



**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:	The Four Ferns
Name of provider:	FFNH Limited
Address of centre:	Brighton Road, Foxrock, Co. Dublin
Type of inspection:	Announced
Date of inspection:	21 September 2023
Centre ID:	OSV-0007729
Fieldwork ID:	MON-0038524

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 18. The living accommodation comprises of 138 single and three 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:	136
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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 21 September 2023	08:00hrs to 16:00hrs	Margo O'Neill	Lead
Friday 22 September 2023	09:30hrs to 16:20hrs	Margo O'Neill	Lead
Friday 29 September 2023	11:00hrs to 12:15hrs	Margo O'Neill	Lead
Thursday 21 September 2023	08:00hrs to 16:00hrs	Geraldine Flannery	Support
Thursday 21 September 2023	08:00hrs to 16:00hrs	Aislinn Kenny	Support

What residents told us and what inspectors observed

Inspectors spoke with residents and visitors throughout the days of inspection, to elicit their experiences of life in The Four Ferns. Overall, residents and their relatives told inspectors that they felt safe in the centre and that the care they received was good however areas they would like to see improvements in were related to the food on offer, the management of temperature in some residents' bedrooms, the reduced size of the garden and missing items of clothes that were not returned from laundering.

Residents had access to an enclosed outdoor garden. Inspectors were informed that building works for a 33 bed extension to the centre had commenced in April 2023. A large part of the garden had been cordoned off to facilitate the construction of the new extension. One resident told inspectors that this had caused much upset as they enjoyed the garden for daily walks. Another resident reported that although the centre was a very comfortable place, due to the ongoing building works 'there was an awful amount of noise daily' as their room was located close to the building works and they were unhappy with the reduced size of the garden. Furthermore a resident reported that since the building works had begun and the playground at the end of the garden had been cordoned off, that their grandchildren when visiting no longer had access to this area. Inspectors observed that the garden area available was found to be well maintained. However the building works were immediately adjacent to the fenced area producing intermittent noise and a large crane was in place on the other side of the fence overlooking this area.

The centre was seen to be bright, clean and well maintained throughout. The centre comprised of three floors and there was sufficient private and communal space for residents to relax in. Stairs and lifts were available to support resident movement between floors. Resident bedrooms were found to be clean and organised.

Inspectors observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. Residents who spoke with inspectors were happy with the size, layout and décor of their rooms, however some stated that when the weather was very warm that their rooms became too hot. Large cooler fans had been purchased to address this issue.

Inspectors observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried when providing support. Inspectors found that staff were knowledgeable of the residents' preferences and of those with special requirements such as diabetic diet and modified textured diets for those with difficulty swallowing. Residents' independence was promoted with easy access to condiments and drinks on each dining room table. Feedback from residents regarding the taste and menu options was mixed. Some residents said that they liked the food on offer, they received plenty to eat and had access to food at all times. Other residents were unhappy with the taste, choice and temperature of the food on offer in the centre and described the food as 'edible', 'okay' and that the food was often served cold, particularly on

'Sunday mornings'. Another Resident stated that the food 'was still a work in progress' having recently improved because of a new chef. Inspectors were informed that the 'hale and hearty' initiative had been implemented. Residents were provided with a supply of high calorie snacks available at all times, aiming to improve the health and well-being of residents. The timing of meals had also recently been changed to ensure that lunch and dinner were not served too close together.

Laundry facilities were provided on site. Some residents and visitors raised concerns regarding items of clothing going missing and not being returned. Management outlined that a new tagging system had been rolled out to address this issue. The new tagging system comprised of a button system that was attached to residents' clothing. Although this system was more robust and remained attached to clothing, inspectors saw that for one resident it had caused a number of items to be badly damaged with holes occurring where the button tag had been inappropriately attached. Management undertook to address this.

Residents had access to telephones, newspapers, televisions and religious services. Activity staff was on-site to organise and encourage resident participation in events. Residents reported that poetry reading, sing-a-longs and music therapy were particular favourites and that they loved when the hairdresser came to the centre. Inspectors observed a visit from a singing musician and a special high tea had been organised to mark and raise awareness of World Alzheimer's Day. Residents gave positive feedback on this and appeared to enjoy both. Some visitors informed inspectors that there was limited access to Wifi, and that the mobile phone signal was poor in the bedrooms. Other resident feedback included that they would like more outings to art galleries, local near-by towns or other destinations.

