Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Fingal House Nursing Home
Centre ID:	OSV-0000137
Centre address:	Spiddal Hill, Seatown West, Swords, Co. Dublin.
Telephone number:	01 840 1545
Email address:	fingalhousenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Barron and Dunne Barron Limited
Provider Nominee:	Helen Dunne Barron
Lead inspector:	Leone Ewings
Support inspector(s):	Philip Daughen
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
14 April 2016 10:00	14 April 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

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. This was the seventh inspection by HIQA.

The centre has been in operation as a designated centre for older persons with this provider since 2007. The provider also fulfils the role of person in charge and the centre. This report sets out the findings of the inspection and areas for improvements.

The inspector found that overall the provider met many of 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 had addressed three of the four non-compliances further to the last inspection on 1 and 2 October 2014. Improvements had taken place relating to premises and an environmental audit had

been completed. For example, an accessible ramp and front entrance had been developed. However, further improvements were required relating to health and safety and risk management, fire safety, infection prevention and control and storage.

No formal plans had been submitted to the Authority to meet the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Theme:
Governance, Leadership and Management

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

Findings:
The written Statement of Purpose (Revision 12) submitted for review following the inspection described the services provided to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that outlined the lines of authority and accountability in the centre, with systems in place to review the quality and safety of life of residents. The provider was also working as the person in charge of the centre. The provider advised the inspectors that adequate resources were made available as

required. The inspectors confirmed that satisfactory governance arrangements were in place

The provider was aware of the requirement to prepare an annual report on the overall review of the safety and quality of care of residents. This had not yet been completed in compliance with the Regulations. However, preparatory works were ongoing and the inspectors asked the provider to submit within five working days for review. There were clearly established systems in place in terms of gathering daily feedback from residents. However, formal inputs from residents did not fully inform the quality and safety review for 2015.

Judgment:
Substantially 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 had not changed since the time of the last inspection and she worked full-time in this role. She provided clinical leadership to the staff team in all aspects of care delivery, and also was the provider of this service. She was suitably qualified as a registered nurse, and experienced with the authority accountability and responsibility for the provision of the service. She had also completed additional training in moving and handling and also provided training for staff working in the designated centre.

There was a clearly defined management structure in place to support the person in charge. The person in charge maintained the risk registers and had overall management responsibility.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against

accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection.

All staff had received training and guidance on maintaining good standards of clinical documentation. A system of audit of clinical documentation was in place overseen by the person in charge. Clinical records were well maintained and records reviewed were found to be person centred and accurate.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that the risk register had been completed and had up to date risk assessments and measures were in place to mitigate any identified risks.

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

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
The inspectors found that measures were in place to protect residents from being harmed or abused. The inspectors viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspectors found that staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner, which focused on each person retaining choice and autonomy in their daily lives. Staff demonstrated respectful communication techniques.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. A risk register relating to the use of any restrictive practices was maintained and reviewed by the inspector. Bed-rails were used for a small number of residents. The use of these had been considered only after alternatives trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review. Residents were fully involved in any decision to use bed rails.

Measures were in place to identify and alleviate the underlying causes of any behaviours of concern, and implement appropriate assessment and health and social care. Resident and family involvement was promoted in terms of any future care choices this was well documented and meetings minuted.

A record all visitors to the centre was maintained and administrative staff were on duty assist in the monitoring of visitors in and out of the centre.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Under this Outcome, arrangements with respect to risk management, infection control

and fire safety were examined. It was found generally that there were areas of good practice identified. There were also areas identified where improvement was necessary in order to demonstrate compliance.

With respect to risk management, there was a safety statement and risk register in place. The inspectors examined the risk register and found it to be comprehensive and detailed in the main. The inspectors also found records of monthly health and safety checks within the centre which was noted as being good practice.

With respect to infection prevention and control, the inspectors found the centre to be clean on the day of the inspection in the main. The inspectors did note some areas where improvement was required, mostly relating to the sluice room. Firstly, the sluice room was being used for the storage of materials other than those necessary for a sluicing facility, including electrical components such as waste batteries, hoist batteries and also laundry hampers. The flooring within the room was noted as being in poor condition and was torn in a manner that could possibly harbour infection. Also, the bedpans were not stored in a way that would allow them to drain in a hygienic manner after washing. The inspectors found that there was a significant accumulation of dust and dirt within a ceiling mounted vent in the accessible shower room.

