<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>Ann Wallace</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 November 2017 09:30  To: 03 November 2017 19:00

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Management</td>
<td></td>
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<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Consultation</td>
<td></td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
This was an unannounced inspection which took place over one day and was for the purpose of monitoring ongoing regulatory compliance. There were 18 residents and two vacancies on the day of the inspection.

Overall the inspector found that the centre 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. The provider representative who is also the person in charge in the centre had addressed a number of actions from the previous inspection. However the inspector found that improvements were still required in relation to the premises, including the accessibility of accommodation on the first floor if a resident's needs changed, storage of equipment and the privacy in two of the multi-occupancy rooms.

The centre opened in 1995 and has been owned and managed by the same provider since 2006. The premises is a two storey domestic dwelling that has been adapted.
and extended to provide accommodation for 20 residents. There are six single rooms and one twin bedroom on the first floor, a toilet and a main bathroom with a bath lift. The ground floor provides one single room, one twin room and three triple rooms. There is a shower room, a bathroom and two wheelchair accessible toilets on the ground floor. Communal dining and lounge facilities are available on the ground floor.

There is no lift in the centre and the first floor is accessed by a staircase or by using a stair lift. Residents who were independently mobile or mobile with the supervision of one person were accommodated on the first floor however during the inspection one resident on the first floor had become unwell and was finding it difficult to access the ground floor amenities. The provider was working with the resident and their family to organize a room on the ground floor when a suitable room became available.

The centre had a pleasant enclosed rear garden which was accessed via a wheelchair ramp at the rear of the building. The garden provided a safe outdoor space for residents and was well used during the warmer weather.

All meals were freshly prepared in-house by the chef. Meals were served in the dining room or the resident’s own room if they preferred. Residents told the inspector that there was plenty of choice on the menu and that they enjoyed their meals.

The inspector found that there was an established staff team many of whom had worked in the centre for more than five years. The centre had well established selection and recruitment procedures and all staff underwent an in house induction programme. The centre had a training plan in place including fire safety, moving and handling and the protection of vulnerable adults from elder abuse. Training records reviewed by the inspector showed that some staff required training updates in fire safety and moving and handling.

The inspector observed that staff and managers worked well together and that there was a relaxed and pleasant atmosphere in the designated centre. Residents who spoke with the inspector told them that they felt safe and families visiting the centre on the day of the inspection reported that their relatives were well cared for.
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 found that there was a written statement of purpose. However, the document did not accurately reflect the facilities available in the centre as more detail was required regarding the appropriate level of dependency of residents accommodated on the first floor.

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

Findings:
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

The centre had a defined management structure in place which was known to staff. The provider also fulfills the role of person in charge (PIC). She works full time in her
management role and is supported by a senior nurse, referred to as a clinical nurse manager (CNM) who deputizes in her absence. The provider/PIC is a registered nurse with further qualifications in health service management and care of older persons. The provider/PIC is experienced in running a designated centre and demonstrated appropriate knowledge of requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).

The CNM is a qualified nurse who holds a management qualification and has over ten years experience of working with older persons in a residential setting. There is a qualified nurse on duty in the centre at all times. The provider/PIC and the CNM provide out of hours and weekend management support and supervision on a documented on call rota.
Staff who spoke with the inspector told them that the management team were always available and that they were approachable.

On the day of the inspection the PIC was the registered nurse on duty. The clinical nurse manager was on annual leave. The PIC was observed to be interacting with residents and staff throughout the inspection and carried out the role of the nurse in charge in relation to the administration of medications and the supervision and support of care staff. Residents and families who spoke with the inspector told them that the PIC was available and approachable.

There was a comprehensive audit programme in place which included areas such as infection control, medication management, restraints, resident weights, falls and pressure sores. Monthly clinical governance meetings were held with the provider and the CNM. The provider/PIC met with the housekeeping and the catering staff on a daily basis and it was clear to the inspector that she was aware of what was happening in each department.
Staff meetings were held regularly often as an extension to the daily handover meetings. Staff reported that they were kept informed about any changes or issues and that their feedback was listened to and was used to inform changes and developments within the centre.

The annual review set out the centres planned improvements for 2017. Following feedback from the last inspection the centre had carried out a resident and family survey and feedback from the survey was included in the 2016 annual review document. This was made available to residents and families.

**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:
The person in charge [PIC] who also fulfilled the role of provider is the owner of the designated centre and had held both roles since the centre opened in 2007. The person in charge is a registered nurse with the required experience in the care of older persons in designated centres and meets the requirements of the regulations.

