Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Centre address:	Falcarragh, Letterkenny, Donegal.
Telephone number:	074 913 5104
Email address:	geraldine.mclean@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	Damien Woods;
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	1

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.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 May 2015 10:00	20 May 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was announced and carried out in response to an application from the provider to renew registration of the centre. This was the seventh inspection of this centre undertaken by the Authority. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspectors talked with residents, relatives and staff throughout the inspection and also reviewed the feedback questionnaires returned to the Authority. In addition other documents submitted by the provider related to the renewal of registration were reviewed prior to the inspection.

The centre is a purpose-built, single-storey nursing home that provides care to

dependent persons in the catchment area of Falcarragh and surrounding district including Tory Island. It can accommodate 35 residents. There are 10 places allocated for long term care and the remaining places are allocated to residents who require respite, convalescent, palliative and rehabilition services. The centre is located in a Gaeltacht area and Irish is the first language of many of the residents.

Care, nursing and ancillary staff were well informed, were observed to have friendly relationships with residents and could convey a comprehensive understanding of individual residents' wishes and preferences. Many staff were fluent Irish speakers and could relate well to the resident group who were all from the surrounding Gaeltacht area. They described how rehabilitation was promoted to support residents to return home and also how long term residents were encouraged and facilitated to be as independent as possible. Quality of life and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of interesting activities and a member of staff was available daily to ensure activities took place as scheduled.

Residents and relatives who returned questionnaires to the Authority indicated satisfaction with the service particularly the welcome and hospitality that staff show to residents on admission and the information provided to help them make informed decisions about their future. They confirmed that they received details of the services provided here and the charges that applied. Relatives were positive in their feedback about the facilities although some said more comfort/space in the bedroom areas would be beneficial. They were positive about the care provided and the input from medical staff and allied health professionals. They were aware of how to raise a concern or make a complaint.
The person in charge position was full-time as required by legislation and there were arrangements in place for other nurses to take charge in her absence. The person in charge and provider were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for. The information required by inspectors was available and the operation of the centre were found to be well organised.
Staffing supervision and staffing levels/skill mix were found to appropriately meet the needs of residents and there was evidence of positive outcomes for residents particularly where residents were highly dependent. The inspectors saw that significant improvements had taken place over time for some residents as a result of staff following a comprehensive care plan.

The last inspection of the centre took place on 12 August 2014 and was an unannounced thematic inspection that focused on the areas of end of life care and food and nutrition. Care practice was found to meet legislative requirements and good practice standards. The area of non compliance identified related to the premises and the communal bedroom arrangements where more than two residents are accommodated. This has been identified for action in previous reports and is also described for attention in this report. This and other areas for improvement to ensure compliance with 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 are further discussed in the body of the report and in the Action Plan at the end of this report. Among the areas that required attention were better assessment and care planning where residents had memory problems, training for all staff in fire safety who had supervisory responsibility and some improvements to aspects of documentation and administration.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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 provider had submitted a revised statement of purpose as part of the application to register. This was found to contain the majority of the required information described in schedule 2 however information on the arrangements for management in the absence of the person in charge were not outlined.

Judgment:
Substantially Compliant

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:
There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by two clinical nurse managers and she reports to the service manager for older people in the area who in turn is accountable to the provider.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit programme that reviewed varied aspects of the service at monthly, three and six month intervals. The areas reviewed each month included the use of bed rails and accidents and incidents. Areas that were reviewed at other times included care plans,the involvement of relatives in care planning, medication and hygiene standards. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined. The inspectors saw that some nurses had lead roles for specialist areas that included continence management, falls and adult protection and were responsible for ensuring adherence to good practice standards and trainign on these topics.

While a number of strategic areas were reviewed regularly and consultation with residents and their families was undertaken as required the information obtained was not outlined in an annual report in accordance with regulation 23(d) Governance and Management.

Judgment:
Non Compliant - Moderate

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:
A comprehensive resident's guide detailing a summary of the services provided was available.

The inspectors viewed a sample of four contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided to the resident, the fee payable by the resident and any charges made for additional services.