With respect to fire safety, the inspectors found that there was an adequate number of escape routes from all areas of the building although some improvements were required in order to ensure they could be used in a timely fashion if required. A number of final exits were provided with key operated locks in the direction of escape for the purpose of security, but the inspectors found that not all requisite safeguards were in place to ensure these doors could be opened in emergency if required. A key had not been provided adjacent to the doors in a break glass unit for emergency in all cases, the exits had different keys and all staff did not routinely carry the key on their person for these doors. There as also an exit provided with a mechanical lock that required the input of a code in order to release. There was no additional safeguard in this case to ensure the door could be used in the event of an emergency without having to know and then input the code. Two of the three exits on ground floor level were provided with ramps to allow occupants with mobility aids such as wheelchairs to safely negotiate the exit if required. The third was provided with steps in manner that could delay occupants in the event of an evacuation. The escape routes within the centre were marked with emergency exit signage or 'green running man' signs, but the inspectors found that the main sitting room and dining room, which are both areas where people such as visitors who may be unfamiliar with the building layout could be, required additional signage in this regard in order to make the escape routes clear to occupants. All escape routes were clear of physical obstruction such as storage of materials, with the exception of a small gate at the foot of the stairs, which although not locked in the closed position could represent an unreasonable obstruction, particularly in an emergency.

The inspectors observed that the centre was provided with fire resistant doors throughout in order to contain a fire should one occur and prevent smoke and heat from blocking escape routes. While these doors appeared to be largely fit for purpose, the inspectors identified some instances where doors were not provided with all the features necessary in order for them to perform to maximum effectiveness in the event of a fire. For example, two doors providing access to the stairs on second floor level from staff

accommodation were not equipped as fire resistant doors, a number of doors throughout the centre were not equipped with appropriate smoke and intumescent seals and/or self closing devices and also there was one instance where a fire resistant door appeared to have been removed in its entirety from its frame. The provision of fire resistant doors required review in order to ensure that the necessary doors have been provided where required in all cases.

As outlined under Outcome 12, storage generally was identified as an issue by inspectors within the centre. One instance of document storage, in this case within the attic space, was identified as an issue with respect to fire safety. There was a considerable quantity of documents, which being paper and in cardboard boxes would be combustible, stored in the attic space. This attic space did not appear to be provided with any fire detection equipment and therefore a fire within it would not be quickly detected.

The centre was provided with a fire detection and alarm system, emergency lighting and fire extinguishers and these were found to be in working order. The fire alarm panel and fire extinguishers were found as being prominently located and free from obstruction. The fire detection and alarm system divided the building into four zones. The fire alarm panel was capable of displaying which zone within the building the fire had been detected.

There was a fire procedure that was clear and concise which was displayed in the centre. It detailed the mechanism for contacting emergency services as well as the steps and principles of phased evacuation for the centre, however the fire detection and alarm system zones did not align with the fire compartments provided within the centre provided as areas of relative safety as part of the phased evacuation procedure. This meant that in the event of a fire, there could potentially be a delay in identifying the area in which the fire had started in order to begin evacuation as it would involve searching more than one fire compartment for some fire scenarios.

The inspectors found that the needs of the residents in the event of a fire had been comprehensively assessed. These assessments identified what supports, both in terms of staff assistance and evacuation equipment, were required for each resident in the event of a fire evacuation and were regularly reviewed to ensure they remained accurate for each resident. These assessments were found to be clear, concise and were indicative of good practice in this regard. All residents were provided with appropriate evacuation equipment as required in order to ensure they could be evacuated in a timely fashion in the event of a fire.

It was found that staff had received appropriate fire safety training as required, and any staff spoken to were knowledgeable with respect to good fire safety practice. Staff conducted regular fire safety checks within the centre and there were also appropriate arrangements in place for specialist contractor maintenance where required, for example, maintenance of the fire detection and alarm system.

The inspectors found from discussions with the person in charge and examination of records that there were regular fire drills in place within the centre. However, the programme required review in order to ensure the drills adequately simulated real life

fire scenarios including day and night scenarios with appropriate compartment evacuation and staffing levels within the centre. It was also found that the records pertaining to each drill did not record key information such as scenario simulated, time taken for evacuation and points for improvement identified during the drills.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

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

The inspectors viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. Competency assessments were also completed with new nursing staff and on an ongoing basis by the person in charge or her deputy. An inspector observed medication administration and found that medication was administered in line with the policy and best practice. All staff nurses involved in the administration of medications had undertaken medication management training.

