

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Centre address:	Falcarragh, Letterkenny, Donegal.
Telephone number:	074 913 5104
Email address:	geraldine.mclean@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	11

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 December 2016 13:30 To: 14 December 2016 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector observed the delivery of care and reviewed documentation such as care plans, accident/incident reports, complaints records, the risk register and medication management. The inspector talked to residents, the recently appointed person in charge, staff nurses and health care staff. An application to vary a condition of registration was reviewed as date for the completion of renovation works could not be achieved.

The centre is a purpose-built, single-storey nursing home that provides care to dependent persons in the catchment area of Falcarragh and surrounding district including Tory Island. The centre is located in a Gaeltacht area and many residents and staff converse in Irish. It can accommodate 35 residents. There are 10 places allocated for long term care and the remaining places accommodate residents who require respite, convalescent, palliative or rehabilitation services.

The centre was found to be in good decorative condition and was well maintained.

All areas were clean and no hazards were observed when the inspector viewed the building. A condition of registration was applied when the renewal of registration was completed in 2015. This condition required that the physical environment is reconfigured in accordance with the plans submitted to the Chief Inspector in June 2015. The provider applied to have the condition revised and the timescale extended as the necessary financial support had not been made available until 2017. As the work required is extensive an action plan in this report requires that the provider outline how the schedule of work will be managed to minimise disruption to residents.

Care, nursing and ancillary staff could describe their roles and responsibilities clearly. They had a good understanding of the fire safety measures and all staff except staff on illness or maternity leave had completed fire safety training. Staff could describe residents' individual residents' needs, wishes and preferences. There was significant admission and discharge activity due to the number places allocated to short term care. Staff outlined how residents were supported to maintain their level of activity and independence to ensure that they returned home able to continue with their lifestyles.

Residents had access to the full range of services from the primary care team that included doctors and allied health professionals. Specialist services including mental health services were also accessible. Care plans outlined health and social care needs and were based on range of evidence based assessments. The inspector found that the standard of care planning was generally good. Care interventions that described falls management and nutrition needs were clear and noted to have had good outcomes for residents. Residents told the inspector that they enjoyed a range of activities and valued the efforts of staff to keep them entertained and stimulated. Residents confirmed that they felt safe and attributed this to the availability of staff, the commitment they had to caring for older people and to the comfortable atmosphere that been created.

There were arrangements in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, and practices in place to assess, monitor and analyse potential risks and there were control measures in place to ensure risk was minimised. The inspector saw that the risk register was revised regularly. New risk situations were added and areas that had created risk that were addressed were removed. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance.

The new person in charge and the staff nurse team could demonstrate appropriate knowledge of the legislation and standards that applied to designated centres. They were aware of their legislative responsibilities in relation to notifications, the allocation of staff and the provision of health care. The inspector found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs and they were looking forward to the planned works being complete as it would improve the layout and

environment for residents.

The last inspection of the centre was an announced inspection conducted on 20 May 2015 as part of the process for registration renewal. There were fifteen actions outlined for attention and those relevant to the outcomes inspected were reviewed during this inspection. The action plans had been satisfactorily addressed except for two actions related to the premises. The planned refurbishment is aimed at resolving the premises deficits. During this inspection staff deployment was noted to require regular review to ensure that staff allocations and appropriately trained staff were on duty at all times as there was a significant level of staff absence due to illness or planned leave. The action plan at the end of this report identifies the non-compliances and where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 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):

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

Findings:

There was a defined management structure and the roles of staff with authority and accountability for the management of the service were clear to staff. There were management systems in place to ensure that the service provided was safe and appropriate to residents' needs. There was significant staff absence identified that impacts on the service as the inspector found that staff had problems maintaining continuity of care. This centre has significant admission and discharge activity due to the respite and short term care provided. The impact of these absences is discussed and identified for action under Outcome 18-Staffing.

Aspects of the quality and safety of care were reviewed and monitored regularly. The audit system in use is being reviewed the inspector was told as it does not reflect the legislation that underpins the operation of designated centres which would be helpful to persons in charge and the provider organization particularly in relation to the completion of the annual review to be completed in accordance with regulation 23 (d).

