<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fingal House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000137</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Spiddal Hill, Seatown West, Swords, Co. Dublin.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 840 1545</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:fingalhousenh@gmail.com">fingalhousenh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Barron and Dunne Barron Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Helen Dunne Barron</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
01 October 2014 09:30 01 October 2014 17:00
02 October 2014 09:00 02 October 2014 13:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This was an announced inspection which took place over two days and was for the purpose of monitoring and informing an application for renewal of registration for Fingal House Nursing Home. This was the sixth inspection by the Authority.

The centre has been in operation as a designated centre for older persons with this provider since 2007. The provider nominee also fulfils the role of person in charge and has applied for renewal of registration for 20 places. At the time of the registration process in 2012 a condition was put in place relating to the use of the first floor. This report sets out the findings of the inspection and areas for improvements.
The inspector found that overall the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland to a good standard. The provider had addressed six of the seven non-compliances further to the last inspection on 21 and 22 September 2013. Improvements had taken place relating to premises and an environmental audit had been completed. However, further improvements were necessary as a formal review of the shared occupancy rooms and premises had not yet taken place. No plans had been submitted to the Authority to meet the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was a committed management and staff team in place who worked to ensure that there was a strong governance structure in place. The inspector acknowledges the preparation and ongoing work which has taken place in preparation for renewal of registration.

The management team consists of two directors, one of whom work full-time as the provider / person in charge and manages the centre on a day-to-day basis.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day with activity and diversional therapies available.

Residents were consulted about the operation of the centre and there was an active residents’ and relatives meeting. Residents and relatives knew the management on a first name basis. The collective feedback received verbally and in writing from residents and relatives was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety and quality of life of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse, safeguarding and other relevant areas. Staff had an in-depth knowledge of residents and their individual needs. Recruitment practices met the requirements of the Regulations. Staffing levels were found to be adequate on the day of the inspection.

Areas for improvement identified include the statement of purpose, insurance, and premises. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the statement of purpose submitted for the purposes of renewal of registration dated 28 August 2014. The document was detailed, informative and easy to follow and contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Some improvements were required relating inclusion of room sizes and facilities available for residents; the conditions of registration, and the additional charges payable were not found to be outlined clearly in the document.

Judgment:
Non Compliant - Minor

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined
management structure that identifies the lines of authority and accountability. The person in charge worked at the centre on a day-to-day basis, both as provider and person in charge. Residents and relatives clearly identified with her and discussed their daily lives with her and staff working at the centre.

Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. Staff meetings were well established and audit in place which reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned and recorded.

The roles and responsibilities were clearly defined and ongoing evidence of audit and review of practice evident from this inspection and previous monitoring events. Prior to and during the inspection the staff and provider demonstrated effective communication and provision of information and records requested by the inspector.

There was a system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from previous monitoring events and any feedback received from residents and relatives. For example, the centre had completed the food and nutrition self assessment and further to consultation with residents adjusted the mealtimes and staffing arrangements to taken into accounts residents choices and wishes around meal times. Satisfaction and feedback relating to changes in service provision were also discussed at the resident's meetings.

Relatives and residents confirmed that they could easily identify with the person in charge and her deputy and both were visible at the centre on a daily basis.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Each resident had in place a detailed signed contract of care dealing with the care and welfare of the resident at the centre which provided detail on the services to be provided and associated fees.
The inspector reviewed a sample of the signed contracts of care and a copy of the current contract. Written contracts were agreed on admission. Additional fees were clearly stated, for example, hairdressing, pharmacy charges, monthly activities charge, chiropody, newspapers, transport and dry cleaning.

The resident's guide was detailed and outlined service provision and any additional charges. Additionally notice board and information leaflets were available for residents and relatives. Communication was mostly informal and appropriate to the size of the setting, staff made themselves available to answer questions from relatives and residents.

**Judgment:**
Compliant

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### Outcome 04: Suitable Person in Charge

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider who is also the person in charge works full time and was on duty at the centre on both days. She has been the person in charge since 2003 and the provider since 2007.

Inspectors had determined the fitness and suitability of the person in charge at the time of the initial registration inspection. The inspector was satisfied that the person in charge and key senior manager at the centre were suitably qualified and experienced to fulfil their roles. She has the appropriate skills, qualifications and experience and has worked with older people since 2003.

