



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 January 2025
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0045687

About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh and is a short walk from the shops and business premises. It is registered to provide care to 27 male and female residents over the age of 18 and accommodates residents from the local area, including Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms. The centre is a purpose-built single-storey building. The philosophy of care, as described in the Statement of Purpose, is to "embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Tuesday 21 January 2025	18:00hrs to 18:45hrs	Nikhil Sureshkumar	Lead
Wednesday 22 January 2025	09:00hrs to 14:00hrs	Nikhil Sureshkumar	Lead
Tuesday 21 January 2025	18:00hrs to 18:45hrs	Helena Budzicz	Support
Wednesday 22 January 2025	09:00hrs to 14:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Overall, the residents' feedback was highly positive about the care and services provided in this centre. The provider had recently completed phases one and two of an extensive programme of refurbishment works, and inspectors found that the refurbished areas of Falcarragh Community Hospital are generally of a high standard and have greatly improved the residents' living environment.

The inspectors spoke with a number of residents over the two days of the inspection. Residents who spoke with the inspectors said they felt safe in the centre and said that the staff were friendly and approachable. Many residents also told the inspectors that they could enjoy a variety of food choices, interact directly with the chef and that they appreciated how well the staff accommodated their needs and preferences.

The centre is a single-storey purpose-built nursing home located in Falcarragh town in County Donegal and as such is close to local amenities, such as shops and cafes. The centre has two units, namely the Tory and Gola wings, and is currently registered to provide accommodation for 24 residents in the Gola and Tory wings. The provider is currently completing a phased programme of refurbishment works at the centre. The second phase of the refurbishment work was completed at the time of the inspection, and the provider's application to register additional beds was in progress.

The newly refurbished areas of the Tory wing included an additional 14 new beds, and two additional communal areas. The newly refurbished areas would provide an additional six single-occupancy bedrooms and four twin-occupancy bedrooms, taking the occupancy to 27 residents. The additional bedrooms would facilitate the completion of phase 3 of the refurbishment works and provide single rooms for those residents who had opted for accommodation in single bedrooms.

The inspectors saw that most of the bedrooms were spacious and well-laid out to meet the needs of the residents. The refurbished bedrooms met the requirements of the regulations and were nicely furnished with built-in storage space for residents to store their personal belongings and clothes. The bedrooms feature overhead hoists that facilitate safe and effective moving and handling of residents within these spaces. However, the layout of one single room was not suitable for those residents who required large mobility aids. Following this inspection, the provider confirmed that residents who were required to use this type of mobility aid would not be accommodated in this bedroom.

There were sufficient communal areas in the Tory wing, which overlooked the enclosed landscaped courtyards and were accessible to residents. There were sufficient communal toilets and a communal shower with toilets outside of the

residents' en-suite facilities. This ensured that residents could easily access toilet facilities from the communal lounges and dining room.

Inspectors observed that there were sufficient staff available on the day of the inspection, and residents did not wait for their call-bells to be answered.

There was a lively atmosphere in the communal room, with residents interacting with each other, and with staff during planned activities and at meal times. It was evident that staff knew the residents well and were familiar with their needs and preferences for daily routines.

Residents could take their meals in their bedrooms or in the main dining room next to the kitchen. The inspectors observed that there were enough staff available at meal times to support residents with their nutritional needs. Staff were knowledgeable of residents' dietary needs, and systems were in place to ensure that residents' needs and preferences were communicated effectively to all staff. Residents said that 'they enjoyed their food and that there was always plenty to eat'.

The centre had suitable communal facilities available for residents to receive visitors. Residents who spoke with the inspectors expressed that there were no restrictions on having their visitors in this centre.

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

Capacity and capability

Overall, this centre was found to be well-managed. The provider implemented appropriate management systems to ensure the safe and effective monitoring of the care and service provided to residents.

The registered provider of this designated centre is the Health Service Executive (HSE). As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as fire and estates, human resources, information technology, staff training, and finance.

The Chief Inspector placed a restrictive condition on the registration of this centre, requiring the provider to renovate and refurbish the physical environment in the designated centre to achieve compliance with regulations 9 and 17 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This unannounced inspection found that the provider had carried out the second phase of a three-phased refurbishment plan in the designated

centre, and there are plans underway to complete the third phase of the refurbishment work.

The provider had a range of management and oversight systems such as policies, clinical audits and incident management systems in place to monitor the quality and effectiveness of care and services provided to the residents. The management team were well-known to residents and staff and had day-to-day responsibility for the operational management of the designated centre. The person in charge is an experienced nurse with the required management experience for the role. They are supported by the Older Person's Services Manager for the local area.

A programme of audits was in place to support the monitoring of the quality and safety of the service. These audits were used to identify risks within the service, as well as areas of quality improvement.

The inspectors reviewed written policies and procedures and found that they were not fully compliant with the legislative requirements.

A directory of residents was maintained in the centre; however, upon review, inspectors found that not all the information required under the regulation was recorded.

Regulation 19: Directory of residents

The directory of residents maintained in the designated centre did not include all the following information under Schedule 3 of the regulations:

- The name, address and telephone number of the resident's general practitioner (GP).
- Marital status of each resident.
- The name, address and telephone number of the residents' next-of-kin or of any person authorised to act on their behalf.
- Where the resident had died at the designated centre, the date, time and cause of death when established.

