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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:	31 July 2024
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0044355

## 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 11 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 single and multi-occupancy rooms.

The centre is a purpose built single storey building. There are 11 beds in Gola wing and Tory wing is currently closed due to refurbishment and fire safety improvement works. 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
Wednesday 31 July 2024	10:00hrs to 13:00hrs	Nikhil Sureshkumar	Lead
Thursday 1 August 2024	11:00hrs to 17:00hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

The centre is located in Falcarragh town and is currently comprised of two units, namely the Tory and Gola wings, and residents were accommodated in the Gola wing at the time of the inspection. The inspectors reviewed the newly refurbished unit (Tory wing) on this inspection.

Overall, the feedback from the residents was positive, with many expressing satisfaction with the newly refurbished unit. They also conveyed a strong sense of enthusiasm for moving into the single-room accommodations. The inspectors observed that several residents had also selected their preferred rooms within the newly refurbished unit.

The newly refurbished unit was bright and well-ventilated. The corridors were wide, with handrails available on both sides to support residents to move around independently. The inspectors also found that on the first day of inspection, there was not enough directional fire signage to guide staff and residents in the event of a fire emergency. This had been addressed by the second day of the inspection.

Furthermore, the inspectors also observed that a fire door between the residents' main dining room and a protected corridor in Tory wing and the fire door between the kitchen and the main dining room were not well maintained and did not provide adequate protection in the event of a fire emergency.

The seven newly refurbished single bedrooms in this unit were well laid out, with sufficient storage space for residents to store their personal clothes and other belongings. These bedrooms were nicely decorated, creating a warm and inviting atmosphere. The provider had installed ceiling hoists to ensure the safe and efficient moving and handling of residents. This was a significant addition to these bedrooms as there was not sufficient space in the rooms to safely manoeuvre a portable hoist.

The inspectors also reviewed the three twin bedrooms that had been recently refurbished. The layout of these rooms did not ensure that residents accommodated in the first bed in each of these bedrooms could sit beside their bed in a comfortable chair. Furthermore, the layout did not ensure that these residents could access their wardrobes when the privacy curtains were pulled.

All newly refurbished twin and single bedrooms had full en suite shower facilities. These facilities were well laid out and spacious for residents. There were sufficient communal toilets, which were fully wheelchair accessible. However, the inspectors observed that mirrors, sinks, soap dispensers, and sufficient grab rails had not been fitted in two toilets.

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

## Capacity and capability

Overall, the inspectors found that this was a well-managed centre for the benefit of the residents. There was an established management team in place who were well known to residents and staff. However, the ongoing delays in completing the significant refurbishment works in the centre was having a negative impact on the quality of life for the residents.

This unannounced inspection was carried out to review the provider's application to register 13 additional beds in the newly refurbished Tory wing. The provider had also submitted an application to remove Condition 4 of the designated centre's registration, which should have been met by 20 May 2024. Condition 4 required the registered provider to ensure 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. Phase 1 of the planned renovation and reconfiguration works to be completed by 20 May 2024 at which stage all residents who agreed to vacate their bedroom accommodation to facilitate these works will be offered the option of returning to a single room.'

The registered provider of this designated centre is the Health Service Executive (HSE). As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as fire and estates, human resources, information technology, staff training, and finance.

This inspection found that the provider had not met the requirements of their conditions of registration, as phase one of the works was not completed until August 2024. Although the refurbishment works had been completed to a good standard, some of the bathroom facilities did not meet the requirements of Schedule 6. Furthermore, the layout of the three twin bedrooms did not meet the requirements of Regulation 17 and Regulation 9. These findings are set out under the quality and safety section of this report.

## Regulation 23: Governance and management

The provider's management and oversight arrangements had failed to ensure that the required resources were made available to ensure the refurbishment works to bring the centre into compliance with Regulation 9 Residents' Rights and Regulation 17 Premises were completed by the end of May 2024. As a result, the provider had failed to ensure that those residents who had agreed to relocate from their single bedrooms in Tory wing to the multi-occupancy bedrooms in Gola unit in order to allow the works to be carried out in their home were given the opportunity to return to single bedrooms by the end of May 2024 in line with the requirements of the provider's conditions of registration.

Judgment: Substantially compliant

## Quality and safety

The newly refurbished unit was found to be constructed to a good standard for providing a comfortable and safe living environment for the residents. However, further improvements were required to the layout of the three twin bedrooms to ensure these rooms were compliant with the regulations and to ensure the comfort and privacy of both residents accommodated in these rooms.

The communal areas in this unit were spacious and comfortably furnished for residents. There was also a secure outdoor garden, which contained garden features such as raised flower beds, tables and seating for residents. There was an additional courtyard garden that could be accessed from the communal day room.

Hand hygiene facilities were available throughout the unit, and dedicated clinical wash-hand basins and hand sanitisers were placed at various locations close to the point of care to promote good staff hand hygiene practices.

The unit had suitable sluice facilities in place to ensure the proper management of waste and the maintenance of hygiene standards. This unit was well-equipped with designated storage areas specifically designed for the safekeeping of clinical equipment, including wheelchairs and hoists.

There were sufficient communal toilets and bathrooms, which were well laid out and spacious. Although grab rails were in place in most toilets and bathrooms, this safety equipment was not available in all facilities.

## Regulation 17: Premises

Three twin bedrooms; T13, T14 and T15 did not conform to all of the matters set out in Schedule 6 of the regulations, as the floor space available for the first

bedspace in these bedrooms was below the minimum floor space requirement of 7.4 square meters.

The limited space available for the first bed in these bedrooms did not ensure that there was sufficient room for the resident to have a comfortable chair beside their bed and be able to mobilise around their bed safely and access their bedside locker and wardrobe.

The maintenance of fire doors did not identify that;

- the fire door between the kitchen and the residents' dining room had gaps between the floor and the base of the door, which could potentially let smoke and flames through to the dining room.
- the fire door between the residents' main dining room and a protected corridor in Tory wing had gaps between the door frame and the wall, which did not ensure smoke and fire seal. This was addressed by the provider following the inspection.

There were no grab rails in two communal toilets.

Judgment: Not compliant

### Regulation 9: Residents' rights

The layout of three twin bedrooms T13, T14 and T15 did not ensure there was sufficient space around each bed for residents to carry out personal activities in private when the residents' privacy curtains were closed.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

The inspectors were not fully assured that the layout of the first bed in three twin bedrooms would allow residents to easily access their personal properties such as clothes. For example, the wardrobe was located on the opposite side of the first bed close to the entrance door in these twin bedded rooms, and the position of the privacy curtains meant that when they were drawn closed the resident could not fully open the wardrobe doors as there was not enough room behind the closed curtains.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

# Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0044355

Date of inspection: 01/08/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Phase 1 of the refurbishment works was completed by 31st July 2024. All residents who transferred to Gola Unit during the upgrade works, are now relocated to the new unit having selected their preferred rooms within the newly refurbished unit.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Grab rails have been installed in the two communal toilets identified by the inspector. The layout of the three twin bedrooms T13, T14, and T15 now comply with the regulations, i.e. that not less than 7.4sqm floor space for each resident should be available within a multi-occupancy room and that includes a space for a bed, a chair and personal storage space. Email confirmation regarding the completion of the reconfiguration works and photographic evidence submitted to the office of the Chief Inspector on 25 September 2024.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

The layout of the three twin bedrooms T13, T14, and T15 now comply with the regulations, i.e. that not less than 7.4sqm floor space for each resident should be available within a multi-occupancy room and that includes a space for a bed, a chair and personal storage space. Email confirmation regarding the completion of the reconfiguration works and photographic evidence submitted to the office of the Chief Inspector on 25 September 2024.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
The layout of the three twin bedrooms T13, T14, and T15 now comply with the regulations, i.e. that not less than 7.4sqm floor space for each resident should be available within a multi-occupancy room and that includes a space for a bed, a chair and personal storage space. Email confirmation regarding the completion of the reconfiguration works and photographic evidence submitted to the office of the Chief Inspector on 25 September 2024.

## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	07/10/2024
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	05/09/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient	Substantially Compliant	Yellow	31/07/2024

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	07/10/2024