



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:	27 April 2021
Centre ID:	OSV-0000137
Fieldwork ID:	MON-0032764

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 20 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 first floor. A minimum of one registered nurse and a health care 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 seven single bedrooms (six on the first floor), two double/twin bedrooms (one on the ground floor and another on the first floor) and three 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 sun-room 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, maximising 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 emphases 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
Tuesday 27 April 2021	09:05hrs to 14:40hrs	Michael Dunne	Lead
Tuesday 27 April 2021	09:05hrs to 14:40hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

The feedback from residents and relatives was positive with all expressing high levels of satisfaction with the quality of care provided. Residents told inspectors that they felt that Fingal House was their real home and that staff worked hard to ensure that their needs were met. Residents mentioned that staff were very supportive throughout the pandemic and helped them keep in contact with their loved ones over the phone and by using information technology.

This was an unannounced inspection to review compliance with the regulations. On arrival at the centre inspectors were met by the director of nursing who ensured that all necessary infection prevention and control measures were taken prior to inspectors accessing the centre.

The designated centre was located in Swords, north county Dublin and provided accommodation to 20 residents in a selection of single, twin and treble occupancy rooms located over two floors. The centre was clean and bright and well maintained. There was sufficient private and communal space for residents to use with access to a secure garden area to the rear of the centre. Residents had unrestricted access to the garden which was well maintained and contained seating for residents to use.

The rapport and engagement observed between the person in charge, staff and residents was positive and appeared normal and effortless. Residents appeared to have a good quality of life with meaningful activity, fun and social interactions observed throughout the day. Residents said they felt safe in the centre and told inspectors that if they had a concern or complaint that it would be dealt with.

Residents were supported to make their own decisions about their lifestyle choices. Residents confirmed that they could get up and go to bed when they wished and did not feel pressurised to conform with centre routines. There was evidence of engagement with residents either individually or in groups to find out their views or to provide information in relation to meals, activities, arrangements for visits and access to vaccines. Residents were thankful for the support they had received from staff during the pandemic and were looking forward to a time when everything returned to normal.

Inspectors observed residents engaging in a gentle exercise activity which was part of a new health initiative. Residents were encouraged to participate in daily walks in the garden area or in the centre. Residents were happy with activity support and mentioned that they particularly liked the music concert held recently in the garden area.

Meals were observed to be a sociable and relaxed experience for residents with many choosing to eat lunch in the communal dining room while others chose to eat in the sitting room or in their bedrooms. Residents could choose the background music that was played during the mealtime in the dining room. Residents who spoke

with the inspector said that the food was very good with a great choice on offer. They praised the chef and told inspectors that they regularly baked cakes for special celebrations.

Residents were encouraged to personalise their rooms and were able to bring items of furniture to the centre on admission. Inspectors observed that each resident had a lockable facility in their room in order to store personal items securely. Residents were happy with the laundry arrangements in the centre.

Capacity and capability

The governance arrangements in the designated centre were well defined with clear lines of accountability and authority. Effective management systems were in place to monitor the quality and safety of care delivery to residents ensuring a high standard of care was delivered on a consistent basis. The provider ensured the centre was adequately resourced to meet the needs of the residents.

The centre is operated by Fingal House Care Centre Limited who are the registered provider. The company has two directors involved in the operation of the centre. The director of nursing was supported in their role by a clinical nurse manager, registered nurses, healthcare assistants, activity and household staff. Staff were able to demonstrate a good awareness of their roles and responsibilities. Inspectors observed good communication and teamwork among staff members throughout the inspection.

This was an unannounced inspection conducted over one day to monitor ongoing compliance with the regulations and standards. The centre experienced an outbreak of COVID-19 in February 2021 which impacted on seven residents and one staff member. All residents and staff had recovered and the director of nursing confirmed that all residents had now received both doses of the vaccine.

There was good awareness of measures to take in preventing a COVID-19 outbreak, a detailed preparedness plan set out the director of nursing responses to maintaining an infection free environment which was reviewed at the beginning of April 2021. There was good knowledge among the staff team of their role in preventing the spread of infection. All staff observed throughout the day were seen to observe infection prevention and control protocols, there was effective hand washing, social distancing and appropriate use of personal protective equipment (PPE).

