



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

## Issued by the Chief Inspector

Name of designated centre:	The Four Ferns
Name of provider:	FFNH Limited
Address of centre:	Brighton Road, Foxrock, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0007729
Fieldwork ID:	MON-0037955

## About the designated centre

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

The Four Ferns is located in Foxrock, Dublin and the registered provider is FFNH Limited. The centre accommodates 144 residents, both male and female over the age of 45. The living accommodation comprises of 138 single and 3 twin bedrooms, all of which have en suite facilities. Residents have access to a garden area, which includes a nature trail. The centre provides 24-hour nursing care to residents assessed as independent up to maximum dependency.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	116
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## 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
Wednesday 21 September 2022	08:15hrs to 16:00hrs	Margo O'Neill	Lead
Wednesday 21 September 2022	08:15hrs to 16:00hrs	Jennifer Smyth	Support

## What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, it was clear that resident's rights were respected and that residents were consulted with regarding the running of the Four Ferns designated centre for older people. Inspectors observed over the inspection that there was a good atmosphere and the general feedback from residents was one of satisfaction with the care and services provided in the centre.

On arrival, the inspectors were met by staff who conducted a COVID-19 risk assessment and ensured a temperature check and hand hygiene was completed prior to entering the centre. All those attending the building were required to don (put on) a face mask prior to entering. Inspectors met with the person in charge to discuss the format of the inspection and to request documentation to inform the inspection process before completing a tour of the centre.

Inspectors spoke with residents and visitors, and spent time observing practice throughout the different floors on the day of inspection. Inspectors noted a calm unhurried atmosphere in the centre. Residents looked well cared for and reported to inspectors that they were happy with the service and care provided to them and that they felt safe and comfortable in the modern centre.

Residents who spoke with inspectors were very positive about the staff working in the centre saying that they were 'very good to them' and 'so kind'. Residents stated that overall staff came to them promptly when they required assistance, provided them with what they required or helped them if they needed it. One resident reported that on rare occasions they had to wait for assistance but that the wait was never too long. From inspectors' observations, staff appeared to be familiar with the residents' needs and preferences and respectful in their interactions with residents. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff who spoke with inspectors were knowledgeable of their role and reported that they were well supervised and supported.

Inspectors observed that the design and layout of the centre enhanced the quality of residents' lives. It was found to be warm, bright, modern, well ventilated and was maintained to a good standard both internally and externally. Residents were seen to spend time in their bedrooms, communal areas and the reception area throughout the inspection.

The centre contained 138 single en-suite bedrooms and 3 double en-suite bedrooms. These rooms were located over three floors with stairs and lifts available to move between the floors. Inspectors observed that residents' bedrooms were modern, spacious, clean and comfortable. Many residents had personalised their rooms with photos of loved ones, artwork and ornaments. All rooms contained appropriate numbers of chairs, lockers, lockable spaces, wardrobes and all had a wall mounted television for viewing. Residents reported to inspectors that they were

very happy with their bedrooms. The bathroom en suites viewed were modern, clean and had sufficient space and facilities to allow residents to undertake their personal care activities independently or comfortably with assistance if that was required.

The centre had large living spaces and dining areas on each floor. There were small sitting areas available along corridors and lift lobby areas for residents to use and relax in. All areas were observed to contain appropriate furniture to enhance residents' mobility and independence. Throughout, the centre was decorated to a high standard and all areas were adorned with large potted plants for residents to enjoy.

Residents had access to a large, safe enclosed garden. The garden was maintained to a high standard with seating provided so that residents and their families could sit and enjoy the outdoor area. The garden was landscaped and contained a safe paved walkway which lead to a small playground area where residents' younger relatives and visitors could spend time and enjoy.

Residents received visitors throughout the day and visitors who spoke with inspectors were complimentary of the service that was being provided to their loved one.

There was a dedicated activity team within the designated centre with two full time activity staff members. Throughout the day, inspectors observed the different activities that had been arranged for residents such as a visit from a local preschool class, a sing-a-long and move session and an art display to raise awareness for World Alzheimer's day. There was a varied activity schedule which included activities such as garden walks, exercise classes, trivia quizzes, aromatherapy and visits from therapy pets.

A hairdresser was also available in the centre for residents to have their hair styled, each floor had a dedicated salon for residents to attend. Residents said that they enjoyed opportunities to take part in various activities such as, exercise and movement classes, sing-a-longs, small group arts and music sessions, pampering sessions and bingo. Residents who preferred to spend time alone, reported to inspectors that this right was respected by staff.