Medication was stored in locked cupboards in clinical storage area in the residents dining room accessed only by staff. Medications which required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. Stock balance was checked and signed by two nurses at the change of each shift. The balance of one medication did not reconcile with the records and the person in charge agreed to review this and examine the possible error in the record observed.

Medication audits were completed by the person in charge and the pharmacist to identify areas for improvement and there was documentary evidence to support this. Systems were in place to monitor for any medication errors, or near misses and any findings were discussed or escalated accordingly. There were appropriate procedures for the handling and disposal of out of date medications, with appropriate records

maintained.

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:
The inspectors were satisfied that resident's healthcare and social care needs were met to a good standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives.

The feedback from residents relating to available activities was found to be good. Activities and pastimes such as quizzes, outings, music and spiritual activities continued to be available at the centre. External activity facilitators also contributed and were in place and activity such as crafts, music and exercises were available. On the day of the inspection holistic therapy was ongoing with hand massage and relaxation available. Residents confirmed with inspectors that they enjoyed day-to-day personal and group activities.

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

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

The inspectors saw that risk assessments were undertaken on admission and a care plan was devised. Falls prevention measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Incidence of falls were low, however, head injury observations were completed when residents sustained any unwitnessed fall. Records of clinical incidents which were found to be fully completed and actioned. Audit took place and records including photography were found to be well maintained by nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents.

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

An evidence-based policy on pressure ulcer prevention and management was in place which was this used to guide the practice of nursing and care staff. Appropriate pressure reducing strategies and care was in place for residents assessed as at risk, and records of re-positioning and pressure relieving devices were found to be accurate and evidence based.

Staff were familiar with the best practice relating to supporting residents with diabetes to maintain best possible health. For example, diet and frequency of blood sugar measurements. On the day of the inspection a planned review was taking place with the medical outreach team from the acute services for older people.

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 inspectors found that there were certain restrictions, primarily relating to accessibility for persons with high mobility needs due to the inherent layout of the centre. However, the centre was managed in a way that supported and promoted the capabilities of the residents in the main. The inspectors did see that storage was a significant issue within the centre and the lack of suitable storage facilities was identified as an issue.

On the previous inspection, issues were identified relating to storage and privacy of residents. As part of the action plan response, the provider pledged to install additional curtains to maintain privacy within the shared bedrooms. The provider also stated that the premises in which the centre is currently located would be replaced with a purpose built premises (subject to planning permission) and that the project would be completed by 31 January 2015. On this inspection, it was found that curtains had been installed. However, the centre was still located in its original premises.

The centre was originally constructed as a domestic dwelling, which has since been repurposed and extended as a facility providing residential care for older people. The centre is provided over two floors, ground and first, with a small second floor level providing staff facilities only. Access between floors is by way of a central stairway. Additional external metal escape stairs are provided from first floor level for emergency use. There is no lift within the centre. There is a chair lift provided on the central stairway between ground and first floor level. Any residents wishing to travel between ground and first floor level must either negotiate the stairway or use the chair lift. Similarly, any equipment or materials that needed to be transported between ground and first floor need to be carried up and down the stairs. First floor consists of bedroom accommodation (six single bedrooms and one twin bedroom) and communal bathroom. Ground floor consists of bedroom accommodation (one single room, one twin room and three triple rooms) as well as a dining room, kitchen, living room, communal bathroom facilities and other ancillary uses such as an office.

The premises were of sound construction generally, and kept in a good state of repair. It was found to be adequately lit, heated and ventilated. Good practice was noted with regard to the maintenance of building services. For example, the electrical installation had been safety checked and certified by a competent person.

The centre, generally speaking, was laid out to meet the needs of the residents. However, it was noted that the residents occupying bedrooms on the first floor on the date of inspection had relatively low mobility needs and that residents with high mobility needs would have difficulty if occupying first floor level due to the layout of the centre and the dependence on a chair lift to access communal facilities on the ground floor. The centre had to be managed in a manner that restricted the occupation of the first floor bedrooms to those residents with low mobility needs. Any new admissions with high needs in this regard could only be accommodated on ground floor level. Similarly, should the mobility needs of a resident already living upstairs increase, consideration would have to be given to relocating the resident to a room downstairs. The inspectors found that these arrangements were being managed successfully on the date of the inspection with 16 residents.