There were regular team meetings to support staff in their roles and to keep them informed of key information such as updated guidance regarding visits to the centre. Staff were supervised in their roles and were in receipt of regular training to enhance their performance. There were low levels of staff vacancies which ensured continuity of care for residents. There was an effective induction, probation and appraisal system in place to further promote effective staff performance. The

provider confirmed that all staff had been Garda vetted prior to taking up their current positions in the centre.

While there was a high standard of record keeping in the centre which included resident care records and the maintenance of an updated directory of residents, a number of contracts for the provision of services required updating to reflect current contractual arrangements between residents and the registered provider.

A review of restrictive conditions applied to the current registration specific to resident mobility needs were found to be adhered to. Residents with low mobility needs were seen to be accommodated in upstairs bedrooms.

The registered provider was aware of the changes they needed to make to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in line with Statutory Instrument 293 of 2016 and the National Standards for Residential Care Settings for Older People in Ireland, 2016 applicable from the 01 January 2022. At the time of the inspection a number of multi occupancy rooms did not provide residents with the required levels of space to meet the requirements set out in SI 293. However at the time of the inspection it was noted that there was reduced resident occupancy in the multi occupancy rooms.

Regulation 15: Staffing

There were suitable numbers of staff available with the required skill mix to meet the needs of the residents taking into account the layout of the centre. Inspectors observed that there was a registered nurse on site during the day and the night to oversee the clinical needs of the residents

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory and other appropriate training which enabled them to provide suitable care interventions to meet the needs of the residents. Staff were provided with induction and guidance to help them perform their roles to a high standard. There was evidence of supervision and appraisal to monitor the continuous professional development of staff in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents which included the required information as set out in schedule three of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to provide suitable care to the residents. There was a clearly defined management structure in place with clear lines of accountability and responsibility. The management team were able to demonstrate high levels of knowledge to be able to carry out their roles in an effective manner.

There were systems in place to monitor both clinical and operational activities. There was sufficient management oversight to provide ongoing monitoring and overview to drive improvement and maintain a high level of service to the residents.

An annual review of quality and safety for 2020 was in place which incorporated the views of the residents and their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was a contract of care in place for all residents which detailed the terms and conditions of the placement. The contract outlined details regarding fees that may accrue for additional services. Inspectors noted that contracts for the provision of services had not been updated to identify a change in registered provider.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure available in the centre. Residents confirmed that they were aware that they could register a complaint should they be unhappy with any aspect of the service provided. The complaints procedure set out the steps to take in registering a complaint and indicated how one

could make an appeal. The policy was advertised in the home and was available for visitors and families to use.

Judgment: Compliant

Quality and safety

Resident's wellbeing and welfare were maintained by a good quality of evidenced based care and support. Residents quality of life was enhanced by person centred care provided by the staff team. There was evidence of ongoing consultation and inclusion which promoted residents rights and empowered residents to make informed choices about their care and welfare. In instances where residents required additional support to make informed decisions this was provided mainly by family members or by accessing advocacy services if needed.

There was a good standard of care planning with validated risk assessments in place to inform care plans. There was evidence of ongoing discussion and consultation with the residents and their families in relation to care plans, which were regularly reviewed and updated as required. There was evidence of a person-centred ethos of care in this centre with residents' privacy and dignity respected.

Residents had access to medical support from GPs, and allied healthcare professionals such as dietitians, speech and language therapists, and tissue viability nursing. Referrals for community based services such as occupational therapy and physiotherapy were seen to be made on a timely basis to support residents who required this input. Specialist services to support residents with their mental health needs were also available by referral to the resident's GP.

Inspectors reviewed the minutes of a recent residents' meeting and saw that activities requested by residents were provided on an ongoing basis. Residents preferred choices were respected with residents giving positive reactions to recent activities provided such as the music event in the garden, baking decoration and animal visits. Residents expressed their appreciation for the efforts that the centres' staff had made to facilitate window visits and video calls to family throughout the pandemic. Residents had access to daily newspapers and shared access to TV and Radio services.