Residents had opportunity to express their views about the service and the results of the regular audits were made public so that they could read and review the information. The inspector found that residents were positive about the services provided. Two residents who had been admitted for periods of respite care said that staff were "caring and helpful" and also said that the care provided was "in all ways excellent".

Judgment:

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 is currently absent through illness and one of the clinical nurse managers has been appointed to fulfil this role. She was present during the inspection and facilitated the process in a competent manner. She was familiar with residents' care needs, treatment plans and the general business of the centre which includes a day care service. The person in charge had managed this service for several years and had supported the person in charge as a person participating in management (PPIM). She was familiar with the layout of the building and the premises deficits that require attention. During interview with the inspector, she confirmed that she had attended training courses relevant to the care of older people and that her training on the topics of adult protection, fire safety and moving and handling was in date. Her registration with An Bord Altranais agus Cnaimhseachais na HEireann (Nursing and Midwifery Board of Ireland)(NMBI) was up to date.

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):

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

Findings:

During the previous inspection, the duty rota inspected did not convey the hours worked by staff or by the person in charge. On this inspection it was found that there was a guide to explain the hours worked by staff.

There was a daily record of residents' health condition and treatment. The inspector noted that health conditions, medication, dietary intake and comments on how residents had spent their day were recorded. For example if they had taken part in any activity or socialised with others there was a comment made on how this had contributed to the residents' day in the files examined.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The absence of the person in charge with the arrangements in place to manage the service during this time had been notified to HIQA as required.

The clinical nurse managers are available to deputise for the person in charge. All have worked in the centre for long periods and have a broad range of experience in the care of older people.

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 Health Service Executive (HSE) procedures for the protection of vulnerable adults at risk of abuse were available to guide staff and to protect residents from abuse. Regular training including refresher training on the prevention of elder abuse was provided. Some staff had attended training on the revised adult protection procedures.

Discussions with members of staff confirmed that they had received training and information on the protection of residents' from abuse. Staff interviewed said information is provided on the types of abuse, how to keep residents safe and how to report any concerns or allegations of abuse. Their descriptions of the ways they would identify and report an abuse incident confirmed that they had appropriate knowledge to identify areas of concern and knew where to access advice and guidance if needed. Residents told the inspector that staff were kind to them and said that they did not have to wait for attention when they needed assistance.

There was a policy on, and procedures in place, for managing behaviour associated with dementia or behaviour that fluctuates as a consequence of residents' changing needs or conditions. Staff conveyed good knowledge of dementia care practice and were observed to elicit information about residents' choices in a manner that was respectful and allowed them time to make decisions.

A restraint free environment was actively promoted. There was a policy and procedure in place for the use of restraint measures in use. Bed rails and wander alarms were the only restraints in use. The information recorded reflected that their use was the most appropriate option available when other safety measures had not provided adequate levels of safety for residents.

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

Findings:
There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was a Health and Safety Statement and risk management procedures in place. A hazard identification system in the form of a risk register was in use to assess and prioritise risk areas. The risk register was noted to contain information on risk areas as described in regulation 26- Risk management for example abuse and accidental injury. The preventative actions to take to reduce hazard situations were described. The inspector saw that staff availability, restraint use and electrical

equipment had been described as risk areas during the year and that the actions taken to reduce risk had been outlined.

There were arrangements in place to support good infection control management. Hand sanitising solutions and hand gels were available throughout the centre. These were noted to be used by staff before they entered rooms and when they left to continue with other duties. Hand drying facilities were located in toilet and sluice areas. The building was well organised, visibly clean and no hazards were identified when the inspector viewed the building.

Measures were in place to prevent accidents in the centre and surrounding grounds. The hallways were clear and unobstructed. Handrails were in place to support residents with mobility problems when walking around. There were grab rails in bathrooms and toilets. Accidents and incidents were recorded. Descriptions of the events that had happened were noted to contain factual and observed information.