The bedrooms were laid out in a manner that met the needs of the residents generally,

although the presence of triple rooms was noted as did not comply with the criteria for existing centres outlined under Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland 2009, which states a limit of two residents per bedroom. Each bedroom was provided with a wash hand basin. The inspectors checked the hot water from a tap in one room and found it to be at an appropriate temperature. Within the shared twin and triple rooms, privacy was maintained through the provision of curtains around the beds and around the wash hand basin. In one case, the inspectors identified that the curtain, while provided, followed the outline of the edge of the bed and did not encompass any area around the bed when drawn. This would make privacy difficult to maintain when the resident is being attended to by staff or getting dressed beside their bed. While the bedrooms were adequately sized generally, there was a need to store personal mobility aids, such as wheelchairs in rooms other than the resident's bedroom in some cases when the resident is in bed as the bedroom would be overly congested if the mobility aid was to be stored within it. Similarly, a hoist which had been provided on first floor level in case of falls, had no dedicated storage area on first floor level, could not be stored downstairs due to the lack of a lift, and therefore had to be stored in the bathroom on first floor where it could potentially restrict free movement around the bathroom as well as obstructing access to a storage room located within the bathroom.

Equipment such as beds, hoists and the chair lift were found to be in good working order and that appropriate arrangements had been made for ongoing maintenance of same. Call bell facilities were installed in the centre also.

Bathroom facilities, as well as dining and living spaces were provided communally. There was one living room and one dining room with associated kitchen, both on ground floor level. There was a visitors' room provided where residents could receive visitors in private. The amount of privacy would however be somewhat limited as the room was separated from the main living area, which would be occupied continuously to some degree throughout the day, by way of a curtain. The provider informed the inspectors that she would make her office available for receiving visitors if privacy was an issue, however the office contained files and other potentially sensitive information.

A safe secure garden was provided to the rear of the premises, which was being well maintained. This garden also contained sheds for storage of various materials, as well as a small laundry building containing a washing machine, drier and other ancillary laundry equipment.

Judgment:
Non Compliant - Moderate

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

Theme:
Person-centred care and support

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

Findings:
The inspectors evidenced that the complaints policy was fully implemented at the time of the inspection. There was a written complaint's procedure on display. Residents, relatives and staff were aware of the complaint's policy and procedure. The person in charge was the complaint's officer and dealt with all complaints and expressions of dissatisfaction.

The inspectors reviewed the records and there had been no formal written complaint since the time of the last inspection. However, the person in charge maintained a record of verbal and other communication which was acted upon in terms of service improvement.

An independent appeals process was clearly outlined in the complaint's policy and residents and relatives were aware of their right to complain.

Judgment:
Compliant

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:
On the day of inspection the inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and their needs were met in a timely manner. The inspectors found that there were procedures in place for supervision of residents in the communal areas, and during mealtimes. Inspectors reviewed staffing rosters and discussed staffing with the provider. The staffing in place on the day of the inspector matched the planned roster. The staff on duty included the person in charge, staff nurse, three care assistants, two household staff, one chef and a holistic therapist/activities person.

Feedback from a relative and residents expressed satisfaction with the existing facilities and staffing levels. The inspectors found that there was a committed and caring staff team in place. The provider placed strong emphasis on person centred care and gave leadership and guidance where required. Staff told inspectors that they felt well supported by the provider and her deputy.

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

Staff told inspectors they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, pain management, dysphagia, and the use of the malnutrition universal screening tool.

A training plan for 2016 was in place for staff. All of the care assistants interviewed had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents.

Training was provided for staff in areas such as medication management, fire safety and responding to expressive behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	Fingal House Nursing Home
Centre ID:	OSV-0000137
Date of inspection:	14/04/2016
Date of response:	23/06/2016

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not formally evidenced consultation with families and residents in the annual review.

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

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

Please state the actions you have taken or are planning to take:
• 6 weekly resident meeting take place and residents highlight their issues. These are taken into consideration and changes or improvements are made accordingly and where possible.
• Our Resident & Family survey is undertaken annually in June and is in progress
• As we are a small nursing home the PIC and staff are in constant communication with both residents and their representatives.
• All resident have their care plans reviewed every 4 months and their representatives are informed of same as per residents wishes
• In future, the above information will be included in our Annual review.

