



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Lifford Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	01 July 2019
Centre ID:	OSV-0000621
Fieldwork ID:	MON-0024704

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles.

It is registered to provide twenty-four hour nursing care to 20 residents. A restrictive condition of registration (condition 8) states that only two single bedrooms rooms (1 and 3) shall accommodate residents requiring long-term care. No new resident who requires long term care may be admitted to the designated centre. The remainder of the beds are to accommodate residents on a short-term basis, primarily for assessment, rehabilitation, convalescence and respite care.

The centre is a two storey building located in an urban area. Resident accommodation is in two distinct units, Mourne (female residents) and Foyle (male residents) located on the ground floor and the first floor is devoted to offices as access to this area is only by a stair way.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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How we inspect

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
01 July 2019	16:30hrs to 20:30hrs	Siobhan Kennedy	Lead
02 July 2019	09:00hrs to 17:00hrs	Siobhan Kennedy	Lead

What residents told us and what inspectors observed

Residents who communicated with the inspector were positive with regard to the medical and health care that they received. All of the residents expressed satisfaction regarding food and mealtimes, the welcome given to their visitors and in particular, residents were complimentary of the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. Residents said that staff treated them with kindness, respect and warmth. They said that they did not have to wait long for attention when they needed support during the day. They confirmed that staff assessed their needs regularly and ensured that they had visits from doctors or other allied health professionals when they needed specialist advice or treatment.

Suggestions made by residents to improve the service included more accessible space for personal items such as a bedside table, where they could reach their personal day-to-day items as opposed to storing these on the over bed table which was used for serving residents' meals at the bedside. Other improvements highlighted were easy access to television screens and an increased activity programme.

Capacity and capability

Overall the delivery of nursing and medical care to residents was effective but the designated centre did not meet the needs of all of the residents, particularly in relation to the premises. This was highlighted in the previous renewal of registration inspection of the 16 January 2018. During this inspection the inspector found that the registered provider, the Health Service Executive had not progressed the actions from the previous inspection in relation to premises and resident's privacy and dignity.

The inspector found that the aims and objectives outlined in the statement of purpose were not reflected in practice, particularly in relation to the provision of person centred care and providing a living environment that takes account of residents' previous lifestyles.

The main part of the living environment consisted of four bedrooms containing four beds. Two were for female residents and two accommodated male residents. There was no corridor between each of the four bedded rooms. The inspector saw that

residents, staff and visitors had to walk through at least two of these four bedded bedrooms to access the dining/sitting room, toilet and bathroom facilities and the entrance to the courtyard, which was located on a link corridor between two sets of the four bedded bedrooms. As a result the inspector found that the current design and layout of the premises negatively impacted on those residents accommodated in the four bedded rooms in the following ways:

- Ensuring that the residents' private accommodation was adequate for the effective delivery of care.
- Respecting residents' privacy and dignity.
- Making sure that residents could undertake personal activities in private.
- Ensuring that residents could exercise their right to make choices.
- Receiving visitors where this does not impact on the rights of other residents.
- Providing reasonable measures to protect residents.
- Reducing restrictive practices so that residents can freely move around their home.
- Assisting staff to provide person centred care.

The above non compliances with the regulations are set out in the action plan of this inspection report.

The lack of privacy and dignity for the residents in the multi-occupancy bedrooms had been highlighted during previous inspections. The written response by the registered provider, the Health Service Executive in the action plan of the previous inspection report was that a team of architects have reviewed the building and have submitted a report to the Health Service Executive Estates Department outlining proposal(s) to bring the centre into compliance. The Chief Inspector of Social Services (the Chief Inspector) was not provided with a copy of this report and therefore was not assured that the registered provider has a definitive plan to achieve compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Following the inspection a written request to the registered provider representative was made requesting that the report of the architects be submitted to the Health Information and Quality Authority by the 12 July 2019.

In addition, the facilities of the designated centre were being used by other services; for example, patients who were attending the day care hospital and the chiropody service were using some communal rooms and toilets.

Since the last inspection there have been changes in the governance arrangements. The full-time person in charge retired and a staff member has been seconded to fill the position. The staff member has been in post for five weeks. Since the inspection the necessary documentation to process the notification in respect of a change of person in charge was received by the Chief Inspector on the 8 July 2019. The information has been reviewed and was found to meet the criteria outlined in the regulations.