Judgment:
Compliant

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:
There had been no change to the role of person in charge since the previous registration. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.
She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development and had extended her knowledge in areas such as nutrition, end of life , care planning and legal aspects of documentation over the past two years.

She was aware of the challenge presented by the deficits in the premises and the requirement to comply with the personal space standards and eliminate the use of multiple occupancy rooms. Her knowledge of adult protection, manual handling and fire safety requirements and the dates within which training had to be provided for staff was up to date. Her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The centre had a well established and generally well organised administration system. The inspectors reviewed a range of documents, including residents' care records, staff records, the directory of residents, financial records, duty rotas and training records. The inspectors found that overall records were maintained in a manner that ensured completeness and accuracy with the exception of: Records of property where a copy /receipt for the items held was not issued to residents and the duty rota did not indicate the actual times worked by staff or the person in charge.

The inspectors reviewed the required Schedule 5 policies and found that they were comprehensive and provided guidance to staff. All policies were available and staff knew where to access policies and procedures when they needed to refer to them.

Judgment:
Non Compliant - Moderate

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:
Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who worked full-time deputised in the absence of the person in charge.

She was not on duty during this inspection but had been interviewed during the last registration inspection and was present during subsequent inspections of the centre.

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:
Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. A guideline developed by staff in May 2014 supplemented this and contained the contact details for the local caseworker and a referral form.

Staff had received training in adult protection to safeguard residents. 44 staff attended training in 2014 and 13 staff had received updated training in 2015. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located at the entrance to the residential areas. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspectors spoke to and those who had completed questionnaires reported that they felt safe in the centre. They indicated that the presence of staff, being able to use the call bell system and "being listened to" as described by one resident all contributed to this.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was reviewed periodically. There were eight bedrails in use and four residents had low low beds to protect them from injury. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff could outline a range of hazards and were clear that any restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

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):
No actions were required from the previous inspection.

Findings:
The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement dated February 2015. A comprehensive risk management policy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The general hazard areas identified included moving and handling, the management of sharps, accidents and incidents, slips trips and falls and activities such as driving for work. The clinical risks identified included skin vulnerability and compromised nutrition status. There was a good outline of the risks presented and the control measures in place. The latter were fully described in care records and were used to develop a range of care plans that directed care and ensured the well being of residents.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available. However damaged disposal bins which were chipped or had surface damage and chipped paintwork created an infection control risk as they could not be effectively cleaned and maintained in a good hygienic condition.

There were some measures in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails in hallways however these were available on one side which compromised safety for residents walking on both sides of the hallways. There were other hazards created by equipment such as raised toilet seats that were not fixed.
Manual handling assessments were available, were up to date and reflected resident's dependency and the equipment required to undertake safe manoeuvres. However this information was maintained as part of the care plan on the computer system and was not readily accessible to staff particularly healthcare assistants who did not have access to the system. All staff were trained in moving and handling of residents and the procedures for risk management outlined the time frames for moving and handling training and refresher courses. The qualifications that had to attained by trainers were also outlined.

The fire safety arrangements were satisfactory with the exception that training for some staff that had not taken place within the past year. Fire preventative measures were in place with evidence of up to date testing and servicing of fire alarms and fire fighting equipment. The fire alarm was serviced on a quarterly basis and together with the fire doors was tested weekly. A list of fire fighting equipment was available and was serviced on an annual basis as required. Fire exit routes were clearly marked. Floor plans indicating the nearest exit and the fire procedure were displayed at intervals throughout

the building. Exit points could be seen clearly in each hallway.

There were adequate means of escape and fire exits were noted to be unobstructed. The inspectors were told that there was a daily check of the fire alarm and exits to ensure that they were functional at all times however these checks were not recorded. Staff training records given to inspectors indicated that the majority of staff had received training in 2014 however there were six nurses that were not recorded as having completed this mandatory training. Some of these staff were not on duty due to extended absences such as maternity leave and the person in charge told inspectors they would be scheduled for training on their return to work. Fire training sessions were supplemented by fire drills which had been completed in April and November 2014. Staff the inspectors talked to were aware of the procedures for evacuating residents in the event of a fire occurring in the centre. They confirmed that fire training and fire drills included training on use of evacuation sheets and these were available on each resident's bed.