She is a qualified general nurse, with additional qualifications in management, moving and handling instructing and gerontology. She is supported by a clinical nurse manager who deputises for her in her absence. The person in charge has line management responsibilities for all staff including nursing, care staff, catering and household staff.

**Judgment:**
Compliant

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### Outcome 05: Documentation to be kept at a designated centre

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a*
manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the provider had fully addressed the non-compliance further to the last inspection, the fire register records of fire training completed were readily accessible for each staff member, and kept up to date at the designated centre.

Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Improvements had taken place since the time of the last inspection and documentation was maintained in an organised manner. Nursing and clinical records were maintained and any records reviewed were found to be person centred and accurate. Overall nursing and care records were found to be completed to a good standard. The inspector found that the documentation reviewed was maintained to a high standard and the risk register had been completed by the person in charge with regard to restraint.

The provider had ensured that the designated centre was adequately insured against accidents or injury to residents, staff and visitors. The policy submitted on 28 August 2014 for the purposes renewal of registration purposes was for the contents of the building, and covered resident's property and other risks. However, further to discussion with the provider a request was made to confirm with the owner of the building that there was a current policy in force for the buildings which were leased by the current provider. A clarification on the wording of the policy which related to the "property owners" was sought by the inspector at this time from the provider. Further information was received from the provider by e-mail on 13 October 2014 that insurance was in place. However, evidence of this policy, and clarification from the insurer was not submitted to the Authority at this time.

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

Judgment:
Non Compliant - Minor

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider as person in charge has not been absent for more than twenty eight days which required notification to the Authority.

Arrangements in place ensured that the clinical nurse manager took charge in the absence of the person in charge. She has completed a management qualification in 2013 and has kept up to date professionally. One of the registered nurses took charge at other times and records relating to this were maintained.

** Judgment:**
Compliant

**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who had completed the Authority’s questionnaire commented and confirmed that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells.
The inspector found that in practice the provider was not involved with managing or acting as an agent for pensions for any residents.

There was a policy on and procedures for managing behaviours that challenge and a separate policy on the use of restraint which was closely aligned to the National policy and had been updated in 2013. The person in charge had notified all incidents since the date of the last inspection, and these had been reviewed by the inspector and a satisfactory response and actions had been taken by the person in charge.

Staff had appropriate skills to respond to and manage behaviours associated with cognitive difficulties or decline. The inspector reviewed the records of residents and found that each episode of behaviour was documented and informed future care. Residents’ assessments and care plans were in place and updated appropriately to guide care delivery. There was evidence that the GP and psychiatric services were involved in the care as required.

The use of restraint was in line with the national policy on restraint. A detailed discussion took place relating to the use of any form of restraint at the centre. The rationale for use of any form of restraint was well documented, and any measures considered prior to any use. The restraint register was reviewed monthly by the provider or her deputy. There was a system in place to monitor all residents using restraint and this was well supervised in practice.

The inspector discussed the use of a metal stair gate at the bottom of the stairs and the purpose and function of this gate with the provider who agreed to review this from a risk management perspective. The inspector observed staff delivering care in a way which safeguarded resident's dignity and respected the individual rights.

**Judgment:**
Compliant

### Outcome 08: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the provider had fully addressed the non-compliances further to the last inspection, and improvements were now in place with regard to personal evacuation plans, infection prevention and control and the sluice/cleaner's facilities.

The inspector found that there were robust systems in place in relation to promoting the
health and safety of residents, staff and visitors. The inspector read the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

Written confirmation dated 14 August 2014 from a competent person that all requirements of the statutory fire authority, and building control had been met, and had been submitted to the Authority prior to the inspection.

Overall fire safety was found to be well managed, and the non-compliance relating to records of drills and training had been fully addressed by the provider. Fire safety procedures were in place and staff demonstrated to the inspector a good working knowledge of what to do in an emergency. There was evidence that all fire equipment including emergency lighting, fire extinguishers, fire alarm and fire doors were serviced. Each resident had an individual personal evacuation plan in place and appropriate assistive equipment available. All residents located on the first floor could mobilise and egress the building with the assistance of one in line with the relevant condition of registration as outlined in the registration certificate.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency, and staff were familiar with the content. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and regular fire drills were carried out by staff at suitable intervals. There were dates planned for further fire training in 2014. The inspector also viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby a staff member checked fire exits daily and this was documented.

