



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

Issued by the Chief Inspector

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| Name of designated centre: | Fingal House Nursing Home |
| Name of provider: | Fingal House Care Centre Limited |
| Address of centre: | Spiddal Hill, Seatown West, Swords, Co. Dublin |
| Type of inspection: | Unannounced |
| Date of inspection: | 19 July 2023 |
| Centre ID: | OSV-0000137 |
| Fieldwork ID: | MON-0040865 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 17 |
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How we inspect

To prepare for this inspection the inspector or 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 |
|------------------------|----------------------|--------------------|------|
| Wednesday 19 July 2023 | 09:00hrs to 16:20hrs | Geraldine Flannery | Lead |

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Fingal House Nursing Home. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

Following an introductory meeting, the inspector went on a walk around the centre and observed that many residents were up and dressed on the morning of the inspection. They appeared well groomed and had their hair and clothing done in accordance with their preference.

The lived in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in and throughout the day residents were seen using these spaces. Residents had easy access to an enclosed outdoor garden which was well maintained. Flowers in hanging baskets provided cheerful summer colour.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that living there 'it's like home from home' with 'the loveliest of staff, you couldn't ask for better'. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. There was a comfortable familiarity between the person in charge, staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with that arrangement.

Laundry facilities were provided on site and residents informed the inspector that they got their clothes back clean and fresh every few days. Clothing was labelled with residents' names to ensure it was returned to the residents.

When asked about their food, all residents who spoke with the inspector said that the food was very good. They said that there was always a choice of meals, the food was always hot and tasted good. The menu was displayed on a white board in the dining room and the tables were laid out with table cloths, flower arrangements, cutlery and condiments for the residents to access easily. The mealtime experience appeared to be a social occasion with soft music playing in the background. The

inspector observed staff offering drinks to the residents at frequent intervals throughout the day.

Residents who spoke with the inspector expressed high levels of satisfaction with the quality of life they experienced in the centre. The inspector observed that residents were able to choose when they wanted to get up in the mornings and were provided with meals to suit their schedule. Residents had access to daily newspapers, television, radio and the Internet. Residents told the inspector that the hairdresser came to the home every Saturday and they said that 'they loved getting their hair done'. Mass was live streamed on the television every morning and the priest came in at regular intervals to say Mass and give communion. The inspector heard how residents enjoyed the various activities scheduled for them including, a recent visit from a singer entertainer where their family and friends could attend. There was great excitement about an up-coming trip to a local castle in the coming weeks and some residents informed the inspector that they were looking forward to going on a pilgrimage to Lourdes later in the year.

Residents and visitors informed the inspector that they were happy with visiting arrangements in the nursing home. Visitors were seen coming to and from the nursing home throughout the day of inspection and informed the inspector that they were welcome to the home at any time and they did not feel restricted. One visitor said that they 'could not praise the nursing home more' and that they were happy with the care provided, and felt it was a good place for their loved one to live.

When asked about complaints the residents who spoke with the inspector, said that they had nothing to complain about. They were happy living there, they liked the staff, and said that it was a good place to live.

The inspector observed that, the registered provider had made some changes in response to the previous inspection to improve the delivery of services, for example matters relating to infection and control were rectified including, replacement of rusty shower chairs and hoist platform and refurbishment of a bathroom to support effective cleaning. The provider also upheld their commitment to come into compliance with Regulation 28; Fire precautions. For example, the inspector saw records evidencing that fire drills occurred at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well managed resources and facilities. There was good leadership, good open

channel of communication between the provider representative and the person in charge, and good governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was Fingal House Care Centre Limited. There was a well-established team of staff in the centre and the person in charge was supported by the provider representative, the clinical nurse manager, a team of nurses, healthcare assistants, catering, housekeeping and maintenance staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The person in charge, fostered a culture that promoted the individual and collective rights of the residents. They motivated a creative, caring, and well skilled team to support residents to live active lives, having due regard to their wants and needs.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Documents were available for review, such as written policies and procedures, the certificate of insurance and the residents' guide and were fully compliant with the legislative requirements.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent services to them.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Office of the Chief Inspector of

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| Social Services within the required time-frame as required by the regulations. |
| Judgment: Compliant |
| Regulation 32: Notification of absence |
| The provider was aware of the requirement to give the Chief Inspector written notice of the proposed absence of the person in charge for a continuous 28 days or more. |
| Judgment: Compliant |
| Regulation 4: Written policies and procedures |
| The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff. |
| Judgment: Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre |
| There had been no notice of absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements to be put in place for the management of the designated centre during a proposed absence of the person in charge. |
| Judgment: Compliant |
| Quality and safety |
| The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Staff worked tirelessly to provide optimum care to residents. |
| The inspector observed that staff did know how to communicate respectfully and |

effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained and were co-signed.

The nursing home had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and correctly. Medication administration practices were being well monitored. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

The inspector was assured that each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| What residents told us and what inspectors observed | |
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |