

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Centre address:	Falcarragh, Letterkenny, Donegal.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ann Wallace
Support inspector(s):	Manuela Cristea
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).

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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 July 2019 18:00	10 July 2019 20:40
11 July 2019 08:30	11 July 2019 16:10

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

Outcome	Provider's self-assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non-Compliant - Moderate	Non-Compliant - Major

Summary of findings from this inspection

This was an unannounced inspection, which looked at six outcomes in relation to how the provider met the residents' needs with particular reference to the needs of those residents living with dementia. Prior to the inspection the provider had completed a self-assessment questionnaire in relation to care and services provided to those residents living with dementia. The provider had judged the service as substantially compliant in five of the six outcomes and moderate non-compliant in relation to Outcome 6 Premises.

The inspectors also reviewed the compliance actions following the last inspection and how the provider had addressed the improvements required. This was partially completed and still in progress at the time of the inspection. The non-compliances were in relation to staffing, the statement of purpose, governance and management,

contracts of care, fire precautions, infection control, risk management, premises and notifications of incidents.

An application to vary a condition of the registration had been submitted to the Chief Inspector of social services requesting permission to extend the timeframe for the planned refurbishment works required to bring the centre in compliance with premises and personal possessions. The planned refurbishment was due to start within the next few weeks and a project plan had been agreed with residents, their families and with staff.

Any risks identified on this inspection were promptly actioned by the provider on the day. For example, the storing of linen trolleys and cleaning trolleys in the same room with other equipment was immediately acted and the cleaning trolleys were relocated as per best practice. In addition the person in charge confirmed that a bath identified without appropriate service records had been serviced and was available for residents' use.

Twenty residents had high to maximum dependency needs at the time of inspection. There were eight residents with a confirmed diagnosis of dementia and two others with a suspected diagnosis or various degrees of cognitive impairments. Two residents presented with a history of responsive behaviours (how a person with dementia may communicate physical, social or psychological discomfort with their environment). Two residents had pressure ulcers at the time of inspection and the inspectors found that there were appropriate management plans in place for these residents.

The inspectors met with a number of residents and their families on the day of inspection and found that they reported high levels of satisfaction with the care and services that they received in the designated centre.

Overall, the inspectors found that residents with dementia received a high standard of evidence based nursing care and had access to appropriate healthcare services to meet their needs.

The findings are laid out in the main report below.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

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 inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia living in the centre. They also reviewed specific aspects of care such as nutrition, wound care, end-of-life, medicine management and the temporary absence of residents from the centre. The inspectors were satisfied that for the most part, each residents' wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. However, improvements were required to ensure that medicine practices in the centre were in line with best practice and that all nursing staff followed the correct policy and procedures when administering medicines.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents with dementia. These included regular audits in areas such as pressure sores, infections, nutrition, falls and the use of psychotropic medicines.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Records showed that each resident had a pre-admission assessment prior to admission to ensure the centre could meet their needs. Further assessments were carried after admission and comprehensive care plans developed in line with residents' changing needs. Residents with dementia had a cognitive assessment completed. Care plans were reviewed on a three monthly-basis and more often if residents' needs changed.

Overall, the care plans were person-centred and contained comprehensive information about the residents. The centre had recently transitioned to a new electronic care record system. The inspectors reviewed a sample of care plans and found that they contained sufficient detail to inform care, including residents' likes and dislikes, past biographical story and their current abilities and capacities. Nursing and care staff who spoke with inspectors demonstrated appropriate levels of knowledge about care plans. Residents' wishes were respected, including their right to refuse assistance, which was documented in their notes.

Validated assessment tools were used to ensure each residents' needs were being met to a high standard. Some of these tools were specific to the unique needs of residents with dementia such as assessing the risk of wandering, or pain assessments using body language descriptors. When a resident sustained a fall, comprehensive post-fall reviews were carried out using a root-cause analysis method in order to establish the contributory factors. This ensured that appropriate and the least restrictive control measures were put in place to prevent further falls for the individual residents.

Residents and their families, where appropriate, were involved in the care planning process, including end-of-life care plans, which reflected the wishes of residents living with dementia. The inspectors reviewed a number of 'end-of-life' care plans that outlined the physical, psychological and spiritual needs of the residents. These included each resident's preferences regarding their preferred setting for delivery of care. Records showed that there were systems in place to prevent unnecessary hospital admissions, including discussion and documentation around the resuscitation status or advanced decision-making. There were no residents at the end of life at the time of inspection.