On the day of the inspection the PIC co-operated with the inspection process and was able to provide the required documentation and information as requested by the inspector.

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:
There were measures in place to protect residents being harmed or suffering abuse and appropriate action was taken in response to allegations or disclosures of suspected abuse. There was clear evidence that the centre was working towards a restraint free environment.

The designated centre had clear policies and procedures in place for the prevention, detection and response to abuse. Staff were trained on the policy and procedures and were able to articulate their role and responsibilities in relation to protecting residents from abuse. Staff told the inspector that they were able to raise any concerns that they might have with the nursing staff and the PIC. Residents who spoke with the inspector told them that they felt safe at the centre.

There was a policy in place for managing responsive behaviours. Managers and staff knew the residents and their families and were able to tell the inspector about individual resident’s past lives and their preferences for care and daily routines. As a result care
was seen to be person centred and staff demonstrated a positive approach to residents who presented with cognitive impairments and responsive behaviours.

Care plans were in place for residents who displayed responsive behaviours and these included information in relation to triggers for the behaviours and the interventions required to support and reassure the resident. Care plans identified potential underlying causes of responsive behaviours such as urinary tract infections and pain. Nursing and medical records showed that appropriate interventions and referrals were made to alleviate underlying health problems which were known to trigger responsive behaviours.

The centre was working towards a restraint free environment and where restraints such as the two bed rails and one specialist chair lap belt were used this was in line with the national policy on restraint.

**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 health and safety of residents, visitors and staff was promoted in the centre. The actions required in the last report had been addressed by the provider/PIC but this inspection found that improvements were required in relation to the recording of fire drills and fire safety training updates.

The designated centre had policies and procedures in place relating to health and safety of residents, staff and visitors. There was an up to date health and safety statement signed by the provider/PIC. The health and safety statement laid out the processes that were in place to promote health and safety in the centre including a risk management policy, a major incident policy, a risk register, health and safety training programmes and the quality assurance processes in place to monitor health and safety compliance in the centre.

There was a clear fire safety policy and procedures in place and staff were able to articulate the procedure to follow in the event of the fire alarm sounding. The nurse in charge carried out a daily fire safety check of the premises which included a walkabout to check that escape routes were kept clear and that emergency alarms and lighting were in working order. Fire drills were carried out every three months including at least
two night time scenarios each year. Fire drills were recorded however these records did not include the time taken to complete the drill and any improvements in performance that needed to be implemented.

Each resident had a personal evacuation plan a copy of which was kept with the emergency information at the nurse’s station and on the inside of the resident’s wardrobe door. Following the previous inspection the provider had completed a number of improvements including replacing the seals on fire doors, installing a smoke alarm in the attic space and removing the documents that were stored in the attic to a secure document storage facility. The provider/PIC told the inspector that the centre had regular inspections from Dublin Fire Brigade and that any improvements identified had been carried out. The inspector reviewed the findings of the last inspection in February 2016 and found that the requirement to improve emergency exit signage had been completed.

The fire safety training information was forwarded to the inspector following the inspection and showed that a number of staff had not received fire safety updates in the previous twelve months in line with the centre’s own policy and procedures. This is discussed further in outcome 18.

There were comprehensive policies and procedures in place in relation to the prevention and control of health care related infections. These reflected best practice guidance. Staff were observed to follow appropriate hand washing and health and safety procedures in their day to day work. The actions in relation to infection control from the previous inspection had been completed.

Documentation of accidents and incidents showed that the centre had appropriate arrangements in place to prevent accidents and where they occurred arrangements were in place to record the event and to investigate and learn from the incident. Staff told the inspector that incidents were discussed in handover or staff meetings and that agreed action plans were then implemented.

The centre had clear policies and procedures relating to moving and handling practices. The provider/PIC is a moving and handling instructor. Records showed that staff were trained in safe moving and handling practices but that some staff needed training updates in this area.

**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 inspector found that there was a comprehensive medication management policy in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration and the safe return of out of date or unused medications.

Medication was dispensed from individual blister packs delivered from the pharmacy. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The prescription sheets reviewed were legible and clear. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the General Practitioner (GP) as suitable for crushing.

Nursing staff had completed training in medication management and audits were completed monthly by the senior nursing team. In addition regular audits were carried out by the visiting pharmacy. The inspector reviewed a selection of the recent audits and found that there were good levels of compliance recorded. Medication errors were reported appropriately and an action plan agreed and implemented to prevent recurrence for example competency training for staff.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

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:**
Each resident’s health and wellbeing was maintained by a high standard of evidence-based nursing care and appropriate interventions by medical and allied health care professionals.