The inspector was told that the introduction of a falls prevention programme had significantly reduced the number of falls. An alert symbol in the form of a coloured leaf was placed by residents' beds to alert staff to the extent of risk presented. Staff said that being diligent about observations and ensuring that residents had adequate supervision had contributed to the reduction in falls. There were moving and handling procedures in place and the majority of staff had up to date training in moving and handling techniques having completed part 1 or Part 2 of the new training system during 2015 and 2016. Equipment in use such as hoists, wheelchairs and specialist chairs was noted to be in good condition and regularly serviced.

The fire safety arrangements were noted to be satisfactory. There was a fire safety procedure on display which included floor plans of the building that identified fire exit routes. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. Fire safety equipment such as fire extinguishers, emergency lights and the fire alarm were serviced on a regular basis according to records viewed. Staff the inspectors talked to knew what to do in the event of a fire. There were fire drills at regular intervals and some fire drills had been completed with the fewest number of staff on duty. Records were kept of all fire drill exercises and the inspector saw that that varied aspects of the emergency procedures to be followed had been highlighted to staff. The use of fire blankets, the action to take if clothing caught fire and the need to close all doors and isolate the fire were some of the topics covered.

An action plan in the last report identified that the loose handrails in hallways and loose toilet seats presented a risk to residents. The inspector found that these matters had been remedied. Another action described that damaged disposal bins that were chipped presented an infection control hazard. New bins had been supplied to eliminate this risk.

Judgment:
Compliant

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):

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The process in place for the handling of medicines, including medicines subject to specific controls, were safe and in accordance with current guidelines and legislation. There were appropriate procedures for the handling and disposal of unused and out of date medicines. These were returned to the pharmacy for disposal.

A system was in place for reviewing and monitoring medicines management practices to ensure safe practices were observed. The pharmacist audited medication supplies at regular intervals and was available to advise staff about good practice and medication interactions. The inspector noted that prescriptions and administration charts contained all the required information including photographs of residents however some prescriptions did not indicate the maximum amounts of medicines to be given in a 24 hour period when prescribed on an "as required" PRN basis.

Judgment:

Substantially 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):

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

Findings:

There were 24 residents living in the centre on the day of the inspection. There were 10 residents in receipt of long term care and the remaining residents had been admitted for

short periods of respite care or for rehabilitation or convalescence. Some residents were noted to have a range of complex healthcare issues that included acquired brain injury or dementia. Other residents had been admitted due to complex social circumstances. The majority of residents were assessed as having maximum or high level care needs.

The arrangements to meet residents' assessed needs were set out in care plans that were maintained on a computer programme. Validated assessment tools were used to inform staff about residents' care needs. Assessments were completed when residents were admitted, when care needs changed and to determine risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Three resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were linked to care plans where a need/risk was identified and care interventions were outlined to reduce risk. There was emphasis on person centred care and choices and wishes expressed by residents in relation to how they spent their time were recorded and followed by staff. Care plans provided a detailed overview of residents' care and how care was delivered. For example the inspector found that care plans were specific about the care and rehabilitation programme to be followed where residents had repeated falls. Physiotherapy assessments had been completed and there had been an increase in the number of sessions provided to improve residents' well being. Residents who had complex problems were referred for specialist rehabilitation assessments to ensure capacity was maximised. There was good emphasis on supporting residents to remain at home as long as possible. Residents told the inspector that periods of respite care helped them and their families cope better and they valued being able to have their health care needs reviewed when in the centre. There was evidence of social interactions taking place throughout the day and staff were noted to have good interactive relationships with residents.

Residents had access to primary care services and records reflected regular contacts with doctors and other allied health professionals. Recommendations from other professionals were included in care plans. Dietary supplements or fortification of food recommended by dieticians to address weight loss were noted in care plans and were followed by staff.

There was information recorded that described residents' dementia care needs, orientation and communication capacity. An action plan in the last report outlined that the information on dementia available in care records did not effectively guide staff practice. This action was addressed. Care plans for residents with dementia were found to reflect individual needs and how these should be addressed to ensure good outcomes for residents. Communication capacity was described well in some care plans reviewed. There was information available on residents' orientation to their surroundings, their social care interests of residents, how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns.

