safe secure and well maintained outdoor garden areas were available for residents and their visitors to use. Storage practices within the centre required review however, this is detailed under Regulation 17, Premises. Furthermore the inspector identified a number of concerns regarding the precautions and arrangements in place to ensure against the risk of fire. These identified issues are outlined under Regulation 28, Fire Precautions.

Regulation 11: Visits

A policy of open visiting was in place and visitors were observed attending the centre throughout inspection. There was sufficient available rooms and spaces for residents to meet visitors in private.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents using the service. The following issue required action however; the inspector observed inappropriate storage of a large number of items in the underground car park. Items included waste building material following renovation of areas in the centre, broken equipment and furniture and a large number of boxes of personal protective equipment.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was found to be visibly clean and clutter free and there were effective systems in place to implement the national standards for infection prevention and control in community services 2018.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector identified the following areas that required action to ensure that adequate fire safety precautions were in place;

- The inspector tested a sample of 3 sets of fire doors and found that 2 sets did not fully close and seal. The inspector also identified that two sets of fire doors were gauged and chipped and in need of repair. This had not been identified by management nor was there weekly local monitoring checks in place. This posed a risk to containment of fire and smoke in the event of a fire.
- There was unsafe storage practices that required review. The inspector observed a significant number of combustible items such as boxes of personal protective equipment, items of furniture and building material from recent

renovation which were stored in the centre's underground car park. This practice had been identified in a fire safety risk assessment in 2022 however was still observed during the inspection.

- Although all staff had received fire safety training and regular evacuation drills occurred in the centre, some staff remained unclear when asked by the inspector as to where they would evacuate residents to in the event of a fire. This required action to ensure all staff were clear regarding the evacuation procedure.
- One of the centre's outdoor designated smoking areas did not have a fire extinguisher or fire blanket in close proximity for use in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care records were reviewed and found to contain a range of validated assessment tools used to identify residents' individual care needs. These assessments were used to inform and develop comprehensive care plans to inform staff when providing care. Care plans and assessments were reviewed and updated as required or as a minimum every four months. Records indicated that residents and their families or nominated support person were involved with these care plan and assessment reviews.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported by staff who knew residents well and responded in a dignified and respectful manner. De-escalation strategies were implemented as outlined in residents' behavioural support care plans.

The sample of records reviewed in place where restrictive practices, such as bed rails, were in use were found to be clear and complete. There was a multi-disciplinary team that reviewed any planned restrictions and monitored these practices on a regular basis.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed a sample of safeguarding incidents and found that these had been appropriately investigated and responded to in line with local and national safeguarding policies.

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 14: Persons in charge	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Fern Dean OSV-0000759

Inspection ID: MON-0038957

Date of inspection: 21/04/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Created a new cash and property register logbook. Focus meeting and education on resident's accounts and property. ADON/CNM audit schedule – every month	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Director of Nursing will implement weekly audit of the basement area to ensure it is kept free of clutter . All items that were there on the day on inspection have been removed and the area if clear .	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • All fire doors will be checked weekly, and the doors identified on the day of inspection will be repaired. Any other issues identified during the weekly checks will be actioned by the Director of nursing and the maintenance team. 	

- All items that were stored inappropriately have been removed and a check list put in place by the Director of Nursing to ensure compliance.
- Staff have received refresher training to include different scenarios that may occur in the event of a fire.
- The outside smoking area has been provided with relevant equipment in the event of a fire .

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 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.	Substantially Compliant	Yellow	09/06/2023
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	09/06/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building	Substantially Compliant	Yellow	09/06/2023

	services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/09/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	09/06/2023