The inspector was informed that ongoing maintenance was provided by a part time member of staff or external trades people. Any issues were brought to the attention of the provider and documented and actioned in a timely manner. The inspector was satisfied that all risks were identified, appropriately risk assessed and risks mitigated to prevent accident or incident. For example, the inspector found that the water at hand basins was temperature regulated and regular checks took place by the maintenance staff.

There was an up to date health and safety statement in place which had been reviewed in 2014 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. The risks outlined in the risk register dated 10 February 2014 are discussed at each management meeting.

Measures were in place to prevent accidents and facilitate residents’ mobility. All staff had been trained in manual handling and appropriate practices were observed by the inspector, and sufficient assistive equipment was found to be available for use in a timely manner.
The inspector found that there were measures in place to control and prevent infection, and improvements had taken place relating to provision of a separate sluice room. The cleaner's room was now fully separated from the sluice room. Staff were managing and controlling risks associated with infection and reporting, no suspected outbreaks had been reported since the last inspection. Staff were knowledgeable in infection control and training had been provided in hand hygiene.

Staff had access to hand washing sinks, and supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a high standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. Competency assessments were also completed with new nursing staff and on an ongoing basis by the person in charge or her deputy. The inspector observed medication administration and found that medication was administered in line with the policy and best practice. Medication was stored in locked cupboards in the residents dining space, in the absence of a clinical storage space.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift.

Medication audits were completed by the person in charge or her deputy to identify
areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. Findings were discussed at nurses meetings. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

All staff nurses involved in the administration of medications had undertaken medication management training, further to a review of training records.

**Judgment:**
Compliant

<table>
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<tr>
<th><strong>Outcome 10: Notification of Incidents</strong></th>
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<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider had fully addressed the non-compliance identified at the time of the last inspection and submitted the relevant notifications as required by legislation.

Records of incidents occurring in the designated centre were maintained and where required, were notified to the Chief Inspector. A full review of all notifications took place by the inspector prior to this inspection and followed up on as part of the inspection process. The person in charge was familiar with the reporting arrangements in line with recent legislative changes.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 11: Health and Social Care Needs</strong></th>
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<tbody>
<tr>
<td>Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</td>
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**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that resident's healthcare and social care needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives. Improvements were noted to have taken place further to the last inspection relating to records of care, pressure ulcer prevention and management and access to psychiatry services.

The feedback from residents relating to available activities was found to be good. Respondents to the questionnaires named good activities such as quizzes, outings, music and spiritual activities at the centre. External activity facilitators also contributed and were in place and activity such as crafts, music and exercises were available.

Residents had access to GP services and a full range of other services were available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. The provider is a qualified moving and handling instructor. She confirmed that she was actively involved in health promotion activity and monitoring practices at the centre. The inspector reviewed residents’ records and found that residents had been referred to services and records and results of appointments were written up in the residents’ notes in a timely manner.

Nursing assessments; care plans and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines, and in a person centred manner. Overall care plans reviewed by the inspector contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Improvements were noted to records of clinical incidents which were found to be fully completed and actioned. Audit took place and records including photography were found to be well maintained by nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents.

The inspector found that there was an emphasis on reducing the use of restraint, and implementing alternatives. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives available.

The inspector reviewed the records of residents at risk of skin breakdown and pressure ulcers and read the care plans of a resident with a wound and noted that there were
adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place which was this used to guide the practice of nursing and care staff.

Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, and records of re-positioning and pressure relieving devices were found to be accurate and evidence based. A small number of residents had been referred for specialist assessment by a tissue viability nurse, and records were in place and care delivery in line with recommendations and that of the multi-disciplinary team including nutritional needs.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The provider had completed an environmental audit which was submitted to the Authority further to a written request by the inspector. This audit included a review of the overall premises, but was not specific to the five shared rooms and did not identify a requirement for a clinical room. The inspector was not satisfied that the provider had fully addressed the non-compliance from the last inspection report. The provider was aware of the Regulatory notice issued to providers in April 2013 and that the physical environment did not fully comply with the collective and individual needs of each resident particularly accommodated in shared rooms. The inspector was concerned particularly with regard to the absence of a clinical room and privacy and dignity issues around the use of the sink in each of the five shared rooms.