Inspectors observed that mealtimes were a relaxed and social experience for residents. Inspectors observed that dining rooms were spacious and tables were dressed with care to enhance residents' dining experience. Menus were displayed on each dining table. Soft background music played in communal rooms when meals were being served. Residents had a choice of where they wanted to dine and were assisted in a respectful and dignified manner and staff were observed moving at the residents' pace. Residents said that 'the food was very tasty' and that there was plenty of choice.

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

Inspectors found that there was a robust governance and management structure in place and that residents were supported to live a good life in the centre. Inspectors followed up on the outstanding actions identified on the last inspection and found that these had been addressed.

There was a clearly defined management structure in place that identified the lines of accountability and authority in the centre. 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. A copy of the centre's annual review of the quality and safety of the service for 2021 was provided to inspectors for review and this report was informed by residents and family feedback received through surveys.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of residents. There were over 150 staff employed in the centre, including clinical and non clinical support staff. Working to support the person in charge, there were two assistant directors of nursing to provide senior clinical and management oversight and support to staff from 8:00hrs to 20:00 hrs Monday to Friday. There were a minimum of two clinical nurse managers on duty to provide senior clinical support to five staff nurses working during the day in the centre Monday to Sunday from 8:00hrs to 20:00hrs. Twenty seven health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs across the three floors. At night four nurses and ten health care assistants provided care and support to residents living in the centre.

Staff had designated floors to work on and they were divided into two teams who worked opposite shifts, this arrangement ensured that staff became familiar with residents and their needs and enhanced continuity of care.

There were robust strategies in place to respond to staff absences. Each day there were two health care staff and at night one health care staff who were not designated to a floor on the roster; if absences occurred these staff members were allocated to cover these shifts. Furthermore at night one of the four nurses was unallocated and so was available to respond to incidents and emergencies, carry out reviews and updates of care records and provide support where it was required throughout the centre.

In July 2022 management had taken the decision to open the the centre's top floor to admissions. Staff had increased accordingly. The management team outlined also contingency plans in place to address any staffing issues that may arise during the upcoming winter months or in the event of further incidents such as outbreaks.

A sample of Garda vetting disclosures for staff were reviewed which provided assurances that staff had a vetting disclosure in accordance with the National

Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre. Overall inspectors observed that the atmosphere in the centre was unhurried and relaxed, residents and visitors reported positively about staff and that staff engaged with residents in a kind, respectful and dignified manner.

Staff had access to appropriate training such as fire safety and safeguarding training. Inspectors reviewed staff training records and found that the vast majority of staff were up to date with their training and for those who were not there was scheduled training dates in place.

Inspectors reviewed the written statement of purpose in place. It was found to be reviewed and revised at appropriate intervals and contained all information as set out in the regulations. The person in charge was aware of their responsibility for the submission of notifications to the Chief Inspector.

### Regulation 15: Staffing

There were appropriate numbers and skill mix of staff in place with regard to the assessed individual and collective needs of the 116 residents living in the centre at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had made arrangements to ensure that staff had access to appropriate clinical and mandatory training such as fire safety, safeguarding, hand hygiene, infection prevention and control. Inspectors reviewed staff training records and found that the majority of staff were up to date with the centre's training requirements.

Inspectors observed that there was robust supervision and support arrangements in place for staff and that all staff completed a period of induction and a number of competencies when starting their role. Annual staff performance appraisals were also in place to ensure ongoing staff development.

Judgment: Compliant

### Regulation 23: Governance and management



The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of authority and accountability. There was robust management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was an updated statement of purpose in place. It was found to contain all information as set out in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors were assured that the person in charge submitted all required notifications to the Chief Inspector.

Judgment: Compliant

## Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. Residents had good access to health care and there was evidence of good consultation. Some improvements required were identified under Regulation 27, Infection Control with regard to infection control practices.

Nursing staff were found to be familiar with residents' needs. There were care plans in place for residents, reflecting their health care needs, and the documents were reviewed at least every four months.

Inspectors reviewed the training matrix and saw that staff had training in the safeguarding of vulnerable adults. Whilst speaking with staff members, inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of safeguarding concern if required. Inspectors identified that for one resident safeguarding measures had been put in place, however there was no documented safe guarding plan in place. Management gave assurances this would

be rectified immediately.

Residents had access to an advocacy service which was advertised 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.

Inspectors observed there was a supply of drinking water and residents were provided with choices at mealtimes. The meals offered to residents appeared to be well prepared, cooked and served. Residents who had been identified as having weight loss, had a detailed care plan in place which had been updated following dietitian review. Sufficient staff were available to assist residents at mealtimes.

Residents had access to television, papers, magazines, radio and the internet. The staff worked hard to maintain the links with the local community. Visiting with families and friends was facilitated in line with national guidance. Residents were also supported to attend visits outside the centre.