Residents' wounds were appropriately managed and monitored, and charts were available to track wound progress. Multidisciplinary support was available to assist wound healing such as input from the tissue viability nurse, vascular clinic and dietitian.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. There were no residents losing weight at the time of inspection. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records, when required, were appropriately maintained.

The inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was on the menu and verbally communicated to the residents. Inspectors found that in order to enable meaningful nutritional choices for residents with dementia the system could be improved with the addition of pictorial menus and the visual display of the food on offer. Nursing and care staff were knowledgeable about each residents' nutritional needs and there was an effective system of communication between nursing and catering staff to ensure that information about each residents' dietary needs and preferences were shared appropriately. Inspectors observed that residents who required modified consistency diets and thickened fluids received the correct diet and the modified meals were attractively served.

At lunch time the dining room was open to members of the local community who attended the day centre adjacent to the designated centre. Although this provided an important link for residents with many of their friends and neighbours from home the inspectors noted that the dining room experience was noisy and that space between the tables was limited. For example a member of staff was observed standing whilst they were assisting a resident with their meal rather than sitting beside them.

Residents with dementia had good access to a range of health and social care services including physiotherapy, dietitian, speech and language therapist, podiatrist, continence nurse specialists, optician and community mental health services, some of which were based in the same building. These specialist services enabled residents with dementia to maintain optimum health and promote their independence. Those residents eligible to take part in the national screening programmes were supported and facilitated to access them if they wished to participate. Records shown that residents were referred to specialist expertise when required and that the prescribed interventions were implemented by the nursing and care staff. Residents had access to a general practitioner (GP) on a daily basis, and could retain their own GP if they wished. Out of hours medical cover was also available.

Appropriate information about the resident was communicated where a resident was transferred to another care facility. This included a copy of their medication, the doctors' letter and a comprehensive nursing assessment that mentioned the specific communication and other needs in relation to their dementia.

Despite evidence of oversight in the form of regular medicine audits, improvements were required to ensure residents were protected by safe medicine practices. The policies and procedures in relation to medicine management contained comprehensive information in relation to the safe prescribing, storing, dispensing and administration of medicines. There was pharmacy and medical oversight of medicines including regular medication reviews for those residents living with dementia. However the systems of medicine prescribing were not in line with best evidence-practice. For example there was no clear differentiation in the medicine administration sheet between the medicine to be administered on a regular basis and those that were to be administered when required.

In addition, the medicine prescriptions were not clear and did not always contain all the information required for safe administration such as the route or the dosage. Similar gaps were identified in the administration sheets, where the omission of signatures for medications was not accompanied by a documented rationale to explain why the medication was not administered.

The inspector observed good practices in how the medicine was administered to the residents. The nurse took time in ensuring the resident understood what they were taking and waited patiently until the resident finished taking their medicine before leaving the room. Medicine was only signed for after the administration, which is in line with best practice.

Residents and relatives who spoke with the inspectors reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in residents' health or well-being.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were measures in place to protect residents with dementia from being harmed or suffering abuse. Policies and procedures for the prevention, detection and response to abuse were available to provide guidance to staff. Most staff were trained on the policy and in their discussions with the inspectors they were clear about their responsibilities to protect the residents from abuse. The person in charge and their deputy were clear about their role and responsibilities in relation to safeguarding residents.

Residents told the inspectors that they felt safe in the centre and that staff were kind and respectful in their interactions with them. Residents said that they could talk to a member of staff if they had any concerns. The inspectors also spoke with a number of residents, who although unable to communicate their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

The deputy nurse manager was the designated safeguarding officer in the centre and the newly-appointed facilitator for the provision of staff education in relation to safeguarding the residents. All staff had received training in the prevention of elder abuse. However, only a small number of staff had attended the most up-to-date training in safeguarding vulnerable adults. This meant that staff were not up to date with their training in line with the centre's own policy. This had been a previous finding in the last inspection report. A training schedule of further safeguarding courses for staff was submitted following inspection with assurances that all staff would have the most up-to-date training completed by the following month.

A sample of staff files reviewed showed that all staff had an Garda Siochana vetting disclosures in place prior to commencing employment. The centre did not employ any volunteers. The provider did not act as a pension-agent for any of the residents and at the time of inspection was not handling any money for the residents. The provider confirmed that clear processes were in place to keep residents' personal monies safe and to enable residents to access their money outside office hours, if required.