A detailed discussion was held with regard to provision of accurate measurements, updating of the statement of purpose and requirements required in this regard with regard to the dependency and the collective and individual needs of each resident and the requirement for the provider to ensure the premises becomes complaint by 1 July 2015 in line with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care.
Settings for Older People in Ireland

The centre is a domestic dwelling which has been added to with an extension on ground floor level to accommodate 20 people. The centre is constructed over three floors, the ground and first floor are for resident access only, with staff facilities on the second floor. A chair lift is available to transfer residents from ground to first floor and vice versa. The centre consists of seven single rooms, two twin rooms and three triple bedded rooms. A safe secure garden is located to the rear of the premises.

Facilities on the ground floor include the person in charge’s office, a sitting room with a small seating area to the front of this room which can be used as a small sitting area with a curtain available to separate from main sitting area. To the rear of the sitting room lies a bright open conservatory area. A kitchen, dining room, one assisted bathroom with toilet and wash hand basin and one assisted shower with toilet and hand-wash basin together with three triple bed areas one twin bedroom, and one single bedroom complete the structural layout on the ground floor.

The kitchen has been renovated in recent years and is well organised, hygienic with suitable and appropriate storage. The local environmental health officer had visited recently and a copy of the report was shown to the inspector, and found to have been actioned appropriately by the provider. The laundry is located separate to the centre at the rear of the building in the rear garden.

Accommodation on the first floor is subject to a conditional registration relating to residents who require only the assistance of one to mobilise, and includes one twin room and six single bedrooms, one assisted bathroom with toilet and wash hand basin and an additional private toilet with wash hand basin. The inspector confirmed that the provider had exercised good governance over this aspect of her registration, and evidenced that further to the last inspection residents had re-located to the ground floor following reassessment.

There are two fire exits on the first floor which lead to metal stairwells which have been recently painted. These lead directly to the identified fire assembly point in the grounds outside.

Parking is available to the front of the building with additional parking outside the perimeter wall. The environment was reasonably maintained throughout. The communal areas such as the day-room and dining room were furnished comfortably, but some inappropriate storage was noted. Some bedroom and bathroom facilities were dated in décor and fittings and did not fully allow for independent living. For example, the short-bath on the ground floor was not used on a regular basis, and was not consistent with the dependency of the residents on the ground floor.

Overall, between the two floors residents had access to an assisted bath on the first floor and an assisted shower on the ground floor. The corridors and staircase to first floor were narrow and limit the use of the first floor to residents who may use the stairs or stair lift to access facilities on ground floor. Privacy locks were not available on all of the toilets and bathrooms at the centre.
The centre has 20 beds providing services to persons predominantly over the age of 65 years requiring long-term care. Admissions take place with regard to the admissions policy and an individual assessment takes place. Admission criteria is clearly outlined in the statement of purpose and function. At present all residents are female although male residents are also welcome.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the updated complaints policy (dated July 2014) was fully implemented at the time of the inspection. There was a written complaint's procedure on display. Residents, relatives and staff were aware of the complaint's policy and procedure. The provider is the complaint's officer and deals with all complaints.

The inspector reviewed the records and there had been no written complaint since the time of the last inspection. An independent appeals process was clearly outlined in the complaint's policy and residents and relatives were aware of their right to complain.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes.
for residents. The provider had attended meetings held by the Authority relating to self assessment and thematic inspection of end-of-life-care. The self assessment submitted formed part of the pre-inspection review and informed the registration renewal inspection.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by the inspector. The person in charge informed the inspector that care plans were in place and reviewed to ensure they met the changing needs of residents. End of life care plans were in place for a number of residents and were found to be detailed, met the resident's needs, and discussed and updated at each review.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. While a number of single rooms were available, the provider confirmed it was not always possible to move a resident should this be so requested but they would do their best to ensure privacy and dignity were maintained.

Overnight facilities and refreshment were provided for visiting family members who wished to stay with their loved one. The provider confirmed that resident's and staff received support from the local palliative care team when required. The service was accessible upon referral by the GP. Staff members were knowledgeable about how to initiate contact with the service. Staff training records reviewed confirmed that staff had received training in end-of-life care in 2014.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Mass and service from other religious denominations took place weekly. The provider confirmed that she had developed links to ensure that residents could access their individual religious needs. Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so.

