



**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:	Unannounced
Date of inspection:	27 January 2025
Centre ID:	OSV-0007729
Fieldwork ID:	MON-0045222

## 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 176 residents, both male and female over the age of 18. The living accommodation comprises of single and 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:	155
--	-----

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
Monday 27 January 2025	08:30hrs to 17:20hrs	Aoife Byrne	Lead
Monday 27 January 2025	08:30hrs to 17:20hrs	Niamh Moore	Support
Monday 27 January 2025	08:30hrs to 17:20hrs	Karen McMahon	Support

## What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents living in the centre received a good standard of quality and personalised care. The overall feedback from the residents was that the centre was a lovely place to live with comfortable surroundings and friendly staff. The inspectors spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. Inspectors were told that "staff are very helpful" and "they are looking after me well". Residents told the inspectors that overall they were very happy with life in the Four Ferns.

The Four Ferns is located in Foxrock in Dublin 18. The centre is registered for 176 residents with 22 vacancies on the day of the inspection. The centre provided accommodation over three floors and was accessible by stairs and lifts. Residents are accommodated in single and twin occupancy bedrooms with en suites. The Tall Trees memory unit has recently opened to take on residents with a dementia diagnosis.

On the day of the inspection the inspectors were met by the person in charge, the assistant director of nursing and one of the company directors from the registered provider. The living area of the centre is spread over three floors. Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions. While touring the premises, the inspectors observed that all three floors were clean and well-maintained. Improvements had been seen to the premises since the last inspection, with the bath on the first floor plumbed and the upholstery of chairs were clean. However, ventilation in the treatment rooms required review to ensure it was adequate for the storage of medicines. In addition, the access to hand wash sinks and monitors for call bell systems in some areas were outstanding. Inspectors noted one occasion where there was delay in a call bell being answered at lunch time, staff explained this was due to their being no monitor in the vicinity of an end of corridor and they could not hear the bell ringing.

Residents told inspectors that they enjoyed all the activities on offer. A schedule of activities showed that there was numerous social activities available Monday to Sunday. Residents said that staff give them all the information that they need, and explained that they were provided with the activity schedule so they know in advance what activities are planned. Inspectors observed on the day of the inspection there was activities such as a therapy dog visiting, an interactive quiz, music which residents enjoyed singing along to and an art class. The centre ran quality initiatives for the residents which included the magic moment's initiative and date night for couples. Both these initiatives were dining experiences for couples or families to allow them to spend quality time together outside communal dining.

Inspectors observed the dining experience for residents and saw that the mealtime in the centre's dining rooms was a relaxed and social occasion where residents sat together. There were three choices available for the main meal and lunch time, and hot and cold options were available at dinner time. Tables were nicely laid and improvements were seen where gravy boats were available to allow residents to add sauce as per their preferences. However, condiments such as salt and pepper were not available for residents. The meals served on the day were seen to be wholesome and nutritious. The inspectors observed adequate numbers of staff available to offer encouragement and assistance to residents as required. Residents spoken with were complimentary of the food on offer.

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 findings of this inspection was this was a well governed centre with effective management systems to monitor the quality of the service.

This was an unannounced inspection, carried out over one day, by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors followed up on the actions taken by the provider to address issues identified on previous inspections dating back to August 2024. The compliance plan had been actioned, however some areas for improvement were identified.

FFNH LTd is the registered provider for the designated centre. It is a company consisting of three company directors one of whom represents the registered provider. The person in charge was supported clinically and administratively by three assistant directors of nursing, a team of clinical nurse managers, staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff. This structure was found to have a positive impact on the oversight and supervision of the care provided to residents.

The designated centre had adequate resources to ensure the effective delivery of quality care and support to residents. There was evidence of some good management systems in place through meetings and tracking of key data such as falls and incidents. There was a suite of auditing occurring however inspectors found that these audits were not always driving quality improvement and will be further discussed under Regulation 23: Governance and Management. Inspectors were informed on the day of inspection that there were new initiatives in place for audits with a champion programme in place with staff responsible for audits according to their expertise. The provider had completed an annual review of the quality and

safety of care delivered to residents in the centre in 2023 which measured the service performance against the national standards.

Records requested as part of this inspection, such as policies and staff rosters were kept in a manner that was safe and accessible. The registered provider had an electronic directory of residents available in the centre. From a sample review, this directory was seen to include accurate and up-to-date information in respect of each resident. However, this did not meet the criteria as set out within Schedule 3 of the regulations. This is further outlined under Regulation 19: Directory of residents.