Residents had access to lockable storage space if needed. Inspectors observed that housekeeping staff were respectful when they were handling residents' possessions in the course of their work. The inspectors observed that items were put back in the correct place so that residents living with dementia were able to locate their personal items in their bedrooms.

A directory of visitors was available at the entry in the centre for the protection of residents. CCTV camera was used in accordance with best practice while ensuring that

residents' privacy was not compromised.

There was a policy in place for the management of residents with responsive behaviour. Staff had completed training in dementia care and managing responsive behaviours.

Staff knew the residents well and used positive behaviour strategies in their daily interactions to prevent or alleviate residents' distress. At the time of inspection, there were two residents in the centre with a history of responsive behaviours. The inspectors tracked the journey of one resident and observed that staff knew the resident well. This included the residents' life history, preferences for care and routines and any potential triggers for responsive behaviours. A review of the records showed that the resident's care plan specified the known triggers for responsive behaviours and described the appropriate de-escalation techniques to assist and reassure the resident at these times. During the two days of inspection staff were observed using appropriate de-escalation techniques to support and reassure residents who became agitated. Staff took the time to be with the residents until they felt reassured and calm. As a result there were very low levels of responsive behaviours occurring in the designated centre.

There was evidence that the centre was working towards a restraint-free environment. The restraint management policy and the processes that were in place were in line with national policy and best evidence practice. Records showed that the use of bedrails was low and that all restraints were discussed at multi-disciplinary meetings and reviewed on a three-monthly basis. Alternatives were available and trialled prior to the provision of equipment such as bedrails. Alternative forms of equipment such as low-low beds, sensor alarms and crash mats was available and used by a number of residents. A restraint release and review chart was maintained and accurately completed. Inspectors saw evidence of regular reassessment and discontinuation of restraints such as bedrails and wander alarms when no longer required or in the resident's best interest.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Residents with dementia were consulted in how the centre was run and advocacy services were available.

Residents' forum meetings took place every three months and minutes of these were available to review. Agenda items for these meetings contained issues for discussion

that were relevant to the residents such as planned outings and events, feedback on food menus, the proposed refurbishment of the centre and opportunities to discuss any aspects of living in the centre. The inspectors saw evidence that issues brought up at residents' meetings were followed up with the management and implemented. A suggestion box was available in the centre for residents, relatives and visitors. Families were encouraged to advocate for those residents living with dementia who might not be able to make their views known. Independent advocacy was also available for residents and staff had processes in place to ensure that those residents living with dementia were able to access the service if required.

Throughout the two days, the inspectors observed staff providing assistance to the residents. Staff ensured that residents' privacy and dignity was respected. For example, staff knocked on residents' doors and waited for a response prior to entry. Doors were closed and privacy curtains were used around each bed when care was provided. Inspectors noted a number of residents in bed early in the evening on the first day of inspection. All residents that inspectors spoke with confirmed that it was their choice and that they had flexibility in their daily routines and could choose when to go to bed or when to get out of bed. The inspectors observed that staff took the time to ensure that choices were offered to those residents living with dementia and that when the residents communicated a choice this was respected.

While most residents were very complimentary of care and staff, some mentioned that the day could be very long. The inspectors reviewed the activities programme and noted that it was quite repetitive and there were limited choices available to residents. The programme included bingo, daily exercises, rosary, quiz games or newspaper reading. While the activities programme included group activities for residents in general, it did not specify the one-to-one activities to ensure that each residents' social needs were met on a daily basis. For example the activities displayed on the activities notice board did not include appropriate activities to engage with residents with higher cognitive impairment and who might not be able to participate in the group activities.

The inspectors were satisfied that each resident had a 'quality of life' care plan which contained relevant detail and information about residents expressed preferences or described previous interests. The care plan also contained information on how to maximise residents' quality of life based on current abilities. However, there was no documentary evidence in relation to each individual resident's attendance and participation in daily activities and entertainment, in line with person-centred practices.

Efforts were made to ensure the residents maintained links with the local community. There were occasional outings to nearby places of interest chosen by residents' themselves. Children from the local schools visited the centre. Music sessions were popular and there was photographic evidence of seasonal events celebrations, which were attended by local and national celebrities. Adequate equipment was available for meaningful activities, which included cosy pets and dolls for doll therapy, board games, bingo cards, puzzles.