The premises was clean, warm and well decorated. Although there were limitations regarding the availability of space for residents in shared rooms, residents gave positive feedback regarding the facilities provided.

The centre had procedures in place for the prevention and control of healthcare associated infections. There were additional measures in place to ensure the risks associated with COVID-19 were monitored on an ongoing basis. All staff were following public health guidelines in the use of personal protective equipment (PPE) with systems in place to facilitate the regular ordering and storage of PPE supplies.

Inspectors observed visitors to the centre being guided through the necessary steps to ensure they complied with guidance issued by the Health Prevention Surveillance Centre.

Residents were offered a choice of food at mealtimes and inspectors observed that refreshments and snacks were offered to residents throughout the day. Inspectors observed a mealtime meal service and found that residents were supported by adequate numbers of staff. The dining experience was positive with residents seen interacting with each other in a suitable environment. The individual dietary needs of residents were accommodated.

The centre had a risk policy in place which outlined the arrangements in place in to monitor and manage risks within the centre. Management had compiled a comprehensive list of both clinical and operational risks which were recorded in a well maintained risk register. Identified risks were controlled through a risk assessment process, with control measures put in place to reduce identified risks and were subject to regular review.

Regulation 11: Visits

There was an up-to-date visiting policy in place. Visitors were received privately in residents' bedrooms or in a dedicated visiting room located on the ground floor of the centre. Inspectors reviewed information which confirmed that the provider had liaised with families during the pandemic to keep them informed and updated with regard to restrictions around visiting.

Judgment: Compliant

Regulation 17: Premises

Residents' accommodation was set out over two floors. Limited space available between residents' beds in shared bedrooms resulted in registration conditions and a requirement to achieve full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in line with Statutory Instrument 293 of 2016 and the National Standards for Residential Care Settings for Older People in Ireland, 2016 by 01 January 2022.

There was a chair lift in place to assist residents with mobility needs to use the stairs in a safe manner. The centre provided adequate private and communal space for residents. Equipment used to cater for residents' needs appeared to be in good working order and inspectors saw evidence of maintenance records being routinely completed. There were facilities for the safe-keeping of valuables which were appropriately overseen by management. Inspectors observed a well-organised laundry facility which ensured resident laundry requirements were met on a

consistent basis.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a choice of food at mealtimes. A written menu was available to inform residents of the choices available that day. Assistance was provided by staff for residents who required additional support during mealtimes and this support was observed to be patient and respectful of residents communication needs.

Care plans identifying residents nutritional needs were reviewed and found to be appropriate. Other care records indicated that residents' weights were closely monitored.

Judgment: Compliant

Regulation 26: Risk management

The centres' risk management policy contained all the requirements of the regulation, and specified risks and their management were described in accompanying policies. A risk register of all risks identified was being maintained. All risks identified had appropriate actions in place to reduce these risks. There was a plan in place to respond to major emergencies.

Judgment: Compliant

Regulation 27: Infection control

There was a comprehensive infection prevention and control policy which contained procedures to guide staff in their daily practice. Additional measures were in place to prevent a COVID-19 outbreak and were subject to regular review.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' care, medical and social needs. Residents' needs were again assessed within 48 hours of admission. All care plans reviewed were personalised and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings took place regularly and empowered residents to give their views on the running of the home. There was an advocacy service available to residents.

There was evidence that communication with families was encouraged and facilitated by staff throughout the COVID-19 pandemic.

Staff made good efforts to ensure residents had meaningful daily activities that they could participate in. Residents were offered choice regarding the food they ate and where they wished to eat their meals. Residents told inspectors that the staff team had worked very hard to ensure that this was their home.

Residents were supported to continue to practice their religious faiths remotely during the COVID-19 outbreak in the centre.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fingal House Nursing Home OSV-0000137

Inspection ID: MON-0032764

Date of inspection: 27/04/2021

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 24: Contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All residents contracts for the provision of services has been updated to identify a change in registered provider.	

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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Not Compliant	Orange	28/04/2021
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 the fees, if any, to be charged for	Not Compliant	Orange	28/04/2021

	such services.			
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