Residents and visitors informed inspectors that they were happy with visiting arrangements in the nursing home. Visitors said they were welcome to the home at any time. Visitors informed inspectors that they were happy with the care provided and felt it was a good place for their loved one to live. A relative stated that they were grateful for the level of thought and planning by staff to help celebrate their loved one's birthday which had been a 'magical celebration'. Some visitors spoke to inspectors about the noise from the building works, and went on to say they 'will be glad to see the building finished'.

Inspectors observed that residents were receiving good care and attention. Staff who spoke with inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Inspectors observed that staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Resident described staff as being 'top class' and 'exceptionally kind' and described how staff knew their needs and were 'always helpful'. However several residents stated that at times there was not enough staff and this resulted in lengthy waits particularly in the mornings and evenings. One resident reported that when a carer came to their room to offer support and help that they accepted it as otherwise 'they may not return for some time'. Another resident reported having to wait as long as 30 minutes at times to get the help they required. Residents also

reported that at times it was difficult to locate staff to escort residents for a walk outside.

Overall residents reported that their individual complaints were taken seriously and addressed promptly. Residents reported they were happy to bring their concerns or issues to any staff member.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Inspectors found that although there were management systems in place, action was required to ensure that these systems were effective to identify all areas of risk and to ensure these risks were effectively mitigated. During the inspection, inspectors identified that the registered provider was operating outside condition 1 of the centre's registration through commencing building works with out advance notice or agreement with the Chief Inspector.

The centre's management team informed inspectors at the start of the inspection that building works for a 33 bed extension to the centre had commenced in April 2023 and a large portion of the garden had been cordoned off to facilitate construction works. No prior notice or communication from the registered provider with the Chief Inspector of Social Services had occurred before this inspection. Inspectors found that the works impacted on the residents living in the centre, with some residents reporting disappointment with the reduced size of the garden, closed playground area and with the noise and dust generated. Inspectors also found that escape routes that ran through the build sites were not satisfactory. Furthermore there had been little consultation and dialogue with residents regarding this building project prior to the ground works commencing.

This announced inspection was carried out to monitor compliance with the regulations and follow up on concerns received by the Chief inspector since the last inspection related to complaints management, temperature regulation in the centre, additional service charges, occupational and recreational activation opportunities for residents, staffing levels and access to physiotherapy. Inspectors identified that further action was needed to ensure that temperature regulation in the centre could be safely maintained.

The registered provider for The Four Ferns is FFNH Limited. The nursing home is part of a larger nursing home group Virtue. A senior management team is in place to provide management support at group level. The person in charge, who commenced their role in January 2023, is responsible for the local day to day operations in the centre. Inspectors were informed that senior group managers

attend the centre on a daily basis to provide managerial support to the person in charge. Two assistant directors of nursing (ADON) as well as four clinical nurse managers (CNM) also provide support to the person in charge in her role. At the time of inspection there was one ADON and one CNM vacancy. There was active recruitment ongoing to ensure these positions were filled.

There was a comprehensive annual review of the quality and safety of the service for 2022. This report was informed by feedback from residents and their families to inform changes in the service. A quality improvement plan had been developed for 2023.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 136 residents living in The Four Ferns. A clinical nurse manager worked Monday to Sunday 8:00hrs to 20:00hrs providing clinical oversight to the the service. There was a minimum of two registered nurses on duty Monday to Sunday from 8:00hrs to 20:00hrs on each of the three floors of the centre. A minimum of eight health care assistants worked Monday to Sunday from 8:00hrs to 20:00hrs on each floor and an advanced care practitioner also worked 8:00hrs to 20:00hrs on each floor to facilitate activities and provide supervision for residents. At night a minimum of four nurses worked in the centre, one of whom was a senior nurse who provided direction and clinical leadership across the three floors of the centre. Nine carers worked at night to provide care and support to residents. Inspectors reviewed a sample of duty rosters and found that these reflected the information provided by management. Inspectors were informed that all staff working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place prior to commencing employment in The Four Ferns. A sample of these were provided to inspectors.

Inspectors were provided with all Schedule 5 policies and procedures and found that these had been updated at intervals not exceeding three years. A contract of insurance was in place that protected residents against injury and against other risks.

The registered provider was aware of the amendments that had occurred in March 2023 to Regulation 34, Complaints Procedure and had taken action to update the centre's complaints policy and procedure. The policy detailed the complaints procedure and the time-lines within which complaints would be processed and dealt with. There was a named complaints officer and identified review person. Inspectors observed that there was written information available for residents regarding advocacy services. A sample of records of the complaints received were maintained separate to residents care records.

Inspectors found that contracts for the provision of services were not in line with the regulations. This is detailed under Regulation 24, Contracts for the provision of services.

Regulation 15: Staffing

The registered provider of The Four Ferns had arrangements in place to ensure that the number and skill mix of staff was appropriate to meet the individual and collective need of the residents and with due regard for the layout of the centre.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in the following areas were found to be ineffective to ensure the service provided was safe, appropriate, consistent and effectively monitored:

- Inspectors found that the registered provider was operating in breach of registration Condition 1. The centre's management team informed inspectors at the start of the inspection that building works for a 33 bed extension had commenced in April 2023. No prior notice or communication from the registered provider with the Chief Inspector of Social Services had occurred before the inspection.
- There were inadequate levels of engagement and consultation, regarding significant changes to the service and premises, with residents and the Chief Inspector of Social Services. When managers were asked about consultation with residents, inspectors were informed that building plans had been put on display in the reception area and that an email had been sent to residents and their families in April 2023, after the ground works had commenced.
- Inspectors were not assured that there was adequate oversight of fire safety precautions in the centre. Further information is detailed under Regulation 28, Fire Precautions.
- Oversight of allocation of resources required improvement. For example; residents provided feedback in resident meetings, verbally to inspectors on the days of inspection and through written questionnaires received prior to the inspection that wait times in the morning and evenings for staff support were at times lengthy with one resident reporting a wait of 30 minutes. No action plan was in place at the time of inspection to address these issues to

ensure all residents received care and support in a timely manner.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Inspectors found that the contracts did not clearly set out the terms and conditions of the resident's stay in the centre. For example;

- Not all contracts reviewed specified the number of the room in which the resident was to reside.
- For residents in receipt of fair deal funding, the required individual fee payable by the resident for provision of services was not clearly specified in their contracts.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An updated complaints policy and procedure were available in the centre. A sample of complaint records were provided to inspectors.

Judgment: Compliant

Regulation 4: Written policies and procedures

All required policies and procedures as set out in Schedule 5 were available to inspectors. These policies had been reviewed in accordance with the regulations and to reflect best practice.

Judgment: Compliant

Quality and safety

Inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met. Action was required in the following areas to ensure ongoing quality and safety of

the service provided; fire precautions, personal possessions, residents' rights and premises.

It was observed that through ongoing comprehensive assessment residents' health and well-being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had access to the nursing home group medical officer or to their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff had completed safeguarding training. The registered provider did not act as a pension-agent for residents at the time of inspection.

Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media and there was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. Action was required however to ensure that residents' rights to consultation and participation were fully supported in the centre and that residents were fully informed regarding changes to the service. This is detailed further under regulation 9, Residents' Rights.

Residents and visitors informed inspectors that they were happy with visiting arrangements in the nursing home. Visitors were seen coming to and from the nursing home throughout the days of inspection.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and maintain personal possessions. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and with dual signature system in place to ensure clarity and accountability. Further action was required to ensure that the system in place to return residents' clothing from the laundry in a timely manner was effective and to ensure no damage to clothing occurred. This is discussed under Regulation 12, Personal possessions.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted when required.

The premises was found to be bright, modern and nicely decorated throughout. Residents reported positively regarding their bedrooms and the premises generally. However inspectors noted a number of issues that required action. Furthermore inspectors were not assured that adequate fire safety precautions had been taken to ensure that residents living in The Four Ferns were safe and protected from the risk of fire. Issues related to the premises and fire precautions are detailed under

Regulation 17, Premises and Regulation 28, Fire Precautions respectively.

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Action was required to ensure that the system in place to return residents' clothing in a timely manner was effective and to ensure no damage to clothing occurred. During the inspection some residents and visitors raised concerns that items of clothing frequently went missing and some had not being returned. Although a new tagging system was being rolled out to address this issue which comprised of a button system that was attached to residents' clothing, inspectors saw that for one resident it had caused a number of items to be damaged creating holes where the button tag had been attached.

Judgment: Substantially compliant

Regulation 17: Premises

The following areas of concern were identified:

- Residents reported that the temperature in the centre and in particular in their bedrooms was found at times to be too hot. They reported that this was especially problematic during periods of warm weather.
- The centre's garden had been reduced by approximately half its original size to accommodate the building site which was put in place immediately adjacent to centre. Feedback received from residents reported that this had affected their quality of life as there was reduced access to garden space for walking and relaxing.
- Fabric covered chairs were in place throughout the centre and although there was a schedule to clean these chairs on a regularly basis, inspectors observed several items of furniture that were stained.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had put in place a risk management policy that was in line with the requirements of Regulation 26, Risk management and an emergency response plan for the centre was viewed by inspectors.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were not assured that there were adequate measures in place to ensure that residents living in The Four Ferns were safe and protected from the risk of fire. The following issues were identified by inspectors:

- Inspectors raised concerns regarding the escape routes through the active building site. Inspectors observed uneven terrain with temporary chip board ramps and gravel slopes in these escape routes that posed a risk of inhibiting safe and timely evacuation of residents through this area in the event an emergency. Furthermore although staff had been informed about the escape route through the building site, no simulated evacuation drills had taken place

to ensure that evacuations could be safely completed through these areas and ensure that staff were aware of what to do.

- Records of six simulated fire evacuation drills completed in 2023 were provided to inspectors. These were found to contain inadequate details regarding the number of staff partaking (for example if night time or day time staffing levels), dependency levels of residents, fire compartment information or the learning identified. Furthermore no simulated drill to evacuate a full compartment, with night time staffing numbers, had yet been completed to provide assurance that a full compartment evacuation could be achieved when staffing was at its lowest.
- Records of quarterly and annual servicing of fire detection system and annual servicing of fire-fighting equipment were not provided to inspectors therefore they could not be assured these were being maintained and serviced as required.
- Fire maps to inform staff and residents about escape routes and fire compartment boundaries were located only at nurses stations on each floor. No other signage was provided throughout the centre to inform residents or visitors where to go in the event of an emergency.
- Inspectors noted gaps in documentation in the records of daily fire safety checks.

Judgment: Not compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that residents' rights were fully supported in the centre. Inspectors found that there was no consultation with residents regarding the building of an extension prior to commencement of building works. Inspectors were informed by management that building plans had been put on display in the reception area and that an email had been sent to residents and families in April 2023, after the ground works had commenced. No records of resident meetings or other consultation was provided to inspectors, which detailed consultation with residents and provided residents with a forum for feedback on the proposed plans prior to building works starting. Records of resident and family feedback made after building had started, through resident meetings or via complaints, detailed that residents and families were not satisfied with the lack of consultation regarding the building works prior to works commencing. The negative impact of the noise generated and loss of available garden space on residents living in the centre was also clear from these records. Additionally inspectors were informed by one resident of their disappointment regarding the loss of the children's playground facility. Based on these findings, inspectors were not assured that residents' right to be heard and consulted on this significant change to the service had been or was being supported.

Judgment: Not 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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for The Four Ferns OSV-0007729

Inspection ID: MON-0038524

Date of inspection: 29/09/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Breach of Registration Condition 1</p> <p>The management team acknowledge the oversight regarding lack of communication of construction works on the extension at the Four Ferns and extend apologies to the Chief Inspector of Social Services.</p> <p>The Four Ferns management team have since met with the Chief Inspector and senior leaders at HIQA to provide a comprehensive overview of the works on the site at Four Ferns. The team acknowledge the future requirements regarding HIQA notification should building works commence at any other locations within the group.</p> <p>The management team understand the importance of engagement and consultation with residents regarding significant changes to the services and premises, to allow residents an opportunity to voice their opinions. Although these forums are in place and operational, in this instance they had failed to discuss the proposed building works. To ensure such items are not over looked going forward an agenda item entitled 'Building and Service Updates' will now be included in the residents forum.</p> <p>High quality graphics and models were commissioned for display at the nursing home as part of the communication strategy for existing residents and families. Unfortunately delays occurred during printing resulting in the display being finalised later than anticipated. It is acknowledged regretfully that site clearance had begun by the time the plans were clearly displayed within the home.</p> <p>Information relating to the governance and management of fire safety have been included in the action plan detailed in Regulation 28 below.</p>	

Allocation of Resources

To improve oversight of resource allocation the following measures have been put in place:

1. Call bell audits will be conducted by the senior clinical team to ensure robust monitoring of waiting times for care delivery. The audits will be conducted at different times of the day i.e. early morning, early and late evening, and include meal times. PIC/ADON/CNM to increase on the ground daily supervision and monitoring of call bells. Learnings from same will be disseminated to all staff at staff meetings. Call bell audit review has been added as an agenda item fortnightly.
2. An information day for residents' rights will be run by the QSR director
3. The content of resident surveys reviewed to ensure feedback is gathered on the items raised by the inspector within this report
4. Complaints management process audited by executive management team member to ensure the loop is closed on all complaints and they have been managed satisfactorily.
5. Complaint trending will commence to ensure that complaints in relation to delay attending residents can be flagged without delay. Governance by quarterly QSR meeting
6. Going forward minutes of resident's meetings will be signed off by PIC, and a robust action plan will be initiated following each meeting.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

There is a space in the contract document to include room number however, on occasion this is not completed if the admission is planned far advance of the contract signing and its not possible to confirm which room number will be available. An instruction has now been given to those in charge of the contract signing process to include room numbers on all contracts going forward. To assist with this a new section covering room numbers will be included in a revised contract document currently in development, release date January 2024.

As part of the revision process of the document we also aim to improve clarity on how fair deal funding applies to the total rate payable by the resident. At the time of contract signing the rate of Fair Deal contribution is often not yet known, however, once this information is received from the HSE we send a communication to residents and families detailing their payment requirements in addition to the Fair Deal contribution.

We will also now ensure that this letter is attached to the contract document as an addendum if the rate is not available to be included in the original contract document.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The new button tag system was introduced to reduce the likelihood of items of clothing getting misplaced during laundry service. The head of housekeeping conducts regular audits to keep track of the frequency of such occurrences and are happy to report the system is working successfully to minimise these events.</p> <p>In the initial roll out of the button tags we tried various locations for the tag to ensure it wouldn't irritate/ press into the skin of the wearer or damage the garment. We are disappointed to hear that the buttons have damaged the clothing of the resident the inspector spoke with on the day. We have now identified a more appropriate location for the buttons and will audit existing tags and move them where required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • We have purchased portable air conditioning units for use in rooms where residents feel they are too hot. • The reduction in the size of the garden is a temporary measure due to health and safety measures enacted to keep residents safe during duration of the building of the extension. This has been discussed with residents at length and they will be regularly updated regarding the timeline for the reopening of that section of the gardens. • All soft furnishings have been audited and a regular deep cleaning program is in place. The Four Ferns has chosen to continue using fabric furnishings throughout as residents feedback reports this is preferable and more homely than plastic covered wipeable chairs. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Works have been completed to upgrade the temporary evacuation routes required due to the building works at the location. Simulated drills using this evacuation point are now part of the overall fire training strategy for all staff. A simulated drill using this evacuation 	

point has been completed since the time of the report and the route signed off as safe and appropriate.

- A review of the evacuation drill documentation for 2023 has been completed by the regional director. Going forward evacuation drill documentation will be reviewed for completion and signed off by the PIC. A simulated drill of a full compartment when staffing is at lowest possible levels has now been completed and signed off as safe and appropriate.
- On the day of inspection, onsite servicing records for the fire detection system and fire-fighting equipment were available only for 2023, rather than the required rolling 12 months. Soft copies of the additional records were emailed to the inspector directly after inspection. It has now been noted that 12 months of rolling service information is required in hard copy onsite, and this will be audited as part of the fire safety audit program.
- External fire consultants, Phoenix STS, were engaged in July to upgrade all of the evacuation maps for the Four Ferns. New CAD drawings have been received from the fire consultants and Phoenix STS are working on the new evacuation plans which will be installed in every fire compartment.
- Inspectors noted gaps in documentation in the records of daily fire safety checks. The daily checks have been reviewed by the regional director and the CNM has been requested to sign off that they are complete with no gaps at the end of each day.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Right to Consultation re: Extension

The management team acknowledge the lack of formal communication with families and residents before site clearance commenced on the extension at the Four Ferns and will ensure to put a more comprehensive plan in place to keep residents informed and gather their feedback before any such works are carried out in the future.

Although the formal communication commenced later than anticipated, we can confirm that there were informal discussions with families and residents regarding the extension. The planning permission notice was displayed publicly and prompted interest from families and ultimately general conversation within the home about the extension.

'Building and Service Updates' has now been added as a standing agenda item at the Residents Forum. This should ensure that such information sharing is not overlooked going forward.



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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	29/12/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	14/02/2024

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	14/02/2024
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.	Substantially Compliant	Yellow	29/12/2023
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	Orange	29/12/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	25/01/2024

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/11/2023
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.	Not Compliant	Orange	29/12/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	29/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	14/02/2024