Judgment:
Non Compliant - Moderate

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 inspectors found that overall there were safe systems in place for the management of medication. There were no actions required from the previous inspection. There were clinical storage rooms where medication supplies and trolleys were secured. The areas were noted to be clean and well organised however the areas were small and some equipment related to medication management such as the fridge and the emergency trolley had to be stored elsewhere. The fridge used to store medication was clean and functioning at an appropriate temperature which was checked and recorded regularly by staff.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that each resident's medication was reviewed every three months by the GP, pharmacists and nursing staff. There was a formal process in place for this which included a screening tool to alert staff to stop potentially inappropriate medication and to start appropriate treatment.There was also emphasis on ensuring that medication no longer required by residents was discontinued. Residents had a choice of pharmacist and residents who were admitted for periods of respite care were encouraged to remain independent and continue administering their own medication.

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

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The procedure was dated April 2014. The person in charge described the audit system for medication practice. Audits were undertaken on average at six monthly intervals and were based on an established drug audit tool. The most recent audits had been completed in December 2014 and April 2015. A sample of medication records are reviewed during each audit. Areas that are checked include the prescription sheet, that all the appropriate information such as the resident's name and address, any allergies, a photo of the resident is included and that drugs that require special precautions are appropriately identified.

It was found that the General Practitioner's signature was present for all medication prescribed and for discontinued medication. However, the maximum dose of PRN (as required medication) was not always indicated and nurses did not always date liquid preparations when these were opened for use.

Judgment:
Non Compliant - Minor

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the person in charge adhered to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
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.

Theme:
Effective care and support

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

Findings:
There were 27 residents in the centre during the inspection. Ten were accommodated on a long term basis and the remainder had been admitted for periods of respite, convalescence or rehabilitation. The inspectors noted that the majority had maximum to high care needs. Many residents were also in advanced old age with 40% aged 90 or above and the majority of the remainder were aged over 80. There were 25 residents who had maximum or high level care needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspectors found that a good standard of personal care and appropriate medical and allied health care access was in place. Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and handling needs. There was a record of the resident's health condition and treatment given completed daily and at night.

Care records are maintained on a computer programme. The inspector reviewed four resident's care plans and certain aspects within other care plans such as a wound problem, nutrition management and rehabilitation programmes. Care plans for residents at a high risk of falling and who used bed rails were examined. The assessments completed were appropriately linked to care plans where a need was identified. Staff conveyed good knowledge of residents' care needs and good understanding of each resident's background and issues that impacted on their discharge plans. There was evidence that residents or their representatives were involved in the development and review of care plans and their views and contributions were recorded.

Residents had access to GP services and there was evidence of regular medical reviews and prompt assessment when care /health needs changed. An out-of-hours service was also available. A review of residents' medical notes showed that GP's visited the centre to review medications. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and staff from mental health services for older people was timely when referrals were made. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision.

Care plans for residents with complex care needs were noted to outline their full range of needs and care interventions. The inspectors found that significant efforts had been made to support residents to be as independent as possible. This included ensuring that adaptations and equipment was procured to facilitate their comfort and well being and their communication needs. Specialist pressure relieving aids were in place where required.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services. However there were some care plans that were deficient in information particularly in relation to descriptions of memory problems, orientation and social circumstances. In some cases residents who had problems with memory were making notes to record their contacts with others and day to day events however it was not evident from care records what assessments had been undertaken to determine the extent of this problem, if it was temporary or was a recent occurrence. The inspectors concluded that this aspect of care assessment and care planning required review to fully safe guard residents, provide appropriate care and effectively plan transitions between services or discharge home.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. A member of staff had responsibility for social care programmes and a variety of activity was available.

There were no pressure ulcers receiving attention. A venous ulcer was found to have been assessed and dressed in accordance with good practice guidance. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. Expert advice was available from one of the public health nurses who had specialist expertise in this area.

Judgment:
Non Compliant - Moderate

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 centre is located in a a large building that was purpose built to provide residential, primary care, day care and out patient services. The residential area was well organised, comfortably furnished, warm and visibly clean when inspected. The entrance opens onto a spacious reception area that leads to the residential area, the day care and outpatients services. There is garden space that has been cultivated with shrubs and flowerbeds.