### Regulation 15: Staffing

There was an appropriate number and skill mix of staff, to meet the assessed needs of the 155 residents during the day and night and having regard for the size and layout of the designated centre.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents did not record all information specified in Schedule 3 of the regulations. For example:

- The address and telephone number of the resident's general practitioner (GP) was not recorded for any resident.
- The name and date was not recorded in a sample of four records reviewed for when the resident was transferred to another designated centre or to a hospital.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents. While the centre had a number of assurance systems in place these required further strengthening.

- As discussed throughout the report, oversight arrangements were not ensuring full compliance across all regulations
- Care Plan audits were completed, however there was no evidence that the quality improvement plan had been implemented. These audits had recorded

high levels of compliance. This was not in line with inspectors' findings, particularly in respect to skin integrity and behaviours that challenge care plans. This is further discussed under Regulation 5: Individual assessment and care plan.

- Call bell audits were not seen to be tracking and analysing data appropriately. This was further seen during the inspection where there was insufficient call bell monitors available for staff to promptly respond to residents needs.
- Improvements were required in the arrangements to safely evacuate residents. This is further discussed under Regulation 28: Fire Precautions.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. These policies had been reviewed at intervals not exceeding three years.

Judgment: Compliant

#### Quality and safety

The inspectors found that the residents were receiving a good standard of care that supported and encouraged them to enjoy a good quality of life. Inspectors observed that the staff treated residents with respect and kindness throughout the inspection. However, action would be required by the registered provider around standards of residents' care plan documentation, use of restraint and fire precautions.

The inspectors reviewed a sample of residents files and there was evidence that the residents' needs were being assessed using validated risk assessment tools. Assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. The care plans reviewed were seen to be person-centred and reflected residents wishes. Notwithstanding these good practices, the inspectors found that the quality of information recorded varied and did not always contain clear information to direct staff on providing care to residents.

The centre had a policy to guide the use of restraint and restrictive practices and maintained a register of restrictive practices in use in the centre. However, inspectors found that the use of restraint was not always used in line with their own policy and the national policy. This is discussed further under Regulation 7; managing behaviour that is challenging.



Residents had been provided with a wardrobe and lockable storage to store their clothes and personal possessions. One resident told inspectors "my room is perfect" and another said "I have sufficient storage in my wardrobe". Laundry was completed regularly on-site. New initiatives and measures were put in place to ensure items were returned to the correct resident. Residents who spoke with inspectors confirmed they were happy with the management of their laundry.

A review of the medication management systems showed nurses were administering medication appropriately, as prescribed and dispensed. Medication practices were audited, and medication policies were kept under review to ensure they aligned with current practices. While there were some good practices in medication management, inspectors observed that not all medicines were safely stored in the designated centre and in line with the prescribed guidelines. This is further discussed under Regulation 29: Medicines and pharmaceutical services.

During the premises walk-around, numerous power-assisted cross corridor doors were not correctly opening and closing. This created a concern that if there was a fire, there would not be adequate containment of smoke. It is acknowledged that once this was raised with management, maintenance personnel addressed the issue on the day. Further action was required to ensure adequate precautions were taken against the risk of fire. This is further discussed under Regulation 28: Fire precautions.

## Regulation 12: Personal possessions

The registered provider was not a pension-agent for any residents. There were systems in place to ensure that residents had access to and retained control over their property including finances. Some residents' monies and valuables were held on their behalf in a safe. From a sample review, there was evidence that these records were seen to be accurately maintained and balances were up-to-date with a record of two signatures as per the registered provider's policy.

Judgment: Compliant

## Regulation 17: Premises

Overall the centre was well maintained, however improvements were required to ensure compliance with schedule 6 of the regulations. For example:

- The ventilation in all the treatment rooms in the centre was not adequate, as the rooms were found to be too warm for safe storage of food supplements and medications.

- The call bell monitors were not positioned to ensure that all staff could hear the residents' call bells ringing and respond promptly.