Staff recorded changes in behaviour and maintained behaviour records and records of interventions to ensure that appropriate care was provided and that an accurate picture of residents' health changes was available. The staff team had developed good working relationships with the service for old age psychiatry and advice and guidance was accessible when needed. This included on site assessment and review as well as regular visits from mental health nurses.

The centre was noted to have a high level of admission and discharge activity due to the respite and rehabilitation service provided. There was good evidence that consultation and discussion took place with family members and community professionals to ensure that discharge plans effectively protected residents and that follow up care in the community was appropriately planned and in place following discharge. When residents were admitted, transferred or discharged to or from the centre, relevant and appropriate information about their care and treatment was recorded and provided to primary care and home care services.

There were measures in place to prevent the development of pressure area problems and interventions that included regular position changes were introduced to reduce this risk. The care plan for one wound care problem in receipt of attention was reviewed. This had been present on admission. The care interventions were noted to be appropriate and were reviewed regularly. The extent of the wound, the type and frequency of dressing and the impact of interventions were described. One of the clinical nurse managers had established a liaison group with the public health nurses. The purpose of this was to communicate information on pressure area care so that continuity was maintained and care plans were maintained across the services.

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 centre is located in a large building that was purpose designed to provide residential, primary care, day care and out-patient services. It is situated in the town of

Falcarragh and is a short walk from the shops and business premises.

There is a large reception area to the front of the building that leads to the residential area, the day care and out-patients services. There is garden space that has been cultivated with shrubs and flowerbeds. Bedroom accommodation comprises of 17 single bedrooms and six rooms that accommodate three residents. These communal rooms had screens to help maintain privacy but the size of rooms which averaged between 26 and 28 square metres and their dormitory style layout hinders care practice as the provision of adequate standards of privacy and dignity are compromised. Single bedrooms are also small and while adequate storage in the form of built in wardrobes is available the size of the rooms which average 9 square metres compromises the use of assistive equipment such as hoists and specialist chairs.

There is a plan in place to refurbish the centre. A condition of registration requires that the work is completed in accordance with the plans provided to HIQA. This work was scheduled for completion by October 2015. The provider applied to vary the condition and work is now scheduled to commence in 2017, with a completion date in 2018. Plans that outline the structural work required have been completed. In order to facilitate this work, changes to residents' accommodation will be required short term. An action plan in this report requires that a plan that outlines how the works will be organised is provided to the Chief Inspector. This should include the arrangements for consultation with residents and their families and a risk assessment of any potential hazards associated with change for elderly vulnerable people.

The premises were generally well organised, comfortably furnished, warm and visibly clean when inspected. There were adequate toilets and bathroom/shower facilities. An action plan in the last report that described deficits in toilet facilities, handrails that were insecure and poor storage of substances such as washing powder was addressed.

The centre had three sitting rooms and a large dining room that was shared with clients who attend the day hospital. There were domestic features in evidence that contributed a home like atmosphere and comfort of these areas. The dining room is open plan and there is access through this from one side of the centre to another. Previous reports have described the impact of this. It can be noisy at mealtimes and there is through traffic as people walk through the area. This problem and the other premises deficits will be remedied by the refurbishment plan.

Residents had access to appropriate equipment which promoted their independence and residents told inspectors that staff helped them remain mobile and independent by supporting them to walk around for periods each day. Equipment was fit for purpose and there were arrangements in place for the regular service of equipment. There was a call bell system in place and this was noted to be used by residents to request help.

Judgment:

Non Compliant - Major

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):

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

Findings:

Staff could describe how they would respond to a concern or a complaint from residents or relatives. They were aware of the requirement to make a record of complaints and that the person in charge had responsibility for addressing complaints in the centre. Staff told the inspector that all concerns are taken seriously.

The record of complaints was reviewed. The inspector saw that the concern was described and the actions taken to resolve the issue were outlined. An action plan in the last report that identified that complaints records were not fully complete in accordance with legislation was found to be addressed. Complaints were dealt with and resolved in a timely manner according to the information recorded. The complainant's level of satisfaction with the outcome of the complaint investigation was described in accordance with the requirements of Regulation 34- Complaints Procedures. There is an appeals procedure to the consumer affairs officer in the HSE if complaints are not resolved at local level and the contact details were clearly outlined in the complaints procedure.

