



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

Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 April 2023
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0038100

About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh a short walk from the shops and business premises. It is registered to provide care to 48 male and female residents over the age of 18 and accommodates residents from the local area that includes Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms.

The centre is a purpose built single storey building. There are 31 beds in the Tory wing which is currently closed due to refurbishment and fire safety improvement works. There is also an 11 bedded unit Gola wing which is open. The philosophy of care as described in the Statement of Purpose is to "embrace positive aging and place the older person at the centre of all decisions in relation to the provision of the service"

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 21 April 2023	10:15hrs to 14:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

There were 11 residents accommodated in the designated centre on the day of the inspection. The inspector met most of the residents and spoke with those residents who wanted to chat. Resident feedback was overwhelmingly positive about the care that they received from staff and the improvements in their health and well-being since their admission.

It was evident on walking around the centre that the staff knew the residents well and were familiar with their personal histories and their families and significant others in the residents' lives. Staff used this knowledge to encourage conversation and interactions with residents and between individual residents. This created a homely positive atmosphere for the residents and it was clear that residents felt comfortable in the company of the staff team. Interactions between residents and staff were respectful and kind and residents were encouraged to make choices about how they spent their day in the designated centre and the care they received.

At the time of the inspection all residents were accommodated in Gola unit which provided 11 beds in one single two three bedded rooms and one four bedded room. This unit had originally been intended to accommodate short stay residents however the current long term residential unit on Tory wing was awaiting a much delayed building programme of refurbishment and fire safety improvement works. This work should have been completed by 30th April 2023 but had not commenced at the time of this inspection. The newly refurbished Tory unit would provide single and twin en-suite bedroom accommodation for residents as well as communal facilities and an enclosed courtyard garden. Two of the residents who spoke with the inspector said that they were looking forward to moving out of multi-occupancy rooms. One of the residents expressed frustration at the lack of progress with the planned building works and wondered "whether they would ever get their new building".

The designated centre was currently closed to new admissions to allow the programme of works to proceed. Staff informed the inspector that some of the residents were missing the company of the short stay respite residents who were previously admitted on a rotational basis and who many of the residents knew and were friendly with. The residents particularly missed the local news and gossip that these short stay residents would share with them from their local communities.

The inspector observed that residents had a full day and that there was plenty going on for them in the way of activities and entertainment. Singing and music was heard throughout the morning and residents were busy with art work and word games and a quiz. After lunch residents were looking forward to a game of bingo. Staff were available to support residents to participate if they wished to do so and it was evident that residents enjoyed the activities that were on offer. One resident who preferred to spend his time in his bedroom had access to cable television with his preferred programmes and music available on stream. Staff were attentive and were observed spending time with the resident in his room helping him to choose his

programmes and music and chatting about his family.

Residents were encouraged to mobilise around the unit either independently or with the help of staff. The newly developed internal garden on Gola unit was being set out with garden chairs and tables and new planters installed. Residents said that they were looking forward to getting out into the garden now that the weather was improving. The garden was accessible from the main corridor and there were no restrictions to residents accessing the garden whenever they wanted to.

Residents could take their meals in their bedroom or in the main dining room next to the kitchen. There were enough staff available at meal times to support residents. Residents said that they enjoyed their food and that there was always plenty to eat.

The next two sections of the report present the findings under the relevant regulations in the capacity and capability pillar and the quality and safety pillar..

Capacity and capability

The centre was well managed on a day to day basis to ensure that residents received safe and appropriate care in line with their assessed needs. However the provider had failed to provide the resources to progress the required refurbishment works in the designated centre which should have been completed by the end of April 2023. This inspection was carried out 21 April 2023 and the refurbishment works had not commenced, neither could the provider give confirmation of the date the works would start in the centre. The failure to progress the works was impacting on the quality of life for the residents both in their lived environment and their socialisation in the designated centre. Residents had understood that their relocation to the Gola unit would be for a defined period of time until the works were completed. With no start date for the works and no end date residents did not know how long they would remain accommodated in multi-occupancy bedrooms in one section of the designated centre.