Following the last inspection in August 2024, the registered provider had committed to the compliance plan in relation to Regulation 17: Premises. The interconnecting communal rooms had two call bells to serve both the dining and living rooms. A new schedule was in place for upholstered furnishings and improvements were seen.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

### Regulation 27: Infection control

The centre was very clean on the day of inspection, however, some areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example;

- There was no hand wash sink in the clinical treatment rooms, and the hand washing sinks in the sluice rooms did not meet the recommended guidelines, this is a repeat finding.
- Two Sluice rooms had no lockable storage and another had no clinical waste bin.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Improvements were required in the arrangements to safely evacuate residents. Residents' Personal Emergency Evacuation Plans (PEEP), required review to ensure

they detailed the process in place for the safe evacuation in the event of a fire. For example:

- In one PEEP, many of the questions were unanswered. For example, there was no detail recorded for the resident's day and night evacuation plan.
- One resident's PEEP had not been updated within the last four months. This PEEP recorded the resident's incorrect weight with a discrepancy of nearly five kilograms. This was a risk as this weight had been used to detail the weight a staff member should be to aid evacuation.
- Two PEEPs did not refer to vertical evacuation which was the evacuation plan for the first and second floor of the buildings.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication storage practices were not in line with best practices or local policy, which led to some unsafe practices. For example:

- Some medicinal products supplied for residents were not stored safely or in line with the product advice. Inspectors saw the temperature records for the treatment rooms where medication was stored, which showed a room temperature of 26 degrees Celsius, which did not support safe storage. Labelling of the medications stated that storage was required at a temperature maximum of up to 25 degrees Celsius. This could pose risks with respect to the effectiveness of those medications.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Actions were necessary to ensure that residents' care documentation reflected their individual assessed needs and were updated to clearly direct staff regarding the care interventions they must complete to meet each resident's assessed needs and to ensure that pertinent information regarding each resident's care was effectively communicated to all staff. For example:

- One resident with chronic wounds had multiple updated entries with conflicting information, which made it hard to decipher the current care needs.
- one resident with a behaviours that challenge care plan had conflicting information contained within it around the use of restraint and it was not clear whether restraint was in use or not.

- A resident's smoking care plan had not been formally reviewed within the last four months. This care plan did not reflect the current supervision measures in place for this resident while smoking.
- A resident's nutrition and hydration care plan did not reflect their current MUST score (a tool used to identify individuals who are at risk of malnutrition). In addition, this resident's care plan did not refer to the fact that they were on a diabetic diet.
- A resident with significant weight loss, nutrition and hydration care plan had not been formally reviewed within the last four months. While this care plan stated that the resident would be weighed weekly, this was not seen to occur and weights were occurring monthly for the last six months. In addition, this resident's care plan did not reference the last

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Where restraint was used it was not consistently used in accordance with national policy. For example;

- Risk assessments carried out did not record where least restrictive alternatives were trialled, including the length of time and outcomes, as set out in their own policy on use of restraints.
- One consent form had been signed by a person referred to as their decision support person, however this person did not have the legal remit to consent for the resident in question.

Judgment: Substantially 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 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for The Four Ferns OSV-0007729

Inspection ID: MON-0045222

Date of inspection: 27/01/2025

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:            PIC has contacted VCare Support Team to update the Register Template. All information was available in the system but was not displayed in the register Template.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            Additional Call Bell Monitor Screens are being installed by in the longer corridors and sound/volume recalibrated. Care plans and PEEP are being reviewed and updated by ADONs and CNMS. Audit program Reviewed and Champions Program was launched to ensure audits are completed and Quality Improvement Plans are Implemented.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            Additional Call Bell Monitor Screens are being installed in the longer corridors and sound/volume recalibrated. Air Conditioning Units have been installed on the ground</p>	

<p>floor. Temperature records are all within regulation since. The remaining rooms will have installation completed by 15.03.2025</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Lockable storage and Clinical waste bins are being installed in the sluice rooms identified during inspection. There are alcohol dispensers in the medication storage room and hand washing sinks are available within close distance to this room. These rooms are storage only they are not used as treatment rooms.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  All PEEPs are being reviewed and updated by "Fire Champion CNM". Records identified have been corrected and PEEPs will continue to be updated 4 monthly of when changes in residents condition impact the evacuation strategy.</p>	
<p>Regulation 29: Medicines and pharmaceutical services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  Air Conditioning Units have been installed on the ground floor. Temperature records are all within regulation since. The remaining rooms will have installation completed by 15.03.2025</p>	



Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans identified have been reviewed by the floor managers and we have discussed with the team the importance of updating care plans on regular basis and maintain only relevant recent information. We continue with Ongoing Care Plan Training and Care Plan Audits.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Risk Assessment and Consent Forms are being reviewed by our Restrictive Practices Champion and records updated accordingly.</p>	

## 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	31/03/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/03/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/04/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	15/03/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	15/03/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Substantially Compliant	Yellow	15/04/2025

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	15/04/2025