



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Fingal House Nursing Home
Name of provider:	Fingal House Care Centre Limited
Address of centre:	Spiddal Hill, Seatown West, Swords, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 August 2022
Centre ID:	OSV-0000137
Fieldwork ID:	MON-0037169

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Fingal House Nursing Home can accommodate up to 17 residents, male and female, on a short-term and long-term care basis that are accommodated on the ground and first floor. Staff rooms are located on the third floor. A chair lift supports residents between the ground and the first floor. A minimum of one registered nurse and a healthcare assistant is employed per shift. They can provide care for residents who have complex needs with varying levels of dependencies following an individual assessment. The centre includes nine single bedrooms, one double/twin bedroom and two bedrooms shared by three residents (triple rooms on the ground floor). Communal rooms are located on the ground floor with access from two parts to an enclosed private garden. A separate dining room that adjoins the kitchen is located on the ground floor, along with the main central sitting room laid out in three areas that include a library and sunroom overlooking the rear garden. A laundry area is located to the rear in a separate building. They cater for residents with dementia and have access to a psycho-geriatrician and mental health team who visit on request following an assessment and referral from the general practitioner (GP). The centre's aims and objectives include tailoring care to the individual, knowing residents personally, respecting residents' rights, ensuring residents' privacy and dignity, maximizing residents' abilities and independence and managing risk appropriately. The centre endeavours to match the ideal staff member to each resident, to cater for preferences for male or female, quiet or lively, casual or formal. Daily routines are carried out at the resident's pace, with the emphasis on maximizing personal control, enabling choice and respect for dignity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 19 August 2022	08:55hrs to 15:05hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what the inspector observed, there was evidence that residents in this centre were supported to enjoy a good quality of life by staff who were kind and caring. On the day of the inspection, the inspector observed a friendly, relaxed and calm atmosphere. Residents told the inspector that the staff were kind, caring and respected their choices, and a number of residents commented that the centre was a lovely place to live. The inspector also met with a number of visitors who were visiting their relatives during the inspection. Residents and relatives were complimentary about the service and the care provided.

This risk-based inspection took place over one day. There were 14 residents accommodated in the centre on the day of the inspection and three vacancies.

On arrival at the centre, the inspector accessed the centre and was guided through the centre's infection prevention and control procedures. An opening meeting was then held with the clinical nurse manager (CNM), during which the proposed plan for the inspection was discussed.

In general, the environment was homely and nicely decorated, and there was a comfortable atmosphere in the centre. There was unrestricted access to a communal garden which was well maintained. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. The inspector observed that residents in the centre were not rushed. The majority of residents were located in the main sitting room. The room was supervised by a member of staff at all times.

Staff availed of every opportunity to engage at a social level with residents. There was evidence of information displayed throughout the centre guiding and informing residents of activities available and information about the centre. The inspector observed staff and residents having good-humoured banter during the activities.

Residents enjoyed home-cooked meals and stated that there was always a choice of meals. Overall, residents were complimentary about the food and said that the quality of food was very good. Food was seen to be attractively presented, including modified diets.

Residents confirmed they had no complaints, but if they had any problems or concerns, they would speak to staff, and they would address their concerns.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the centre was well-managed and that the residents in the centre received good quality care and services in line with the centre's statement of purpose.

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The registered provider was Fingal House Care Centre Limited. The company had two directors, one of which was the nominated registered provider representative. There was a well-established nursing team in the centre, and the person in charge was supported in their role by clinical nurse managers and a full complement of staff, including nursing and care staff, housekeeping, catering and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Staff and residents were familiar with staff roles and their responsibilities.

The designated centre had adequate resources to ensure the effective delivery of high-quality care and support to residents. There was sufficient staff on duty to ensure the residents' needs could be met, and teamwork was evident throughout the day.

There was a training schedule in place that included training for all staff in fire safety, infection prevention and control, safeguarding vulnerable adults from abuse and manual handling techniques. Uptake of training was monitored by management in the centre, and an ongoing training schedule was in place.

The inspector reviewed a sample of staff files and found these met the regulatory requirements. They all included a vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Key-quality indicators were being gathered or assessed on a regular basis. Where deficits were identified, action plans were developed, with progress recorded.

The annual review for 2021 of the quality and safety of care delivered to the residents in 2021 had been prepared in consultation with residents.

The centre had a complaints policy which clearly outlined the process of raising a complaint or concern. Complaints were managed in line with regulatory requirements. The satisfaction or not of the complainant was seen to be recorded.

A review of the accident and incident log found that not all restrictive practices used in the centre had been notified to the Chief Inspector as required under Regulation

31.

Overall, this was a good service, with effective systems in place to ensure that residents received safe and appropriate care, with a rights-based approach to care.

Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and training records showed that staff were up-to-date with fire safety and safeguarding training. There were adequate levels of supervision in place, and staff reported to be well supported by the management team.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents, which was up-to-date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files was reviewed during the inspection and found to contain all necessary information as set out in Schedules 2 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust and required action to ensure further oversight of the following issues identified:

- The inspector reviewed the restraint register for the centre and found that the environmental and chemical restrictive practices used in the centre were not included in the register. However, the inspector saw a number of examples where restraints were in use, such as the keypad on the door or the use of the antipsychotic medications as required, identified in the centre's KPIs, care plans and the resident's medication records.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four samples of contracts of care between the resident and the provider and saw that each accurately set out the terms and conditions of their residency as per regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector on some occasions where the restrictive practice was used. Not all environmental and chemical restraints were included in the quarterly reports.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in place which met the requirements of the regulations. Records had been maintained in relation to the management of and response to complaints. There was no open complaint on the

day of the inspection.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. There was evidence that residents' needs were met through good access to health and social care services and opportunities for social engagement. However, the inspector found that some improvements were required in the management of infection control, restrictive practices and fire safety to promote residents' safety at all times.

There was good access to general practitioner (GP) services, including out-of-hours services. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as the risk of falls, pressure ulceration and malnutrition. Multi-disciplinary team inputs were evident in the care documentation reviewed. Residents' hydration and nutrition needs were assessed, regularly monitored and met.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider, and it was regularly updated. The inspector observed some examples of good practices in infection prevention and control, such as good hand hygiene and adherence to good practices when wearing face masks. Staff had access to personal protective equipment (PPE), and hand sanitisers were available in all areas. There were sinks available to support staff members' hand hygiene. Overall, the centre was clean, and there were sufficient resources such as cleaning staff and products. The cleaning equipment viewed was generally clean. However, some rust was observed, and minor improvements were required to reach compliance with Regulation 27: Infection Control.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. There were adequate facilities and resources available to deliver activities to residents. Residents had access to television, papers, magazines, and radio, and the staff worked hard to maintain their links with the local community. Residents told the inspector that they enjoyed attending the activities and could choose what kind of activities they would like to have daily. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent in carrying out their respective roles.

Fire safety systems were supported by a fire safety policy. The inspector found that comprehensive systems had been developed for the maintenance of the fire detection and alarm system, emergency lighting and fire fighting equipment. However, completion of regular fire evacuation drills was required to ensure residents could be evacuated in a safe and timely manner as outlined under

Regulation 28: Fire precautions.

Regulation 27: Infection control

While good practices were observed, the action was required in respect of the following issues to ensure consistent adherence to National Standards of Infection Prevention and Control in Community Services:

- A number of shower chairs and the hoist platform in the bathroom showed signs of rust which prevented appropriate cleaning of equipment.
- In the bathroom, the wallpaper was peeling off, and there was a gap between the marmoleum around the toilet. This did not support effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety management of the centre did not ensure via fire drills that the persons working in the centre and, in so far as practicable, residents were aware of the procedure followed in the case of fire. The person in charge submitted a sample of the fire drill following the inspection, which provided assurance that residents could be evacuated in a timely manner. Further drills, at regular intervals, were required to maintain staff competency in the safe evacuation of all residents in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' records found evidence that residents had a comprehensive assessment of their needs on admission. These assessments informed the care plans developed to meet each resident's assessed needs. Care plans were reviewed as residents' needs changed and at intervals not exceeding four months. Care plans were person-centred and reflected the residents' needs and the support they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP. Records demonstrated that residents had timely access to medical care, specialist care and social and healthcare professionals. All recommendations made by these specialists were integrated into the care given to residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with knew each resident's triggers, and there was evidence that residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were responded to in a dignified and person-centred way by staff. This was reflected in the responsive behaviour care plans reviewed.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and knew the staff by name. They were complimentary about the care staff provided to them. All interactions by staff with residents on the day of the inspection were seen to be respectful. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. There were facilities and opportunities in the centre for residents to engage in recreation and exercise their civil, political and religious rights. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents' views on the quality of the service were accessed through planned satisfaction

surveys and through day-to-day feedback from residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fingal House Nursing Home OSV-0000137

Inspection ID: MON-0037169

Date of inspection: 19/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Restraints that were in use, such as the keypad on the door or the use of the antipsychotic medications as required ,which had been already , identified in our KPIs, care plans and the resident's medication records have now been included in our restraint register and our resident register updated to reflect same going forward.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>'Monitoring notifications handbook, Guidance for registered providers and persons in charge of designated centres for older people Effective February 2018' was reprinted and nursing staff reminded of the timeframe for Notifications to be submitted. As part of weekly management meeting HIQA notifications will be discussed to avoid late submission. PIC and CNM logins updated</p>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

As per our policy on 'The provision, management, maintenance, cleaning and decontamination, and repair of medical devices and equipment', the upstairs bathroom issues were noted during our quarterly checks in July 2022.

A full refurbishment and redecoration of upstairs bathroom had been decided. A new bath, basin and toilet have already been ordered and are awaiting delivery. Timeframe for completion is by 31/01/2023

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire drills, at regular intervals, will be completed & recorded to maintain staff competency in the safe evacuation of all residents in the event of a fire

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	10/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	31/10/2022

	fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	10/10/2022