Judgment: Substantially compliant

Regulation 21: Records

The inspectors reviewed a sample of staff files and found that all of the information required under Schedules 2 and 4 of the regulations was available. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

The records for the pension agent arrangements were in place, and a separate client account was set up to safeguard residents' finances. There were clear records that the money was used for residents' needs, well-being and comfort.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a current certificate of insurance, which indicated that cover was in place against injury to residents and which met the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care was reviewed, and it was found that details such as the room number, occupancy of the bedrooms, and fees to be charged were not included in the contracts.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Some policies were not reviewed within the required three-year interval, including the policies on admissions, the use of restraint, and the management of residents' personal property, finances, and possessions. In addition, there was no

implementation or revision date for the monitoring and documentation of nutritional intake policy and the provision of information to residents policy.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided for residents in the centre was of good standard and met their needs.

This purpose-built centre was clean, well-maintained, and appropriate for the number and needs of residents.

Residents had access to and control over their belongings and were encouraged to bring them into the centre. A good system was in place to support residents in managing their finances in this centre. For example, the residents were facilitated to access their personal monies in line with their needs and preferences, and comprehensive records were maintained to ensure transparency and accountability in this process.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. A sample of care files were reviewed on the day of inspection. Residents' records showed that a pre-admission assessment was carried out for each resident. There was evidence that residents' needs had been assessed using validated assessment tools and that the assessment information was used to develop a care plan with the residents and where appropriate their nominated person. There was a system in place to ensure that the residents care plans were reviewed regularly. As a result, each resident had an up-to-date care plan in place. Additionally, appropriate assessments of residents' communication needs were completed and used to inform their care plans. Staff interactions with residents demonstrated they were aware of residents' needs.

Residents had access to the medical practitioner of their choice and, as required. A system was in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The centre had a safeguarding policy, which provided guidance to staff with regard to protecting residents from the risk of abuse. Residents reported that they felt safe living in the centre.

The centre had a full-time activities coordinator who ensured that residents were actively involved in meaningful social interactions based on their individual interests and abilities. An activities schedule was available, and the inspectors found residents participating in various social activities.

Residents had access to television, radio, newspapers, internet and telephones to ensure they were informed regarding current affairs and that they were able to stay connected to their community.

Residents were provided with a variety of food choices for their meals. Menus were developed in consideration of residents' individual likes and preferences.

There were arrangements in place for residents to access specialist palliative care services to ensure they received appropriate care and support during their end-of-life care. There was evidence of ongoing consultation regarding the care of residents with their general practitioners.

Residents were provided with appropriate access to pharmaceutical services and a pharmacist who was acceptable and accessible to them.

Residents' meetings were held regularly, and they were consulted about their care needs and the overall quality of the service. Residents confirmed that they were informed about the building refurbishment works.

Regulation 10: Communication difficulties

Residents assessed as having difficulty communicating had an appropriate care plan developed to guide staff in supporting their communication needs.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors found that the residents in this centre could retain access to and control over their own belongings. Additionally, they were encouraged to bring their own belongings into this centre. The centre had arrangements to ensure that the residents' clothes were regularly laundered and returned to them in a timely manner.

Judgment: Compliant

Regulation 13: End of life

The provider ensured that arrangements were in place to ensure that the residents received effective pain and symptom management when they approached their end

of life. Additionally, the provider had appropriate facilities for residents' families, who were encouraged to be with the resident during this time.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were appropriate to the number and needs of residents and in accordance with the statement of purpose. Additionally, the design and layout of the centre met the needs of all residents and promoted their independence.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a safe supply of fresh drinking water at all times. There was adequate staff to support and assist people with their meals and refreshments. Nutritional assessments were carried out for residents at regular intervals and in accordance with their care plans. Meals appeared wholesome and nutritious and met the dietary needs of residents outlined in residents' individualised nutritional care plan.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and accessible for residents in this centre. The residents' guide included a summary of services available, the complaints procedure, visiting arrangements, and information regarding independent advocacy services.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a system in place to ensure that the medicine management in the centre was safe. For example, the inspectors found that all medicinal products dispensed or supplied to residents were stored securely at this centre. In addition,

systems were in place to ensure that out-of-date medicinal products were stored securely and disposed of in accordance with the centre's policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of residents' care files and found that the residents had care plans in place to guide staff in supporting their needs, and all care plans were updated within a four-month period or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents were receiving a good standard of care to support their health care needs. They had access to their general practitioner (GP) and multi-disciplinary health and social care professionals as required.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had attended mandatory training, such as safeguarding vulnerable adults training. Staff who spoke with the inspectors demonstrated knowledge regarding the centre's safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had appropriate facilities for residents' occupation and recreation, and residents were provided with opportunities to participate in activities that were in accordance with their interests and capacities.

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 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0045687

Date of inspection: 22/01/2025

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The PIC has reviewed the system for the completion and maintaining the Directory of residents and introduced additional measures to ensure the details identified as missing by the inspectors are recorded for all residents. This will ensure compliance with Regulation 19.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The PIC and Clinical Nurse Managers have reviewed, and where required, amended all contracts for the provision of services for current residents (Long Term care and Short Stay) to ensure they comply with Regulation 24.</p> <p>The system in place for the completion of Contracts for the provision of services has also been reviewed and additional measures put in place to ensure that room number, occupancy of the bedrooms, and fees are included on the contracts in all cases.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The provider and PIC have engaged with the service Practice Development Coordinator who has completed an evaluation of the identified Schedule 5 polices, (specifically the policies on admissions, the use of restraint, and the management of residents' personal property, finances, and possessions) to ensure they been reviewed within the required three-year interval.</p> <p>Furthermore the missing implementation and revision date for the monitoring and documentation of nutritional intake policy and the provision of information to residents policy have been added to their cover pages.</p> <p>This will assure compliance with Regulation 4.</p>	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	21/02/2025
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	21/02/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	21/02/2025

	the fees, if any, to be charged for such services.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	07/03/2025