The registered provider is the Health Service Executive (HSE). As a national provider the HSE has access to a wide range of supports such as human resources, finances, clinical development and training and health and safety. The designated centre is located in Community Health Organisation 1 (CHO1) and the provider was represented by general manager for older person's services for the area.

A condition was attached to the registration of the designated centre in 2021 due to repeated non compliance with regulations 9 and 17. Condition 4 of the centre's registration states that:

"The physical environment in the designated centre must be renovated and refurbished to achieve compliance with Regulations 9 and 17 of the Health Act 2007

(Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. The renovation and reconfiguration must be completed by 30 April 2023."

The date for this condition reflects the time line for completing the refurbishment works that provider committed to the Chief Inspector when the condition was written in 2021. However in January 2023 the provider informed the Chief Inspector that the works were behind schedule and would not be completed until 31 December 2023. This inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of residents in designated Centres for Older People) Regulations 2013 and to review the provider's representation against the conditions of their registration renewal.

This inspection found that the refurbishment work had not commenced and the provider could not give the inspector a clear date when the work would now start. The provider subsequently submitted a revised programme of works with a revised start date of August 2023. Phases one and two would be completed by end of July 2024 which would allow the residents to transfer back into their refurbished accommodation in Tory unit. The final phase 3 which would not impact on the resident areas would be completed by December 2024. This is 20 months later than was originally planned and as a result residents will not be able to return to their newly refurbished unit until February/March 2024 which is almost 12 months later than they were originally promised.

Regulation 14: Persons in charge

The person in charge (PIC) is an experienced registered nurse who has more than ten years management experience in the care of older person's. The person in charge demonstrated a good awareness of the Health Act (2007) Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with appropriate knowledge and skills to provider care and services for the residents. The staff team was well established which helped to provide continuity of care for the residents as the staff team knew the residents well.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to provide the resources that were required to complete the planned refurbishment works in the centre. As a result the provider was in breach of the designated centre's conditions of registration and the designated centre remained not compliant with Regulations 9 and 17.

Judgment: Not compliant

Quality and safety

The small group of residents currently accommodated in Falcarragh Community Hospital were well looked after by a staff team who knew them well. Care was person centred and promoted individual choice and independence. Routines were flexible and promoted resident choice and autonomy. The centre is close to local shops and amenities and residents were supported to go out into the local town for shopping and entertainment and to keep in touch with their local community.

The planned refurbishment works in Tory unit had not commenced at the time of this inspection and the layout of this unit did not meet the requirements of Regulations 17 and 9 and remained not compliant. Overall the layout and facilities on the Gola unit met the needs of the eleven residents accommodated on the day of the inspection. However this was not their choice of accommodation as the residents had been informed that they would be able to return to their newly refurbished en-suite accommodation in Tory unit at the end of April 2023.

Most residents attended the main dining room for lunch. Residents said that they enjoyed their lunch and that the food was very good. Residents were offered drinks and snacks throughout the day including home baking. Residents who were taking textured diets were offered a choice of two meal options at lunch time and the food was nicely presented. Residents had a choice of hot and cold drinks throughout the day and at meal times. Staff were observed to offer resident's a choice of drinks and to encourage those residents who were either reluctant or needed prompting to drink plenty of fluids.

Activities were held in the lounge/dining room with a range of one to one and small group activities provided throughout the day. Residents were enjoying individual activities such as listening to their personal radios as well as joining in with the group activities such as arts and crafts and bingo. For residents who preferred a low stimulus activity there were hand massages, doll therapy and prayers and rosary. Each resident had a personal history book which told their life story including their hobbies and interests. This was used to develop individual activities programmes for residents and records showed that staff facilitated residents to participate in at least

one of their preferred activities each day.