Care records showed that each resident had a pre-admission assessment prior to coming into the centre in order to ensure that the centre would be able to meet their ongoing needs and choices.

On admission a comprehensive assessment was completed by nursing staff and a personalised care plan prepared with the resident and their family within the first 48 hours. Care plans were detailed and clearly recorded individual resident’s needs, their self-care abilities and their preferences for care. For example what times the resident liked to get up and retire for the night, what support they needed for personal hygiene care including preferred gender of carer and preferred activities during the day. As a result care plans were person centred and staff were knowledgeable about individual resident’s preferences for care and daily routines.

The inspector observed that care interventions were carried out with the resident’s consent and reflected the resident’s dependency and current needs. Staff were respectful and demonstrated genuine empathy in their dealings with residents. Staff were observed using gentle encouragement and support with residents however when a resident refused an intervention this was respected by staff.

Residents and families who spoke with the inspector reported that they were happy with the care and support that nursing and care staff provided for them in the centre.

Care plans were reviewed every four months by the resident’s key nurse. Care plan audits were carried out by the ADON and areas for improvement were communicated to the relevant key nurse.

Residents were seen regularly by their G. Out of hours GP services were organised for each resident. Care records showed that residents had access to a range of health and social care professionals including dietician, speech and language therapy (SALT), physiotherapy, chiropody and dental care. All residents had been offered the flu vaccination.

The centre cared for a number of short term and respite placements. The inspector spoke with one resident who told them that their discharge had been discussed with them and their family and that they were happy with the discharge plans that were being put into place.

**Judgment:**
Compliant
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 inspector found that some of the requirements from the previous inspection relating to the privacy and dignity of residents in the multi occupancy rooms had been completed but other areas for improvement had not been adequately addressed. These related to access to the first floor accommodation for residents with mobility needs and the potential issue of relocating residents from the first floor to the ground floor accommodation if their mobility needs increased and one other action related to the storage of equipment in the centre.

The inspector also found that the layout of the twin room on the first floor and the twin room on the ground floor would not support the privacy and dignity of two residents sharing these rooms. However at the time of the inspection these rooms were single occupancy and were laid out to meet the needs of the resident currently occupying them.

The designated centre is located close to Swords town and is accessible via public transport. There is a small car park at the front of the building. The premises was originally a private two storey house which has been adapted and extended to provide accommodation for 20 residents in a mix of single, twin and multi-occupancy rooms. Following previous inspections the provider/PIC had applied for planning permission to build a purpose built centre but this had been refused on a number of occasions and the application had been formally withdrawn. The provider/PIC subsequently engaged with a consultant to review compliance issues within the centre and had made some improvements relating to the privacy of residents in the multi-occupancy rooms.

Accommodation is provided over two floors ground and first floor. A small annex situated off the first floor provides a staff rest room and toilet facilities. There is no passenger lift available in the centre. The first floor is accessed by a staircase or by using the stair lift. During the inspection, the inspector observed residents who were accommodated on the first floor using both the stairs and the stair lift either independently or with the supervision of a member of staff. The inspector also observed one visitor using the stair lift to access the first floor in order to visit a resident.
in the privacy of their room.

There are additional external fire escapes from both first floor corridors for use in an emergency.

First floor accommodation provides six single rooms and one twin room. There is a communal bathroom with a bath lift and toilet facilities and a separate toilet. All bedrooms provided a single bed, a wardrobe and set of drawers with a locked drawer for residents who wished to use it. A number of residents had rise and fall electric beds to support their independence and comfort. All single rooms had sufficient room for a comfortable chair if the resident wanted to spend time in their room or meet with visitors in private. However the twin room on the first floor would not meet the need for privacy and dignity for two residents sharing the room due to its current layout and the proximity of the hand washbasin to one bed space. The second bed space had limited room available around the bed and would not accommodate a comfortable chair and a bedside locker. This room was occupied by one resident at the time of the inspection.

Ground floor accommodation provides one single room, one twin room and three multi-occupancy rooms with three beds in each. There was a communal dining room and a lounge area with a small conservatory and a quiet seating area situated at either end of the lounge. There was a communal bathroom and a wheelchair accessible shower room. The communal bathroom was not currently being used as a bathroom by residents and the provider/PIC said that there were plans in place to create a second shower/wet room in this space. There were two wheelchair accessible resident toilets and a visitor’s toilet on the ground floor. The nurse’s station, clinical room and the kitchen were also situated on the ground floor.