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):

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

Findings:

There was a planned staff rota in place and this reflected the staff on duty. When

changes were made due to unexpected absences, these changes were outlined. The inspector saw that staff deployment during the day and night was appropriate to meet the needs of residents accommodated. The person in charge described how decision making on staffing levels took into account the layout of the building as well as the diverse and changing needs of residents. The inspector judged that there was sufficient staff on duty, however, there were problems with maintaining staffing levels and continuity as there was a significant staff absence due to illness leave. There were 10 staff including senior nurses unavailable for work at the time of the inspection in the centre.

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The person in charge said that admissions were limited and the number of residents accommodated restricted if staff resources were not available. There were four nurses and four carers on duty during the day in addition to catering, cleaning, laundry and administrative staff. This number reduced at 17:00 hours and two nurses and four carers were on duty until the night shift commenced. At night there were two nurses and a carer on duty. The inspector found that while staff numbers and skill mix were appropriate, the significant level of absence created difficulty in determining that the staff on duty had always completed all the required training within the scheduled time lines, particularly moving and handling and fire safety. This was identified for attention at the last inspection. Senior staff told the inspector that it was difficult to maintain at times appropriate continuity of care in the context of such a high absence rate.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that a good team spirit had been developed and that senior staff provided good leadership and guidance however the inspector noted that staff had expressed concern to senior managers about the shortfalls in staff due to the ongoing absences.

Judgment:

Non Compliant - Moderate

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Date of inspection:	14/12/2016
Date of response:	09/02/2017

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 09: Medication Management

Theme:

Safe care and support

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

Medication prescribed on an "as required" basis should have specific instructions that include the maximum dose to be given in a 24 hour period.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The Person in Charge has already spoken with local gps and their practises affiliated to the designated centre, and highlighted their non compliance in relation to Medication prescribed on an "as required" basis should have specific instructions that include the maximum dose to be given in a 24 hour period.

Nursing staff have already identified medications prn to be rectified and local gps have addressed same.

A/CNM1 ,A/CNM2 and P.I.C. will include this action in their regular medication audits .

Proposed Timescale: With Immediate Effect.

Proposed Timescale: 10/04/2017

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:

The deficits in the building that compromise privacy require remedial action and a plan is required to advise the Chief Inspector on how the deficits will be addressed to ensure compliance with the conditions of registration.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

HSE Estates have completed the design of the refurbishment and the P.I.C. and Registered Provider are currently waiting on the timescales to be made available.

HSE Estates and Architect are also to furnish the Registered Provider of the Schedules of Work.

When the Registered Provider is in receipt of these plans and documentation , then they will be sent to the Chief Inspector for review.

Proposed Timescale: When relevant documentation and Schedules are made available to Registered Provider these will be made available to the Chief Inspector

Proposed Timescale:

Theme:

Effective care and support

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

There are six bedrooms that accommodate three residents and are not of adequate size to provide appropriate standards of privacy and dignity.

3. 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:

HSE Estates have completed the design of the refurbishment and the P.I.C. and Registered Provider are currently awaiting on the timescales to be made available. HSE Estates and Architect are also to furnish the Registered Provider of the Schedules of Work.

When the Registered Provider is in receipt of these plans and documentation, then they will be sent to the Chief Inspector for review.

Proposed Timescale: When relevant documentation and Schedules are made available to Registered Provider these will be made available to the Chief Inspector

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

It was difficult to ensure continuity within the staff allocation due to the absence level however senior staff made it a priority that all staff returning to work to have the required mandatory training.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff have completed the required/mandatory training with the exception of four staff on Sick Leave and two staff on Maternity Leave.

Mandatory Training is ongoing and staff coming back from sick leave and maternity leave will be prioritised and given access to same.

Proposed Timescale: Training ongoing – proposed to have all Staff trained by April 30th 2017

Proposed Timescale: 30/04/2017