



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	05 June 2024
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0041032

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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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 5 June 2024	10:00hrs to 15:55hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Feedback from the residents was overwhelmingly positive regarding the quality of care provided by the staff. From what the inspector observed and from conversations with residents, it was evident that residents were supported to enjoy a good quality of life in the centre.

On the day of the inspection, the designated centre accommodated 11 residents, and the residents who spoke with the inspector expressed their satisfaction with the ongoing building renovations and were looking forward to being accommodated in single bedrooms. Some residents' comments were that the centre was a nice place to live in, they were able to make their own choices and decisions on what to do each day, there was always a choice of food available in this centre and their preferences were respected.

The centre is located in Falcarragh town and is currently comprised of two units, namely the Tory and Gola wings. The residents who required long-term care were currently accommodated in the Gola unit, which had originally been intended to accommodate short-stay residents, while the long-term residential unit on the Tory wing was undergoing refurbishment and fire safety improvement works. Upon arrival, the inspector met with a clinical nurse manager who was deputising for the person in charge, as the person in charge of this centre was deputising during leave by the provider representative and attended the inspection.

The inspector observed that residents were well-groomed and appropriately dressed in their preferred clothing. Staff interactions with residents were respectful and kind. The inspector saw residents spending their time in the day rooms, and social activities were taking place for residents as scheduled. Staff were observed supporting residents with participating in social activities that were meaningful to them and in line with their choices and preferences. For example, residents were supported in news reading, bingo and chair exercises on the day of the inspection. Residents were also encouraged to make choices about how they spent their day in the designated centre. For example, what time they got up in the morning and where they spent their time during the day. Residents were also provided with the necessary support to go on social outings to nearby local amenities and other attractions.

The centre had bright and well-ventilated corridors, and handrails were available on both sides of the corridors to support residents to move around independently in this centre. Arrangements were in place to store residents' assistive equipment, such as transport wheelchairs and other moving and handling equipment. The communal rooms were well-maintained and had televisions and newspapers available for the residents' use. There was sufficient well-arranged seating for residents to sit and, relax in and to move around with ease in the communal areas.

The inspector observed that residents' bedrooms were bright and well-maintained. All residents' bedrooms were nicely decorated, and additional shelving space was provided to store residents' personal items of significance.

Residents were given the option to choose from a selection of appetising meals on the menu, and the staff members were observed to be attentive to residents' individual needs for assistance. Staff interacted positively with the residents, and there was a warm and engaging atmosphere in the dining room that enhanced residents' dining experiences.

There were no restrictions on residents' visitors and visitors were coming and going during the day.

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

Capacity and capability

Overall, the centre was well managed, and the residents were provided with safe and appropriate care that was in line with their assessed needs. The management systems in place ensured effective monitoring of the service.

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 person in charge was supported in their role by a team of staff. There were clear lines of accountability, and staff were knowledgeable about their roles and responsibilities. A clinical nurse manager deputised in the absence of the person in charge.

The Chief Inspector placed a restrictive condition on the registration of this centre requiring the provider to complete Phase 1 of refurbishment works by the 20 May 2024 which on completion will provide an additional 13 beds in the designated centre. The maximum occupancy of the centre was reduced to 11 beds to ensure residents' safety while the refurbishment works are taking place.

Additional necessary fire safety works caused a delay in completing the works by 20 May 2024. On the day of this inspection, the inspector was told that the refurbishment works were nearing completion. The inspector confirmed that the provider had satisfactory measures in place to ensure any risks to the safety and comfort of the residents living in the designated centre during the refurbishment works were effectively mitigated. The provider had a risk management policy that met the requirements of the regulations, and a register of clinical and non-clinical risks was maintained. Appropriate risk mitigation measures were in place to manage and minimise the impact and likelihood of all identified risks.

The provider had arrangements in place for recording accidents and incidents involving residents in the centre, and notifications were submitted to the Chief Inspector, as required by the regulations.

A staff training schedule was maintained in this centre, which indicated that staff had access to a range of mandatory and professional development training appropriate to their roles. These included infection prevention and control training, fire safety training, safeguarding vulnerable adults training, and manual handling training.

The provider had completed an annual review of the quality and safety of the service for 2023, which was completed in consultation with residents and was available for inspection.

Regulation 15: Staffing

The inspector found that there was an adequate number of staff available with the required skill mix to provide timely support to the residents, taking into account their assessed needs and the layout of the centre. Staff were observed assisting residents with their individual care needs in a timely manner.

Judgment: Compliant

Regulation 23: Governance and management

The centre had an appropriate governance and management structure, with clear lines of accountability and responsibility. An ongoing audit system was in place, which monitored the quality and safety of the service being provided. Action plans were developed from the audits to guide service improvements.

There was satisfactory oversight of the building works by the provider to ensure they were completed as planned.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the accidents and incidents logs, which indicated that all notifications as required by the regulations were submitted within the specified timeframes to the office of the Chief Inspector.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse, and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Quality and safety

Overall, residents' rights were respected, and their nursing and healthcare needs were met to a good standard. Residents had timely access to medical and social care expertise and were supported to enjoy a satisfactory quality of life in this centre.

Residents were reviewed by their GP as required. There was appropriate access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropodists. Referrals were made to appropriate services in a timely manner.

The centre had an electronic resident documentation system, which was password protected. The inspector reviewed a sample of residents' files and found that they clearly directed staff on the care they must complete to meet residents' needs. Pre-admission assessments were carried out before residents were admitted to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing assessment tools were used to identify residents' care needs, and care plans were developed to meet each resident's needs.

Residents were well-supported to participate in meaningful social activities in line with their interests and capacities. There was a weekly social activity schedule displayed for residents' information.

Residents' feedback about the quality of the service was welcomed through residents' survey questionnaires and regular residents' meetings. Minutes of residents' meetings were reviewed by the inspector and the meeting minutes indicated that information about the building works in Tory wing, upcoming events

and outings, food choices and outstanding issues from previous meetings were discussed with the residents.

The provider's arrangements to safeguard the residents in this centre were found to be satisfactory. For example, the inspector reviewed a sample of staff files and noted that vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

Regulation 10: Communication difficulties

Residents were well-supported to communicate freely in this centre and care plans were developed for residents who needed support with their communication. Staff were familiar with residents' communication needs and preferences. Resources were available to support residents as needed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were generally person-centred, and directed staff on the care they must provide to meet residents' needs in line with their preferences and wishes. Residents' care plans were reviewed at regular intervals, and residents were involved with their care planning.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and measures in place to ensure that residents were protected from the risk of abuse. All staff were facilitated to attend training in safeguarding residents from abuse as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted in this centre. Residents had access to both group and individual social activities during the day, which were facilitated by a

dedicated member of staff. Residents' meetings were held regularly, and they were involved in the running of the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced-based nursing care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 6: Health care	Compliant