Following the previous inspection the provider/PIC had reconfigured the three bedded rooms and installed new privacy curtains. Residents accommodated in these rooms who spoke with the inspector told them that they were happy with their rooms and were comfortable. As a result the inspector found that the layout and furnishings in the multi-occupancy rooms on the ground floor did meet the current resident’s needs for privacy and dignity.

The twin room on the ground floor was occupied by one resident at the time of the inspection. The resident had specified how they wanted to organise the privacy curtains in the room and the position of the bed against a wall. The provider/PIC informed the inspector that this layout was working well for the current resident. However the inspector noted that the current layout of the room would not meet the needs of two residents sharing the room in the future.

Storage of wheelchairs, mobility aids, hoists and equipment and other large items of equipment was found to be inadequate in the centre. Wheelchair and mobility aids were stored in bedrooms when not in use. The hoist on the first floor was stored in the communal bathroom when not in use. Three wheelchairs and various equipment including an oxygen diffuser machine were stored in the dining room at the time of the inspection which detracted from the homely dining environment that staff were trying to provide for residents.
There was a pleasant outdoor garden which was accessed at the rear of the building via a wheelchair ramp. The garden was enclosed and secure. Laid mostly to lawn with well maintained shrubberies the garden provided a safe and pleasant outside space for residents. Access to the garden was via a wheelchair accessible ramp from the exit at the rear of the ground floor. The ramp was steep and the concrete surface was breaking down in two areas. This would need to be addressed to maintain safe access to the garden for residents and staff.

**Judgment:**  
Non Compliant - Moderate

### 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:**

Residents were consulted with and participated in the organisation of the centre. Residents were facilitated to communicate and exercise choice and control over their life and to maximise their independence. However the inspector found that at times individual resident’s privacy and dignity could not be assured due to the lack of facilities available for meeting visitors in private and the current layout of the twin rooms in the centre.

There was a comprehensive range of policies and procedures relating to the rights, privacy and dignity of residents living in the centre including a policy on communication needs, a clear complaints policy and procedure and a confidentiality policy. Staff were trained on the policies as part of their induction and ongoing staff training programme.

The inspector found that resident meetings were held regularly and these were chaired by the activities manager and attended by the provider/PIC. There was a designated resident representative at the meetings and this individual agreed and signed the minutes of the meetings before they were distributed. Minutes showed that matters such as activities, menus and planned refurbishments were discussed. Feedback was sought and where possible was put into practice.

At the time of the inspection the centre did not have access to an independent advocate as a member of the local advocacy team had left. The provider/PIC informed the
inspector that they were liaising with the advocacy services to find a replacement person.
The centre had a well established staff team and staff knew the residents well. As a result care was person centred and the inspector found that the centre was managed in a way that maximised individual resident’s capacity to exercise personal choice in their daily routines, care preferences, activities and who they spent time with.

Residents were facilitated to exercise their civil, political and religious rights. Residents could go to the local polling stations or could use the postal voting system if needed. Mass, communion and daily prayers were available in the centre for those residents who wished to take part. The inspector observed staff helping residents to get up and have their breakfast before they went to the morning prayers. Staff were knowledgeable about individual residents preferences for worship and demonstrated respect and understanding in this area.

Each resident had an activities assessment on admission which included a life history and their preferred activities and any hobbies. Staff maintained a daily record of the activities that residents participated in. The inspector found that these records did not document the full range of activities, the resident’s level of participation and their satisfaction with the activity. As a result the information did not support appropriate evaluation of whether the resident’s needs for meaningful activity were being addressed.

The monthly charge for activities and social events is set out in the contract for care and the resident’s guide. However the information does not clarify what the ongoing costs will be if any for those residents who did not wish to attend activities or are unable to participate fully with the activities programme on offer.

The centre had a daily activities programme which included daily worship, arts and crafts, weekly dog therapy visits, quizzes and games, reminiscence sessions and gentle exercise. There was a dedicated activities manager who was on site each morning and who worked with care staff to deliver the programme. On the day of the inspection residents were attending and arts and craft session in the main lounge following morning prayers. Residents also had a visit from a local artist to view works of art as potential Xmas and birthday gifts for family and friends. The residents were clearly enjoying the session and interacting with their comments on each item. In the afternoon residents enjoyed a sing along session.

Residents told the inspector that they enjoyed the outings in the summer and were looking forward to a planned trip to the ballet as part of the Christmas activities.

Judgment:
Non Compliant - Moderate

**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:**
There were sufficient staff with the right knowledge and skill mix to meet the assessed needs of the residents. There were enough staff on duty for the size and layout of the designated centre.