Proposed Timescale: 30/09/2016

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:
As described in the findings, the arrangements within the sluice room for storage of bedpans and other materials as well as the condition of the floor, required action in order to ensure that the facilities can be used in a hygienic manner.

The ceiling mounted vent within the accessible shower room required cleaning.

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

Please state the actions you have taken or are planning to take:
• New floor covering has been fitted.
• All recycling is now removed.
• Bedpans are usually stored as per Infection control best practice however on the day of inspection they were stored incorrectly; this has been highlighted to staff.
• Ceiling mounted vent is to be replaced.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in regard to fire management and means of escape required

remedial action in the following respects:

Some final exit doors, while key or code operated, were not provided with appropriate safeguards in all cases to ensure they could be opened in a timely fashion in the event of an emergency.

One final exit to the rear of the centre was provided with steps in a manner that could potentially delay occupants in the event of an evacuation.

The stairs was provided with a gate that, while unlocked, could represent an unreasonable obstruction in the event of an emergency.

As described within the findings, there was improper storage of files within the attic and not in a room designated and suitable for the purpose.

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

Please state the actions you have taken or are planning to take:
• All Exit doors currently have a Glass box with key inside, however these exit doors have been reviewed by the Fire engineer and plans to apply locks synchronised with Fire alarm system are in progress including coded door.
• Gate has been removed
• Door in conservatory was previously deemed unsuitable as an exit and was therefore decided that is not a fire escape and is not a named fire exit in our Fire policy, or in our plans submitted and reviewed by Dublin City Fire Brigade.
• Area outside door is clear of items.
• Storage of files is being relocated to alternative storage area off site.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was noted that while fire resistant doors were provided, the provision of same required review in order to ensure that doors of the necessary standard with all the necessary features are provided where required in all cases throughout the centre.

While a fire detection and alarm system had been provided, it was noted that the detection zones did not align with the fire resistant construction between fire compartments and that this could potentially represent a delay in identifying the area in which the fire has started in order to begin evacuation as it would involve searching more than one fire compartment for some fire scenarios.

4. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
• The Fire alarm Panel has the potential to accommodate 8 zones, however the building and previous fire panel is wired for 4 zones. Zones will be reviewed & reconfigured if necessary on next Fire engineers visit.

Proposed Timescale: 30/09/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
As described within the findings, additional exit signage was identified as being required from the living room and dining room on ground floor level in order to make the escape routes clear to occupants.

5. Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:
• New 'Running man' signs have been ordered and are due for installation

Proposed Timescale: 30/07/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While regular fire drills were being conducted in the centre, the programme of same required review in order to ensure that the drills adequately simulated real life fire scenarios including day and night scenarios with appropriate compartment evacuation and staffing levels, and that the details of the drill are recorded appropriately.

6. 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:
• Following review of Fire legislation Fire drills currently take place as required per the legislation.

• Programme of fire drills to be reviewed.

Proposed Timescale: 30/09/2016

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:
While noted as being managed successfully on the date of inspection, the layout of the centre would place undue restriction on the future placement of residents due to the need to locate residents with high mobility needs on the ground floor and also due to the potential need to relocate residents from first to ground floor if their mobility needs increase while living in the centre in order to meet their needs.

While it was noted that privacy and dignity was maintained through the provision of curtains in the rooms concerned, the three bed rooms did meet the criteria of Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

As described within the findings, there was a lack of adequate storage facilities, particularly for mobility equipment, noted within the centre.

The location of the curtains around the beds in the multiple occupancy rooms did not afford sufficient privacy to the resident concerned in one instance as described in the findings.

The arrangements for residents to receive visitors in private required review to ensure their suitability as described in the findings.

7. 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:
• All residents will continue to have preadmission assessments and be assessed 4 monthly regarding their needs and where required will be relocated.
• Storage is kept to a minimum and is under review.
• Application to Fingal County Council was made in late 2013.Following refusal of planning permission by Fingal County Council for a new premises, it was appealed to An Bord Pleanala, and modifications were made. However, since subsequent resubmission of planning permission has become lengthy & time consuming, the application has being formally withdrawn.
• We are currently now engaging with a Consultant to review and ensure our premises will be compliant with the legislation .

• Room to be reconfigured to ensure sufficient privacy to the resident. • Residents receive their visitors in the small sitting room, their own bedrooms, the dining room or the PIC 's office if they wish. This will be discussed at our next resident meeting and reviewed by management
Proposed Timescale: 30/12/2016