While there was evidence of good infection prevention and control practice in the centre there were gaps in practice such as the clinical sharps boxes were stored on the floor without the safety mechanism closed. This increased the risk of cross contamination. This was rectified during the inspection. Inspectors observed inappropriate storage and the inappropriate wearing of personal protective equipment (PPE) by staff which is further detailed under Regulation 27, Infection Control.

The premises was found to be safe, secure, comfortable and homely. The design and layout of the premises enhanced residents' abilities and promoted their independence through facilitating unimpeded movement. Inspectors found that all areas met the needs of the residents and enhanced residents' rights to privacy, dignity and well being. For example, inspectors observed that shared bedrooms were configured to ensure privacy, autonomy and dignity of both residents. Residents were encouraged to personalise their bedrooms and communal spaces were seen to be adorned with residents' art work to create a sense of ownership in their living spaces. Although the premises spanned a large footprint the configuration of the building and the living environments provided many small cosy alcoves and areas for residents to rest, spend time and enjoy. Inspectors found that there was appropriate well maintained equipment and furniture available which promoted residents' independence. A safe secure and well maintained outdoor courtyard was available for residents and their visitors to use.

## Regulation 12: Personal possessions

The person in charge had ensured that residents had access to and retained control over their property, possessions and finance. There was a system in place to ensure that all linen and clothes were laundered regularly and returned to the resident. Residents had adequate space to store their clothes and personal possessions.

Judgment: Compliant

### Regulation 17: Premises

Inspectors found that the premises was appropriate to the number and needs of the residents using the service and was found to be in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 18: Food and nutrition

Meals, snacks and drinks were seen to meet residents' personal preferences and dietary requirements. Meals were well presented with a choice of food at mealtimes according to residents' wishes.

Judgment: Compliant

### Regulation 20: Information for residents

A guide was prepared and made available for all residents in respect of the designated centre which included:

- A summary of the services and facilities in the designated centre.
- The terms and conditions relating to residence.
- The procedure in relation to complaints.
- The arrangements for visits.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider failed to ensure all infection prevention and control practices were in line with the National Standards.

- Staff hand hygiene practices required review as four staff were seen to wear watches. This meant that they could not effectively clean their hands.
- Six staff were seen not to be wearing face masks correctly. This practice

could pose a risk of transmission of infection.

- Alcohol hand gels and wash hand basins were not in easy walking distances of all bedrooms. This posed a risk of cross infection.
- Staff reported to use residents' ensuite hand wash sinks for washing their hands, this dual purpose use increased the risk of cross infection.
- There was no clinical sinks in the clinical treatment rooms.
- Soft furnishing were seen to be stained. There was a cleaning schedule in place for cleaning these items, however due to the nature of these furnishings, cleaning between resident use would be difficult.
- Single use dressings were not discarded following being opened, this increased the risk of cross contamination.
- Communal nail clippers were stored in the clinical rooms, these items would be difficult to clean effectively in between use, increasing the risk of cross contamination.

Storage practices in the centre required review from an infection prevention and control perspective. For example:

- There was inappropriate storage on the floors of the clinical rooms.
- One room on the second floor of the centre was being used for storage of a significant number of items of furniture, which required cleaning. The items of furniture were stacked on top of each other. This required review as the room could not be adequately cleaned.

Judgment: Substantially compliant

## Regulation 8: Protection

Inspectors reviewed a sample of safeguarding incidents. Inspectors 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Four Ferns OSV-0007729

Inspection ID: MON-0037955

Date of inspection: 21/09/2022

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>· Completed staff re-education for both clinical and non-clinical team regarding best practice in hand hygiene and importance of appropriate wearing of face mask.</li> <li>· Infection Control Nurse and Department Heads will conduct on going monitoring through observation, spot inspection and infection control audit.</li> <li>· Completed the re-education of all nurses regarding the guidance for using single use dressing. A lead nurse for Wound Management has been identified. The nurses had completed a training on 6/10/22 to support her with the role. The CNMs and Wound Care Lead Nurse will monitor compliance through spot checking and auditing.</li> <li>· To prevent cross infection, each resident will be provided with nail clippers, and this will be stored in resident’s personal toiletry bag.</li> <li>· Accommodation Manager have reviewed the protocol for cleaning and disinfecting of soft furniture making sure that they are cleaned, dried, and returned to the unit within the shift.</li> <li>· We have increased the number of hand sanitizing gel station in all units making sure that each station are easily accessible by the staff. Furthermore, we have requested an external Infection Control Auditor from Virtue to review our hand hygiene program and hand washing facilities.</li> </ul>	

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/12/2022