Bedroom accommodation comprises of 17 single bedrooms and six rooms that accommodate three residents. These communal rooms had screens to help maintain privacy but their size which averaged between 26 and 28 square metres and the dormitory style layout meant that the provision of adequate standards of privacy and dignity were compromised. The single bedrooms are small and while adequate storage in the form of built in wardrobes is available the size of the rooms which average 9 square metres compromises the use of assistive equipment and specialist chairs. There was an adequate number of toilets and bathroom/shower facilities however some did not have apropriate arrangements in place to meet the needs of residents. For example, many toilets had raised seats that were not fixed and had doors that were open at the top and bottom that compromised privacy.

The centre had three sitting rooms and a large dining room that was shared with clients who attend the day hospital. There were many home like features in evidence to add to the comfort of these areas. The dining room is open plan and there is access through this from one side to another. This means that it can be noisy at mealtimes which could detract from the meal time experience.

Other facilities include staff areas, laundry and sluice facilities. In general the premises were in good condition however there were some deficits in decoration and provision in addition to the deficits in space standards outlined earlier. These included that toilets had handrails on one side only and this arrangement did not fully facilitate residents who had mobility problems. There was chipped/damaged paintwork in several areas. The laundry was adequate for purpose but required attention as the space behind machines were not kept clear. Secure storage space for substances such as washing powder was required as this was kept in a basin and was not labelled and in ward 4 there was a broken window latch.

Judgment:
Non Compliant - Major

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:
Relatives and residents were aware that there was a complaints procedure in place and told inspectors that they had been given information on how to make a complaint. Two residents inteviewed said that they would approach any member of staff should they have concerns and if it was a serious concern would ask to see the person in charge.

Residents knew who was in charge and said that most problems they had were minor and were sorted out by staff on a day to day basis. If not satisfied with the outcome of a complaints investigation the complaints procedure described who to complain to which for this centre was the local consumer affairs ofice for the HSE.

The centre had a format for describing complaints however the inspectors noted that in some cases the documentation had not been fully completed although there was information that indicated that appropriate action had been taken to resolve the issues. .

Judgment:
Substantially Compliant

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:
This outcome was the subject of a thematic inspection conducted last year and all aspects of end of life care were examined during that inspection. Resident's end-of-life care preferences/wishes are identified and documented in care plans. Records reviewed conveyed that residents and relatives were consulted and where they wished to express a view about how their end of life care should be managed this was recorded. There were issues of capacity to make decisions that staff had to consider as some residents were highly dependent or had dementia or a combination of complex conditions and staff recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf. There were procedures in place to assess pain and the

administration of analgesia was monitored for effective outcomes.

The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach to decision making was in place and included the resident where possible, their representative, the GP and the nursing team. A number of staff have had training on capacity and consent to inform practice. The centre has a fully equipped emergency trolley that is checked weekly by staff and stored in an accessible location for ease of access.

The inspectors found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and that the legislative requirements and good practice standards were met. There were no residents in receipt of end of life care during this inspection.

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 inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents who were at risk of nutrition shortfalls were identified and monitored closely. Staff had systems in place that prompted closer monitoring and intevention based on risk assessments and evidence based nutrition monitoring tools. The management of nutrition and risk was included in the regular audit programme and areas where deviation from the procedures were noted were highlighted to staff and discussed at staff meetings. For example where a weight loss should have triggered a referral to specialist services more expediently this was discussed at staff meetings and the protocol for referral re-emphasised to staff.

There was a food and nutrition policy in place that provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place. This

outcome was comprehensively inspected as part of the themed inspection programme completed 2014.

Residents told inspectors that the food was varied and that there was a good choice offered each day. They described meals as "tasty and varied", " better than I could make at home" and "there is a choice and we are always offered extra before meals finish ". Residents' food likes and dislikes were recorded and kept in the kitchen.The inspectors saw that the dishes served were well presented and that individual choices and preferences for portion sizes were respected.