The centre employed an activity coordinator. Several staff had attended training in various activities courses specific to residents with dementia and there was clear evidence of a shift in the culture of the designated centre as staff and managers worked

towards becoming a dementia-friendly environment. Staff mentioned various initiatives and changes that they were thinking to make to enrich the living experience of residents with dementia, including the setting up of an Alzheimer's Café in the centre. The activities coordinator and the deputy manager had visited dementia-specific units in the area in order to gather ideas on best practice in relation to dementia care.

However, the evidence acquired on inspection confirmed that residents' engagement in daily meaningful activities required improvements. For example, there was nothing documented on the activity board on the first day of inspection as the activity coordinator was away on annual leave. The person in charge confirmed that in the absence of the activity coordinator, this role was delegated to other care staff. However, a review of the activities records for individual residents showed that planned activities did not happen on a number of days due to staff attending training courses. In addition, activities at weekends were not recorded. Some residents told the inspectors that weekends were quiet and that they were not aware of a weekend activities programme.

The inspectors took time to observe the interactions between staff and residents during different periods throughout the days. These observations reveal a mix of interactions with a high number of good meaningful engagements observed in how staff communicated with the residents. For example the inspectors observed that a number of staff conversed with the residents in their native Gaelic language as this was the resident's preferred means of communication.

The inspectors were satisfied that residents' dignity was upheld at each interaction. All interactions were kind and courteous, consent was sought and residents' choices and refusals were respected. For example one resident had chosen to stay in their room on the day of inspection and all care and services were delivered in their room throughout the day. Overall, communication was enabling and empowering and residents appeared engaged and content with their living choices and arrangements. However, the inspectors also observed flat periods of time, particularly after lunch, when there was limited staff available to supervise or engage the residents. Improvements were required to ensure each resident had daily opportunities to participate in meaningful and diverse activities, in line with their interests and preferences.

Inspectors reviewed a sample of communication care plans for residents with impaired communication including: cognitive impairment, speech, vision or hearing. The care plans were person-centred and contained comprehensive detail to guide staff on the most appropriate means of communication for these residents. Where major decisions were to be discussed, the care plans outlined the considerations for referral to advocacy services.

Residents had access to a medical social worker. As this is a Gaeltacht region of the Donegal, a number of residents were native speakers of the Irish Language. The residents' guide was available in both English and Irish language. Inspectors observed staff interacting and communicating with residents using the Gaelic language.

Residents had access to radio, television and internet facilities. Each resident with dementia had a large clock and calendar in their room to aid orientation.

The inspectors were satisfied that residents' civil, political and religious rights were respected. Residents were facilitated to participate in religious practice of their choice, which was available both in English and Irish language. Mass was held in the centre and inspectors saw residents being consulted if they wished to attend on the day of inspection. Residents were facilitated to access the voting polls or exercise the right to vote at one of the ballots arranged in the centre.

Visits were unrestricted and facilities were available where residents could meet their visitors in private. All relatives who spoke with inspectors confirmed that they were always made feel welcome and encouraged to be involved in the resident's ongoing life at the centre. The information and insight that family members were able to provide about each resident living with dementia was used by nursing and care staff to inform residents' care plan and their daily routines.

Information leaflets on various relevant issues for residents with dementia were available in the centre. These included communication, continence, doll therapy and end of life planning.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The complaints of each resident living with dementia and their family were listened to and acted upon in a timely manner.

There was a clear and accessible complaints policy in place which encompassed the HSE Your Service Your Say policy and included details of how to make an appeal if residents and families were not happy with how their issue was managed in the centre. The procedure for making a complaint was displayed at various points around the designated centre.

Residents living with dementia and their families were made aware of the complaints policy on admission. Families told the inspectors that they spoke to staff and the person in charge if they were not happy about anything and that issues were resolved promptly.

The person in charge was responsible for managing complaints in the centre. There was a record of complaints made which included the details of any investigations or actions

that had been taken to resolve the issue. There was one open complaint at the time of the inspection. The issue had been resolved, however, the person in charge was waiting to meet with the family to close out the complaint.
Records showed that where improvements were required following a complaint that this was implemented by the relevant staff.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

There were appropriate numbers of staff with the right knowledge and skills to meet the assessed needs of the residents, taking into account the size and layout of the designated centre.

Rosters showed that there were enough staff with the appropriate knowledge and skills to provide safe care and services for those residents living with dementia. There was a nurse on duty in the designated centre at all times. The staff on duty reflected the staff recorded on the roster. One agency carer was working in the centre at the time of the inspection. The carer had worked at the centre on previous shifts and was familiar with the building and with the residents. They had completed an induction on their previous shifts and were able to describe the actions to take in an emergency such as a fire.