In addition a regular programme of outings was organised for residents. This included a weekly bus trip to local places of interest. Residents had recently enjoyed a trip to a local beach. A group of residents had also enjoyed a shopping trip to the nearby town.

On the day of the inspection residents spent most of their day in the dining/lounge area on Gola unit. The activities room on Tory unit that residents had previously enjoyed had been re-purposed as a staff dining room because the main staff dining room is located in the closed are on Tory unit. The provider had created a small seating area at one end of the main dining room to provide additional seating for residents. This area had an imagination table for residents with cognitive impairment however no residents were seen using this area on the day.

The communal bathrooms and toilets on Gola unit were well laid out for the residents. Following the previous inspection the provider had installed additional coloured handrails at each toilet to promote resident's safety and independence. They had also installed a new shower unit on Tory unit which was not in use at the time of the inspection as this section of the centre was closed. The remaining communal toilets and bathrooms on Tory unit were not well laid out and did not meet the needs of the residents. Furthermore these facilities did not promote residents' privacy and dignity.

Gola unit was clean and tidy. The unit was bright and well ventilated. Tory unit was clean and tidy and it was evident that it was not in use. Staff completed fire safety checks including fire doors and emergency lighting on both units. Maintenance staff flushed the out of use showers, toilets and sinks on Tory unit to prevent Legionnaire's disease developing in the unused bathrooms, laundry and sluice facilities.

Throughout the day staff were observed to be respectful with residents and seeking their permission before commencing a care intervention. Where a resident declined care or support this was respected by staff. Staff were seen to knock and wait for the resident's permission before they entered the resident's bedroom. When care was provided in the multi-occupancy rooms a notice was placed on the door to prevent other staff from entering. Privacy curtains were in place around each bed in the multi-occupancy rooms.

Residents personal space in their bedrooms on Gola unit provided adequate space for their personal possessions and clothes. Residents' clothes were laundered by an external company as the in house laundry was in the Tory unit and was decommissioned. Residents said that their clothes were returned to them quite quickly and that they were satisfied with the laundry arrangements.

Residents had access to a television in their bedroom. Following the previous inspection the provider had sourced additional televisions which could be placed beside the resident's bed if they wanted to watch their preferred programmes in private. On the day of the inspection residents were observed enjoying listening to the radio and reading the newspaper while staff encouraged discussions about

national and local events.

Regulation 12: Personal possessions

The provider had completed the actions from the previous inspection In June 2022. All residents had adequate space in their bedroom to keep their personal belongings and clothes.

Judgment: Compliant

Regulation 17: Premises

The work to refurbish and improve the layout of the private bedrooms and communal spaces on Tory unit had not commenced and as a result these areas of the designated centre did not meet the need of the residents;

- Single bedrooms were small and although they met the minimum size required they did not provide sufficient space for residents to have a comfortable chair beside their bed and be able to access their wardrobe and hand washbasin easily and safely.
- The shared en-suite facilities (jack and Jill type) in the multi-occupancy rooms were dated and in need of refurbishment to ensure resident's comfort. Furthermore the locks on a number of these bathroom doors were not working.
- The communal toilets on Tory unit were of a cubicle design in which the walls and dividing walls of the toilets did not extend from ceiling to floor. This gave limited protection from noise and odours and did not ensure that residents could carry out personal activities in private.
- The garden area on Tory unit was overgrown and did not provide seating for residents.
- A number of bedrooms and communal areas on Tory unit were in need of painting and refurbishment.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had failed to carry out the planned refurbishment and reconfiguration of Tory unit by the date required in the centre's conditions of registration and as

such residents' rights to return to their original accommodation of their choice, in line with their contracts of care as initially promised had been breached. Temporary living arrangements were proposed to being extended for an additional 20 months, with little consideration on the impact of residents' quality of life.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0038100