Judgment:
Compliant

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The findings of the inspection were that the provider was substantially compliant with the Regulations relating to food and nutrition. Feedback from residents was very positive relating to food choices and availability of meals and snacks available to them. The management of residents with percutaneous feeding tubes (PEG) was well managed and evidence based. Staff were up to date with training and care plans in place, with regular review by dietetics.

Overall food and drinks were provided in quantities adequate for residents needs, and available on a regular and as required basis. Menus were reviewed and food options gave choice and variety, and were based on feedback from residents and inputs and review from the dietician. Residents confirmed food served was hot and tasty and to their liking.

The self assessment for food and nutrition was submitted prior to the inspection and reviewed by the inspector. The inspector confirmed that the provider and person in charge were found to be compliant relating to this outcome, and there were no areas for improvement identified at this time. The provider had received feedback that residents would like to have new table cloths and decorative cloths and these had been provided, and residents were pleased with how the tables now looked.

The main dining room was attractively decorated, and well ventilated, with space to move wheelchairs and mobility aids between the tables. The inspector observed mealtimes at the centre and found that food was attractively presented and very much a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated.

The nursing and care staff monitored the meal times closely. Residents' who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was presently separately on the plate. Drinks were provided during the day and with meals. Portion sizes were appropriate and second helpings were offered. All residents expressed satisfaction with their meals to the inspector on the day of the inspection.

The inspector spent time in the dining room and visited residents who also chose to eat their main meals in the sitting room and found that the dining experience was dignified, pleasant and relaxed for the residents. The inspector observed staff seated beside residents who required some support and assistance, on an individual basis. The meal time provided opportunity for social interaction between staff and residents.

The inspector met with the chef who demonstrated an in depth knowledge of each residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, a variety of snacks, such as yoghurt, scones, crackers and fruit were available.
The Inspector found that records of each resident’s weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and speech and language (SALT) review. The treatment plans for residents were recorded in the residents’ records further to referrals made. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector recommends that consideration be given to relocating clinical equipment, record storage and medication storage from the dining room, to allow for additional space and increase the use of this area for residents during the day.

**Judgment:**
Compliant

### Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that all staff treated residents with respect, with regard to each individuals' privacy, rights and dignity and that strong emphasis was placed on these values by the provider and all staff working at the centre.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged and facilitated. Relatives confirmed the welcome received and good communication in place.

Residents’ meetings took place within the centre on a quarterly basis, the last minutes reviewed by the inspector from August 2014, indicated it had been chaired by the provider and activities staff member. Many residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, provider or any staff member. The person in charge and all staff were seen to interact well with residents during the inspection. The person in charge told the inspector that any issues raised by residents for example, in relation to food were addressed at local level or at
management meetings where additional measures were required.

Residents had access to independent advocacy services, the advocate met with residents regularly and any issues raised were raised with the person in charge, to follow up on.

Relatives said if they had any query it was addressed immediately. They also said they were kept up to date with any changes in health or social care.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the time they got up. For example a recent survey of residents confirmed that all residents preferred to take breakfast in bed, but a facility to eat in the dining room was also available to facilitate choice.

The inspector noted that televisions had been provided in residents’ bedrooms. Residents had access to newspapers delivery. Access to the internet was provided and a discussion was held at the last resident’s meeting around the facility of using a computer to speak with relatives who live away/in another country. At this time no resident had an interest in this, but they were aware of the facility should they need it in the future.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences every day at the centre with a colourful programme on view. A schedule of activities was available each day and the inspector noted that various activities were being provided mainly in the main sitting room. The hairdresser visited regularly and fees were clearly stated. Residents commented they enjoyed their lifestyle and access to local shops, facilities and outings.

There was evidence that residents engaged in activities such as music, exercises, quizzes and hand massage. Social care assessments were in place in respect of all residents and residents, which included individual likes and dislikes and each resident had a care plan to guide the social care services delivered.

**Judgment:**
Compliant

**Outcome 17: Residents’ clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Most residents had their laundry attended to within the centre, feedback about care of personal belongings was very positive. Residents and relatives expressed satisfaction and were complimentary about the laundry service provided and care of clothing. All laundry services were provided on site in a building accessed from the garden.