The staff training record was not up-to-date at the time of the inspection but the record was submitted to the inspectors following the inspection. The records showed that staff had appropriate training to care for those residents who were living with dementia and other cognitive impairments. The training included specific dementia training and training in appropriate activities and meaningful engagements with residents with cognitive impairment. Staff who had attended the courses told the inspectors that the training had increased their knowledge and awareness around living with dementia and that they were better able to understand and communicate with those residents as a result of the training. The centre had developed an in-house specialist dementia trainer who would be the lead person for developing dementia care and services, providing training and support for staff in this area.

Inspectors observed that staff demonstrated a good level of knowledge and understanding in their interactions with those residents who were living with dementia. Care practices reflected up-to-date evidence based practice in this area.

There were clear processes in place to support and supervise staff in their work. Nursing

staff worked alongside care staff to ensure that care was delivered appropriately. Nursing staff received supervision from the clinical nurse managers and the person in charge. Ancillary staff reported to the person in charge. Staff demonstrated co-operation and flexibility in their dealings with each other and worked well together as a team. This helped to create a calm and welcoming environment for residents in which they witnessed a lot of friendly verbal and non-verbal communications with staff and between staff. It also helped to ensure that staff in all departments were aware of any specific needs or preferences that a resident might have in relation to the service they were responsible for providing.

There were rigorous recruitment procedures in place to ensure that suitable staff were employed in the designated centre. The inspectors reviewed a sample of staff files and found that they contained all of the documents required in Schedule 2 of the regulations. This included Gardai vetting for all staff. There were no volunteers working in the centre at the time of the inspection.

Records showed that nursing staff had an up-to-date registration with the Nursing and Midwifery Board of Ireland.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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 design and layout of the centre was not suitable for its stated purpose and did not meet the needs of the residents living with dementia in a number of areas including: the size and layout of the multi-occupancy bedrooms and the current condition of the palliative care suite. These were outstanding actions from previous inspections. The planned refurbishment of the designated centre to address these issues was due to commence in the coming weeks. Privacy curtains had been installed in all of the multi-occupancy bedrooms since the last inspection however inspectors noted that in one bedroom the position of a bed impacted on the space and privacy available around the other two beds in the room. The inspectors were informed that there was only one resident occupying the room at the time of the inspection.

In addition the inspectors observed that at lunch time the dining room was shared with persons attending the day centre which adjoins the designated centre. This created a noisy and crowded environment for those residents who needed a quiet unhurried space in which to enjoy their meals. Furthermore the dining room was a thoroughfare used by visitors and staff to access two areas of the building. Although the person in charge had

implemented a no access policy to encourage staff and visitors to use an alternative route the inspectors observed that the policy was not adhered to.

Inspectors found that the designated centre was clean and suitably decorated. A plan of decoration and refurbishment had been completed in some areas of the premises since the last inspection. Items of interest such as collages and clear signage had been introduced since the last inspection. Although these colourful additions helped residents with dementia to find their way around the building, better use could be made of this type of design to provide more points of interest in order to help residents to navigate their surroundings and maintain their independence.

There were sufficient communal bath/shower rooms and toilets for the number of residents currently accommodated in the designated centre. The inspectors noted that the bathrooms and toilets were in need of refurbishment and that this would be addressed as part of the planned refurbishment works.

The designated centre is at ground floor level with wide corridors that allow residents to mobilise safely through the different areas of the building without negotiating steps or obstacles along the way. Communal rooms were nicely decorated in a homely and comfortable fashion. Residents spent time in the communal areas chatting together or watching the television.

There is a central courtyard garden which can be accessed from the main corridor. However the garden was untidy and not well maintained and required immediate improvements in order to be accessible for residents in the current warm weather. In addition further improvements were required to provide a safe surface/pathway in the garden. Items of interest such as a sensory area would provide a safe and pleasant space for those residents living with dementia who would enjoy and benefit from access to outdoor space.

There was a comprehensive range of equipment available to support residents with their mobility and other needs. Overall records showed that equipment was serviced and maintained however there was no clear record of maintenance for the specialist bath. Subsequent enquiries by the person in charge revealed that the bath had been serviced and was in working order.

