



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Nursing Home Inspectorate,
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Date: 03rd September 2007

Ms. Helen Dunne Barron
Registered Proprietor/ Person In Charge,
Fingal House Nursing Home,
Spiddal Hill,
Seatown,
Swords,
Co. Dublin

Inspection Report

Re: Inspection of Fingal House Nursing Home, Spiddal Hill, Seatown, Swords, Co. Dublin under the Health (Nursing Homes) Act, 1990 and the Nursing Homes (Care and Welfare) Regulations, 1993.

Dear Ms. Helen Dunne Barron,

The Health Service Executive Nursing Home Inspection Team from the Medical and Nursing perspective inspected **Fingal House Nursing Home** on the **8th June 2007**.

The inspection commenced at **11.00 a.m.** and was completed by **03.00 p.m.** This inspection was **routine and unannounced**.

There were **18 residents** on this date. The Nursing Home is currently **fully registered** for **20 residents**.

Issues identified in the previous Inspection Report dated **06th February 2007** are as follows.

The following Articles have been satisfactorily addressed:

1. **Article 10.5 (d):** *Night care attendant performing laundry task*
2. **Article 17:** *Brochure*

The following Articles have not been satisfactorily addressed:

1. **Article 5 (a):** *Non-ambulant patients to be confined to the ground floor*

The following Articles have been partially addressed:

1. **Article 19.1 (a):** *Care Plans*

Current Inspection

The following issues require your attention and action.

Article 19.1 (d) & (e)

Article 19.1: *In every Nursing Home, the following particulars shall be kept in a safe place in respect of each dependent person:*

- (d) *an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty*
- (e) *a medical record with details of investigations made, diagnosis and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner*

Issue

Resident ** – During inspection, the Designated Officer noted significant bruising on the resident's forehead (High Dependency patient, Non-ambulant, History of Stroke & Drowsiness). The Staff Nurse accompanying Designated Officers on the inspection informed them that this resident acquired the bruise following an accident. A review of accident record indicated that this occurred on 03/06/07. The accident reportedly occurred while this resident was in the process of being transferred onto the stairlift, when she suddenly fell forward and hit her head against the wall before her. Observations were completed. The Person In Charge and staff nurse informed the Designated Officer that the doctor was called to review the resident, however, there were no recorded documentation supporting this in the medical or the nursing notes. Further correspondence from the GP was received by the Designated Officer following the inspection to confirm that the resident in question was seen by the GP following the incident.

Required Action

Person In Charge to ensure:

1. Medical documentations are completed immediately following every medical review of a resident
2. Nursing documentations are completed immediately by all Staff Nurses following an incident

Timescale

1 & 2: Immediately, as outlined to Person In Charge during the post-inspection feedback on the day of the Inspection

Article 5 (a) & Article 19 (d)

Article 5: *The registered proprietor and the person in charge shall ensure that there is provided for dependent persons maintained in a nursing home:*

- (a) *Suitable and sufficient care to maintain the person's welfare and well-being, having regard to the nature and extent of the person's dependency*

Article 19.1: *In every nursing home the following particulars shall be kept in a safe place in respect of each dependent person:*

- (d) *An adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty*

Issues

As discussed on the day of inspection, no current policy or procedures reflecting Manual Handling assessment or interventions were evident.

Two dependent persons ** and ** were occupying rooms on the first floor on the day of the inspection. Both of these ladies were identified as immobile (number 4) in their daily living activity sheets. However, no mobility assessments were evident and while we acknowledge that considerable work has been done in improving the nursing documentations, the care plans were not reflective of individual needs in relation to manual handling procedures.

Both hoists were located on the ground floor (room 11) and the nursing home is dependent on a chair lift to transport dependent and immobile residents from the first floor to the ground floor. The current facility suggests that dependent persons are required to be able to weight bear in order to transfer out of bed and transfer (without the

use of a hoist) from a wheelchair to the chair lift, in order to attend the downstairs facilities such as sitting room, dinning room and garden.

One of the dependent persons had recently sustained an injury during the transfer procedure onto the stair chair lift and both dependent persons were in bed on the day of inspection.

Required Action

As discussed on the day of inspection, and highlighted on the last inspection, the Person In Charge (a manual handling instructor) will develop a current policy pertaining to the Manual Handling Regulations, 1993 and the Health, Safety and Welfare at Work Act 2005.

Guidelines and procedures within this policy should be reflected in practice and evident in individual care plans.

Core care plans are used within the Nursing Home and are a useful tool to guide practice. However, individual needs specific to each dependent person need to be included and reviewed.

Timescale

To be addressed within one month of receipt of this report.

Article 14 (b), (c) & (d)

Article 14: *The registered proprietor and the person in charge of the nursing home shall:*

- (b) make adequate arrangements for the prevention of infection, infestation, toxic conditions, or spread of infection and infestation at the nursing home*
- (c) ensure that there are adequate arrangements for the laundering at regular intervals, and as occasion may require, or linen clothing and other articles belonging to or used by dependent persons in the nursing home*
- (d) ensure that a separate well ventilated room is provided for sluicing and for the storage of dirty linen*

Issue

1. Stationary commodes are used throughout the nursing home and were evident in many of the bedrooms upstairs and downstairs. The Nursing Home does not have a bed pan washer and the sluice room is located on the ground floor.
2. The washing machine for dependent person's laundry is also located within the sluice room and subsequently transported outside to where the tumble dryer is located.
3. Communal face clothes are used within the nursing home

Required Action

1. Liaise with the relevant personnel in relation to addressing the above issues, for example Infection control nurse and technical services.
2. Provide a laundry area separate from the sluice that is well ventilated.

Time Frame

To be addressed within three months from receipt of this report.

Recommendations

As discussed during the post inspection feedback Meeting, the complaint procedure needs to be updated to include the HSE contact details

The Chairperson of the Inspection Team is to be notified in writing on or before the above dates indicating the steps taken by the Nursing Home to carry out the actions as required under the Regulations.

Signed:

Designated Officer/ Chairperson,
Nursing Home Inspectorate,
Dublin North East

Designated Officer,
Nursing Home Inspectorate,
Dublin North East