At the time of the inspection a domestic washing machine was in use as the centres’ own machine was being repaired. Adequate storage space was provided and there were procedures in place for the management of laundry that required additional infection control procedures. Residents admitted under the Nursing Homes Support Scheme had laundry services included in the overall fee and this was outlined in the contract of care, and resident's guide.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents’ property in line with the Regulations and a list of residents' property was recorded on admission and maintained by staff.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The provider had addressed the non-compliance relating to access to training for staff on pressure ulcer prevention and management, further to the last inspection.

On the day of inspection the inspector found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and needs were met in a timely manner.

Feedback from relatives spoken to by the inspector expressed satisfaction with the existing facilities and staffing levels. The inspector found that there was a very
committed and caring staff team. The leadership in place by the provider placed strong emphasis on person centred care and staff development. Staff told inspectors that they felt well supported by the provider and her deputy.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly. The inspector found that the nature of resident dependency had not increased significantly the time of the last inspection and the provider had managed admissions to ensure that residents' needs could be met on an ongoing basis.

The inspector found that there were procedures in place for supervision of residents in the communal areas, and during mealtimes. For example, at the resident's meeting it was minuted that residents like the nurse to be present during the mealtime and this was the case observed at the time of the inspection.

Staffing and recruitment were closely reviewed on the last monitoring event, and a sample of staff files were also examined on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Staff told the inspector they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, pain management, dysphagia, and the use of the malnutrition universal screening tool.

A training plan for 2014 was in place for staff. All of the care assistants interviewed had completed Fetac Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents.

Training was provided for staff in areas such as medication management, fire safety and managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

Staff told the inspector there were open informal and formal communication within the centre. The inspector found that there were formal arrangements to discuss issues and residents needs as they arose, at nurses meetings and staff meetings held regularly.

Nursing and care staff provided adequate supervision of staff and residents on a daily basis. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre.

The provider and person in charge had an established appraisal system in place for all staff. Staff were formally supervised on a six monthly basis.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Fingal House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000137</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>01/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/11/2014</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain adequate information relating to residents' room sizes and facilities available for residents; the conditions of registration, and the additional charges payable.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of Purpose and function updated to include the above.

**Proposed Timescale:** 28/11/2014

<table>
<thead>
<tr>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>Evidence of current buildings insurance was not available at the time of the inspection.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 22(1) you are required to: Effect a contract of insurance against injury to residents.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>Insurance certificate containing the above information was faxed to the Authority on 10/10/14.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 28/11/2014

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The centre has no designated clinical room, and storage areas are in resident communal areas.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>Our aim here in Fingal House Nursing Home is to strive to preserve and maintain the dignity, individuality and privacy of all Residents, within a warm and caring atmosphere, and in doing so remaining sensitive to the Residents ever changing needs. Our rooms are accessible, hygienic and safe, in order to meets our Resident’s individual...</td>
</tr>
</tbody>
</table>
needs. This is maintained in a comfortable and homely way. I believe that our bedrooms are suited to purpose and achieve the objectives as stated in our Statement of Purpose and Function.

We are ensuring the privacy and dignity of our Resident’s daily and caters for their assessed needs in an appropriate and timely manner. We ensure that each Resident has sufficient space to keep their personal possessions and clothing. Residents have access to shower and toilet facilities. We maintain a person-centred approach to ensure a high standard of care.

We are currently addressing the issue regarding privacy at the sink in the shared rooms.

I am aware of the current regulations in relation to the physical environment. We currently meet regulation 10 and 19 and the outcomes of Standard 25 as well as the vast majority of supporting criteria in the HIQA standards. We are awaiting the New Standards in 2015.

We are currently awaiting planning permission for a 60 bed nursing home, which will include additional bedrooms, storage, bathrooms and toilets in easily accessible locations for the use of Residents. An appeal has been lodged with An Bórd Pleanála following the last submission to the planning department; therefore our timeframe for completion of the project will be 31/12/2015.

In our existing building we will ensure to keep clinical room items to a minimum in communal areas as we wait for the new build.

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th>31/12/2014</th>
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</thead>
<tbody>
<tr>
<td>Theme:</td>
<td>Effective care and support</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The five shared rooms do no fully allow for privacy of each resident accommodated and allow for each resident’s access to the sink in those rooms.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
Partition curtains will be sourced to ensure privacy at sinks.

| Proposed Timescale: | 31/01/2015 |