A person participating in management fitness interview was carried out in respect of

this person by the inspector during the inspection and this was found to be satisfactory.

The person in charge had the support of senior management; the registered provider representative, the head of social care, the general manager for the area and a clinical nurse manager nominated as a person participating in management (PPIM) who takes charge in the absence of the person in charge.

The person in charge and the clinical nurse manager demonstrated that they were knowledgeable regarding their roles, management of the centre and care and condition of residents. Staff who communicated with the inspector confirmed that management are approachable and changes made have been done in consultation with management, the staff team and residents.

There were sufficient staff to meet residents' needs and the inspector saw that there were good interactions between residents and staff. Staff were recruited in compliance with employment and equality legislation including the necessary Gardai vetting.

Residents and relatives were familiar with the complaints policy, procedure and processes. Complaints were recorded and satisfactorily resolved.

Appropriate notifications were received by the Chief Inspector and these were reviewed on inspection and found to be addressed adequately. Information governance arrangements ensured that secure record-keeping and file management systems were in place.

Regulation 14: Persons in charge

The person in charge was a registered nurse, was employed to work full-time in the centre, had previous experience in managing a community hospital and had an appropriate post registration management qualification.

The person in charge demonstrated that she had good knowledge of the legislation and standards and was familiar with the areas that needed improvement to fully comply with legislative requirements. She had authority in consultation with the registered provider representative and was accountable and responsible for the provision of the service.

The inspector was satisfied that the person in charge although only recently in post was engaged in the governance, operational management and administration of the centre and found that there was commitment to improving outcomes and services for residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

During the first evening there were three nurses and a care staff member caring for residents. Two staff were on night duty including a nurse. Day time staffing consisted of the person in charge, clinical nurse manager, two nurses and two carers. A recently appointed activity staff member was rostered on both days, in addition to administrative, catering and household staff.

Residents said that staff were always available when they needed assistance and that staff regularly checked on their well being throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention, control and challenging behaviour.

Training in safeguarding was identified at the previous inspection and the majority of staff had participated in this training with two further sessions scheduled for the week following the inspection.

Staff demonstrated their knowledge in a variety of areas during their discussions with the inspector, for example, safe moving and handling of residents and fire safety.

The inspector saw that primarily, staff concentrated on the provision of routine daily tasks including nursing and caring as opposed to the provision of holistic person centred care which includes social care. Training in this area would be beneficial to all staff members. See regulation 9 for details.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they work accountable.

The premises of the designated centre was not sufficiently resourced to ensure the effective delivery of care because residents in the four multi-occupancy bedrooms were not afforded the right to undertake personal activities in private and their privacy and dignity was not protected. This was an outstanding non-compliance from the previous inspection and had not been addressed in line with the compliance plan submitted following the previous inspection in 2018 and was not in line with the centre's statement of purpose. This is discussed under Regulation 17.

There was no evidence that the registered provider had progressed the architectural report referenced in the compliance plan of the inspection report of the 16 January 2018 which aimed to address the major non-compliances with Regulation 17. The person in charge was not aware of any strategic plan to address these issues.

In addition, the registered provider failed to ensure that the facilities of the registered designated centre were used solely for the purposes of the provision of residential care. The inspector saw that these some communal rooms and toilets were being used by other services, for example, patients who were attending the day care hospital and the chiropody service.

A generic audit system was in place. This involved the collection of statistical information on areas such as medication management, admission and discharge planning, nursing assessments and documentation and restraint monitoring. Consultation with residents formed part of the audit programme. Systems ensured that the clinical service delivery was safe and effective through the monitoring of performance.

Since the last inspection there are was an annual review of the quality and safety of care delivered to residents it was prepared in consultation with residents and their families and contained a quality improvement plan.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Residents in receipt of long term care had been issued with contracts that described the services and facilities. No additional fees were payable for allied health

professional input or social care activities.

Since the last inspection a formal contract was devised and issued to residents in receipt of short term care. A review of this by the inspector showed that it did not detail the accurate fees charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Since the last inspection the statement of purpose was amended in respect of the day care service. The inspector found that the statement of purpose met the requirements of the legislation.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and the person participating in the management were familiar with the notification of incidents occurring in the centre and the appropriate time frame for submission.