There were a number of large storage rooms in the centre however inspectors found that these were cluttered and untidy and that equipment such as cleaning trolleys and equipment was being stored alongside resident equipment. In addition a number of items such as supplementary drinks and continence equipment were stored in packets on the floor. This was addressed at the time of the inspection.

Judgment:

Non-Compliant - Major

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Date of inspection:	10/07/2019
Date of response:	20/08/2019

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: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required to ensure that medicine practices in the centre were in line with best practice and that all nursing staff followed the correct policy and procedures when administering medicines.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:

All residents' medication Kardexes have been reviewed by CNM2, CNM1 & GP. A working group, which includes the community pharmacist has been established to deal with the issues highlighted during the inspection process. PIC will ensure that the residents are protected by safe medication practices in line with best evidence based practices.

Proposed Timescale: 31/08/2019

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Improvements were required in ensuring all staff had up to date training in safeguarding vulnerable adults to ensure residents with dementia were protected.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

A program of training in safeguarding vulnerable adults has been established by the centre's CNM2, who is a certified safeguarding training facilitator. To date 25 staff (53%) have completed training, a further 13 staff will receive training on 16/8/19 (80% trained) the remaining 20% of staff will have received training by 20/9/19. All staff will then be trained in the detection and prevention of and responses to abuse.

Proposed Timescale: 20/09/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Improvements were required to ensure each resident had daily opportunities to participate in meaningful and diverse activities, in line with their interests and preferences.

3. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

Meeting held with activities co – coordinator. A person centred record of participation in daily activities (inclusive of weekends and bank holidays) in place following consultation with all residents. CNM1 has identified 4 MTAs who have a particular interest in activities and they will lead out the program when our activities co – coordinator is on annual leave/absent from work.

PIC has arranged for the inclusion of dog therapy weekly provided by Irish Therapy Dogs Ireland which will provide physical and therapeutic benefits for all residents.

Proposed Timescale: 31/08/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The design and layout of the centre was not suitable for it's stated purpose and did not meet the needs of the residents living with dementia in a number of areas including; the size and layout of the multi-occupancy bedrooms and the current condition of the palliative care suite. These were outstanding actions from previous inspections.

In one bedroom the position of one bed impacted on the space and privacy available around the other two beds in the room. The inspectors were informed that there was only one resident occupying the room at the time of the inspection.

In addition the inspectors observed that at lunch time the dining room was shared with persons attending the day centre which adjoins the designated centre. This created a noisy and crowded environment for those residents who needed a quiet unhurried space in which to enjoy their meals. Furthermore the dining room was a thoroughfare used by visitors and staff to access two areas of the building. Although the person in charge had implemented a no access policy to encourage staff and visitors to use an alternative route the inspectors observed that the policy was not adhered to.

Better use could be made of colour and points of interest in order to help residents to navigate their surroundings and maintain their independence.

The garden was untidy and not well maintained and required immediate improvements in order to be accessible for residents in the current warm weather. In addition further improvements were required to provide a safe surface/pathway in the garden. Items of interest such as a sensory area would provide a safe and pleasant space for those residents living with dementia who would enjoy and benefit from access to outdoor space.

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:

The centre is scheduled to undergo a program of refurbishment work beginning 11/05/20 and due for completion 22/09/21 to ensure regulatory compliance. The layout of the centre and multi occupancy rooms will be addressed during the building works.

The current Palliative care suite is being upgraded with soft furnishings and the damaged Ensuite bath panel has been repaired.

The resident in suite one had requested their bed to be positioned as they were used to having it at home. Staff were able to facilitate the request as this resident was the singular occupant of this room. This remained the case for the duration of the resident's stay only.

The day centre has since relocated to an off-site building thus reducing the numbers availing of the main dining room. Staff have been educated about promoting an environment which is conducive to creating a quiet and enjoyable dining experience for all residents, including sitting down when assisting residents with their meals. CNM2 and catering staff have created picture menus which are available for those residents who need them.

Work has commenced to create more points of interest throughout the centre including dementia specific wall murals which will support a calmer environment, promoting better sleep patterns and eating habits - enhancing quality of life. Items of interest are also being sought which the residents will have a meaningful connection with.

The garden has been tidied up and the space is more open. Benches have been painted bright colours. A water feature is in place. A sensory area is being created. The existing rubberised Tarmac will be expertly cleaned and damage repaired. The residents, assisted by an MTA and activities co coordinator, have created a vegetable plot.

Proposed Timescale: 31/10/2019