Date of inspection: 21/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider remains committed to the delivery of the planned refurbishment works in the Centre. Capital funding is available to Estates for the completion of the work. The provider and the PIC are actively engaged with Estates to ensure that the planned refurbishment of the Centre remains prioritised with a revised start date of 25/08/23.</p> <p>The completion of this program of works will affirm regulatory compliance with Regulations 17 and 9 as set out the centre’s conditions of registration, by ensuring the Centre is designed and laid out to meet the needs of all residents; affording them appropriate dignity and privacy through the provision of adequate personal space.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The completion of the aforementioned refurbishment works on the private bedrooms and communal spaces on Tory wing will affirm regulatory compliance by ensuring the Centre is designed and laid out to meet the assessed needs of all residents and operates within its Statement Of Purpose.</p> <p>As per the revised plans issued to the Chief Inspector on 04/03/2021, this will be achieved by:</p> <ul style="list-style-type: none"> • Refurbishment of the vacant smaller bedrooms into larger single bed Ensuite rooms. <p>This refurbishment project has been substantially re-designed to take on board HIQA’s</p>	

comments regarding the existing smaller bedrooms.

- Removal of all 'Jack and Jill' type Ensuite facilities. Multi occupancy bedrooms will have access to washing, bathing and toilet facilities designed for residents' comfort, dignity and privacy.
- The removal of all cubicle style toilets in the Centre and the provision of new sanitary accommodation designed to provide residents with protection from noise and odours so they may carry out personal activities with comfort, dignity and privacy.
- The provision of new landscaped garden areas in the courtyard with canopy covered seating for the residents. The garden will have a water feature and raised horticultural beds for residents to plant flowers and vegetables.
- The vacant bedrooms being fully refurbished, which will improve the lived experience for the residents by creating a person centred homely environment. The communal areas are to be fully refurbished including a new central extension which includes additional communal space.

Regulation 9: Residents' rights

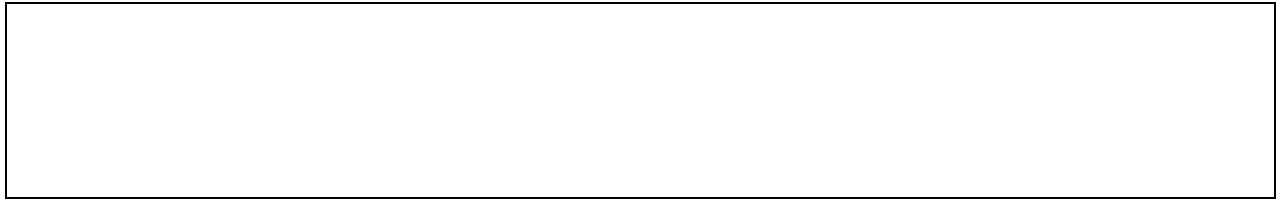
Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC ensures that all residents and/or their named care representatives are fully informed of the progress and delays to the planned refurbishment works; this is accomplished by planned and unplanned discussions during PIC walkabouts and resident forum meetings. As the start date for the works draws nearer the residents will be afforded the opportunity to meet with Estates and or appointed contactor representative, should they wish to do so.

The PIC acknowledges, reviews and responds to all issues raised by residents and or their named care representatives in a timely and empathetic manner. Residents and their named care representatives have access to information on how they can provide feedback on their experience and have the choice to do so in a formal or informal way.

In accordance with the revised timeline for the works submitted by the provider on 09/06/23, phase one of the works will be completed by end of 26/02/24. This will enable the residents to move back into their renovated accommodation - subject to registration by the Chief Inspector. Residents will be encouraged and supported to personalise the décor of their bedrooms in accordance with their will and preferences.

All bedrooms will have appropriate furniture and secure storage for personal belongings that facilitates functional activity and promotes independence thereby improving the quality of life and lived experience of residents.



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 17(1)	The registered provider shall 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.	Not Compliant	Orange	26/02/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	26/02/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	25/08/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	14/06/2023