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 inspectors found that residents had access to a range of social opportunities and that they were treated with dignity and respect. This was confirmed by residents during conversations with inspectors. Residents said that they were always treated kindly and that plenty of time was allowed for their personal care.

There were activities scheduled daily that were suitable to their needs, were age appropriate and reflected their interests. A member of staff was available to provide and to coordinate the social care programme which included exercise sessions, games and discussions. One resident said that they had several discussions about the up coming referendum and said that it was good to have the opportunity to talk to other people and to younger people about what it meant to them. Residents records reviewed conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and staff were noted to spend time in bedrooms with residents who spent periods of the day in bed. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspectors observed that staff engaged and acknowledged residents in a positive way when they met and when delivering personal care. Contacts from all groups of staff were noted to be friendly,

cheerful and respectful with plenty of general conversation in evidence.

There were arrangements in place for consultation with residents about the operation of the service. There are residents' meetings every three months and these were noted to be attended by an average of six to ten residents. There were good links established with residents' families and they were asked to provide feedback on the service when discussing their relatives care needs as well as during formal audits of the service. The record of residents' meetings indicated that a range of topics had beeen discussed. Residents were pleased with the arrangements made to ensure they remained independent as long as possible. They discussed days out to local towns nearby such as Dungloe and to visit their homes or graveyards where relatives were buried. They indicated that notices that informed staff about laundry or other matters should not be displayed and should be placed inside wardrobe doors. This change had been made.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections. Many were still registered to vote in their local areas and some said they would go out with family to vote and sometimes they arranged to have a postal votes.

Visitors were welcomed and residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events.

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:
There were systems in place to safeguard residents' property and money. The inspectors reviewed these procedures and found that there were records of personal property and money held for safe keeping and the Health Service Executive procedures guided practice in this area. The administrator could describe how finances were managed and had a clear system in place to account for any money held on behalf of residents. A record of property brought in to the centre was maintained however a copy of this

record was not given to residents or their representatives to ensure they could refer to this at a later date if needed.

Residents' personal spaces were personalised with photographs, pictures and other personal possessions.

There was a system in place to ensure laundry was effectively managed. Personal clothing was labelled and while many families took laundry home to wash residents said that clothing was well cared for when laundered in the centre and was returned to them in good condition.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The inspectors reviewed staffing levels and discussed with the person in charge how workload and dependency levels determined staffing requirements. Staff told the inspectors that they became familiar with all residents and their care needs through the daily handover and through talking to colleagues and reading care plans if they had been off duty. The inspectors found that on the basis of the information supplied that there was adequate staff on duty during the day and night. There were an average of four nurses and six carers on duty during the day until 13.00 hours to provide direct care to residents. The person in charge was additional to this allocation. After 13.00 there was a reduction in care staff and during the afternoon there were four nurses and four carers on duty. The number of nurses reduced to two at 17.00 hours leaving two nurses and four carers on duty until the night staff took over. There were two nurses and a carer on duty at night. In addition to this there were three catering staff on duty, two cleaners and laundry and administrative staff. The staff complement was supplemented by agency health care assistants when required.

The inspectors carried out interviews with varied staff members and found that they

were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit had been fostered among staff. The inspectors noted that there were staff meetings arranged and that a range of topics were discussed. The inspector was provided with details of the training that had been provided to staff during 2014. Training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, fire safety, Infection control
food safety and hand hygiene, end of life care, medication management and moving and handling

All staff had up to date training in the mandatory topics-adult protection and moving and handling however as noted previously some nursing staff did not have up to date fire training. The dependence on agency staff who would not be familiar with fire procedures caused the inspectors to form the view that up dated/refresher training in fire safety should be completed by all nursing staff as they have responsibility for supervising health care staff. Evidence of professional registration for nurses was available and current.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. Inspectors observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection day. Residents told inspectors that they did not have to wait long for attention and that staff responded to their needs thoroughly and "in a professional way at all times" according to one resident.

Judgment:
Non Compliant - Moderate

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Date of inspection:	20/05/2015
Date of response:	26/06/2015

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 was found to contain the majority of the required information described in schedule 2 however information on the arrangements for management in the absence of the person in charge were not outlined.

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

[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:
The Statement of purpose will be amended to include the information as recommended

Proposed Timescale: 30/06/2015

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was information available that indicated a range of areas related to the quality and safety of care was reviewed however an annual report in accordance with Regulation 23(d) had not been complied.

Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
Produce an annual report as per Regulation 23(e)

Proposed Timescale: 31/12/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a record of property deposited by residents for safekeeping but no confirmation or receipt was issued to residents.

The duty rota did not convey the actual hours worked by staff or the person in charge.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Put in place a system to ensure residents are provided with a receipt of property

deposited
Amend the duty roster to indicate hours worked by staff and the person in charge

Proposed Timescale: 30/06/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Handrails on one side of hallways only and raised toilet seats that were not securely fixed presented risks to residents.

Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Provide hand rail on both sides of hallways and replace /secure toilet

Proposed Timescale: 30/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Damaged disposal bins which were chipped or had surface damage created an infection control risk as they could not be effectively cleaned and maintained in a good hygienic condition.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
Replace all damaged bins

Proposed Timescale: 06/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The training records viewed did not confirm that all staff had fire training each year.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Ensure all staff have mandatory fire safety training on a yearly basis.

Proposed Timescale: 31/07/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The regular check of the fire alarm panel and the fire exits were not recorded when completed.

Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Put a system in place to record checks of fire alarm panel and fire exits

Proposed Timescale: 30/06/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum dose of "as required" PRN medication was not always outlined and some liquid preparations were not dated when opened.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Ensure nurses are reminded to prompt GP's to state maximum of all PRN medications Nurses will be instructed to date liquids ,eye drops with date of opening. Regular Medication Audits will continue to ensure compliance.

Proposed Timescale: 31/07/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In instances where residents had memory problems, the information available in care records did not effectively guide care practice or effectively guide future planning.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
A MMSE will be completed within 48 hours of admission for all residents who are admitted with an unexplained confusion. Collateral/ background history will be sought from family or specified representative to support an appropriate plan of care.

Proposed Timescale: 31/07/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There are six bedrooms that accomodate three residents and do not provide adequate space to maintain privacy and dignity.

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:
A design team has been appointed in December 2014 and redesign plans have been signed off in June 2015 .These works are major refurbishment work and when complete will ensure multi occupancy rooms will accommodate a maximum of two residents.

Proposed Timescale: 31/12/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The open plan dining room arrangement that could be accessed from both sides which could detract from the meal time experience and did not provide an appropriate dining space for all residents .

Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
A new dining area is included in the aforementioned refurbishment plan for Falcarragh Community Hospital . The layout is designed to promote a positive dining experience for residents and will not be accessed by day hospital patients.

Proposed Timescale: 31/12/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Toilets had handrails on one side only and this arrangement did not fully facilitate residents who had mobility problems

There was chipped/damaged paintwork in several areas

The laundry was adequate for purpose but required attention as the space behind machines were not kept clear

Secure storage space for substances such as washing powder was required as this was kept in a basin and was not labelled

The broken window latch in ward 4 required repair.

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:
Decoration and mobility aids such as hand rails will be upgraded as part of the redesign of the premises
(A)All un secure rails will be secured immediately

(B)Laundry staff will be instructed to maintain clear space behind machines and to appropriately store cleaning products in secure cupboards and janitor trolleys provided.
(C)The latch in ward 4 will be repaired
Proposed Timescale: 31/7/15 (A,B,C) 6/7/15

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The documentation used to describe complaints and the actions taken was in some cases not fully complete.

Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
The complaint documents included in Falcarragh Community Hospital Complaints policy will be completed for all complaints including complaints received electronically.

Proposed Timescale: 30/06/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A copy of the completed property record/receipt was not supplied to residents or their

representatives

Action Required:
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

Please state the actions you have taken or are planning to take:
A receipt system will be introduced and issued to residents and /or representatives

Proposed Timescale: 31/07/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff including nursing staff who have responsibility for the supervision of others should have appropriate training in fire safety.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All nurses who have not attended fire safety training within the mandatory yearly timeframe will attend next scheduled training on 28/7/15

Proposed Timescale: 28/07/2015