The provider/PIC was the nurse in charge in the centre on the day of the inspection. She provided support and supervision to care staff on duty. Rosters showed that there is a qualified nurse on duty in the centre at all times. Rosters were drawn up by the provider /PIC or the assistant director of nursing (ADON).

Staff were aware of the procedures in place for requesting absence and for reporting sickness. Staff who spoke with the inspector told them that sickness levels were low at the centre and were usually covered by existing staff doing extra hours. There were established selection and recruitment procedures in place. The provider/PIC told the inspector that all staff and volunteers working in the centre had Garda vetting in place.

The inspector reviewed a sample of staff files. Whilst most files contained all of the information required in Schedule 2 of the regulations one file had only one of the two required references.

Nursing staff were registered with the Nursing and Midwifery Board of Ireland and their files contained the relevant information regarding qualifications and up to date registration.

The centre’s training programme included key areas such as fire safety, moving and handling, the protection of vulnerable adults from abuse, infection control and medication management. The staff training records were submitted to the inspector following the inspection. Records showed that a number of staff required to attend updates in fire safety training and moving and handling.

The inspector found that there was an established staff team who worked well together to provide safe and appropriate care and services for residents. Staff were supervised appropriately for their role and staff demonstrated responsibility and accountability in their day to day work.

**Judgment:**
Substantially 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:**

Ann Wallace  
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>03/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/12/2017</td>
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</tbody>
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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 services and facilities outlined in the statement of purpose did not accurately reflect the findings on inspection as more detail was required regarding the appropriate level of dependency of residents accessing accommodation on the first floor.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 has been updated to reflect accommodation on the first floor.

Proposed Timescale: 18/12/2017

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:
The staff training records were submitted to the inspector following the inspection. Records showed that a number of staff required to attend updates in fire safety training.

2. 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:
Timed evacuation was recorded on 12/06/2017
This record was located in the education folder on the day of inspection. This record has now been moved to the Fire Register for easier access.

Proposed Timescale: 12/06/2017

Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills were recorded however these records did not include the time taken to complete the drill and any improvements in performance that needed to be implemented.

3. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.
Please state the actions you have taken or are planning to take:
Timed evacuation was recorded on 12/06/2017.
This record was located in the education folder on the day of inspection. This record has now been moved to the Fire Register for easier access.

**Proposed Timescale:** 12/07/2017

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**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:
One of the actions from the previous inspection had not been completed. The action related to availability of a suitable ground floor room for residents accommodated on the first floor whose mobility needs increased.

4. **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:
In Fingal House Nursing home we manage our residents in a way that supports and promotes the capabilities of the residents.
Residents occupying bedrooms on the first floor have relatively low mobility needs.
Preadmission assessment ensures that residents are mobile and if there is a deterioration of the resident following admission, then the DON may reassess the resident. Following consultation with the resident and their representatives, and when availability arises, the DON may then transfer the resident to a downstairs room. These arrangements and have occurred successfully over the last number of years and we continue to manage this issue.

**Proposed Timescale:** 15/12/2017

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Storage of wheelchairs, mobility aids, hoists and equipment and other large items of equipment was found to be inadequate in the centre.

5. **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:
Clinical items are kept to a minimum and are constantly under review. A new storage unit is being sourced and should be available for use by 31/01/2018

Proposed Timescale: 31/01/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The privacy and dignity of residents admitted to the two twin rooms in the centre could not be assured with the current layout of these rooms.

6. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Room are being reconfigured to ensure sufficient privacy to the resident. Curtains & Sinks will be rearranged to ensure privacy and dignity

Proposed Timescale: 31/01/2018

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At the time of the inspection the centre did not have access to an independent advocate as a member of the local advocacy team had left.

7. Action Required:
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
An Advocate has been sourced and will commence her visits from 8th January 2018

Proposed Timescale: 08/01/2018
Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that at times individual resident’s privacy and dignity could not be assured due to the lack of facilities available for meeting visitors in private.

8. Action Required:
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

Please state the actions you have taken or are planning to take:
Residents receive their visitors in the small sitting room, or their own bedrooms, or the conservatory or the dining room. If the resident wishes the DON’s office is also available. This arrangement will be discussed at our next resident meeting and reviewed by management.

Proposed Timescale: 31/01/2018

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The staff training records were submitted to the inspector following the inspection. Records showed that a number of staff required to attend updates in moving and handling.

9. 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:
Our Training schedule is in progress and the remaining staff will be updated in moving and handling.

Proposed Timescale: 28/02/2018