Notifications received prior to the inspection in relation to a variety of issues, for example, a serious injury, any occasion when restraint was used and any allegation, suspected or confirmed of abuse of any resident were followed up by the inspector and found to be satisfactorily managed.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider had given notice in writing to the Chief Inspector of the proposed absence of the previous person in charge from the designated centre due to retirement.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner.

There were no complaints being investigated at the time of the inspection.

Residents communicated that they would raise issues directly with staff and said that staff regularly checked if they were satisfied with their care.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The notification of procedures and arrangements for when the person in charge was absent from the designated centre was received on the 8 July 2019. This outlined the arrangements which have been in place for the running of the designated centre and the details and qualifications of the person who is responsible for the designated centre.

The person participating in the management of the centre, a clinical nurse manager 2 had worked in the absence of the previous person in charge.

Judgment: Compliant

Quality and safety

Residents described how they were assisted and supported by staff to have improved health and medical care. They were supported to return to their home in the community and for this they held the staff in high regard. Improvements were required to address the deficits in the premises which in turn would assist in promoting person centred care and residents' privacy and dignity.

Some residents communicated that they had been consulted in a range of matters for example the daily routines, opportunities to exercise their choice about where to have their meals and what they would like to wear. They had access to information about their health care needs. Where residents' monies were being managed by the centre information was available to show that residents could obtain their money promptly.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes and visitors were welcomed and encouraged to participate in residents' lives. However, the inspector saw that residents did not

have opportunities to engage in meaningful activities in accordance with their interests, abilities and capacities. A staff member has recently been appointed to develop social care in the centre. An independent advocate was available to residents as necessary.

At the time of the inspection a new computer programme was being introduced to record care planning documentation. Staff were familiarising themselves with this new system. The inspector saw that residents had an individual care plan which took account of assessment, treatment plans and review. The person in charge in consultation with others was involved in designing this new programme. The new system was not fully operational and therefore it was not possible for the inspector to judge its effectiveness.

Staff liaised with the community services regarding appropriate admission and discharge arrangements. For example, a resident admitted with a pressure sore had received treatment and this was related to the community team when the resident was discharged.

Residents' nutritional and hydration needs were met. One resident considered that this aided their healing process.

A resident recently received end of life care which was based on the resident's assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

The design and layout of the premises was not suitable for its stated purpose as there were no corridors leading to multi-occupancy bedrooms. This impacted on residents' lived experiences in the designated centre as described under Regulation 17.

The matters arising from the previous inspection regarding floor covering which was damaged was repaired or renewed, however management did not assess the whole centre against the regulation with the result that further damaged flooring was noted during this inspection.

Policies and supporting procedures were implemented that ensured residents were protected from abuse, however, potential abuse was not identified as a risk.

Fire safety documentation was improved since the last inspection.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the service. Infection control practices were safe.

The administration of medicines was satisfactory.

Regulation 11: Visits

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends throughout the inspection.

While alternative private facilities (a visitor's room and two additional sitting rooms) were available for visits, in the main, the inspector saw that visitors met their relatives in the dining/sitting room and residents' bedrooms. This necessitated the visitors walking through a number of residents' private bedroom accommodation.

Judgment: Not compliant

Regulation 12: Personal possessions

Although residents were informed and encouraged to bring in personal mementos, souvenirs and photographs, there was limited space, particularly, in the multi-occupied bed rooms to have such items displayed so that the resident could see them. The inspector saw a variety of well-wishing cards received by a resident sitting on a ledge behind the resident's bed. The resident could not view the cards.

There were no bedside tables and therefore the over bed table used for serving residents meals had to be used to store personal items which had to be removed when food was served.

Judgment: Substantially compliant

Regulation 13: End of life

Since the last inspection unsolicited information was received by the Chief Inspector regarding end of life care. This was further reviewed on inspection. It was found that recently a resident was in receipt of this level of care and staff described a person-centred care approach which included respecting the resident's wishes involving the family with the resident's consent and knowing the decisions that had been made in the advance care directive, such as the resident's resuscitation status.

Judgment: Compliant

Regulation 17: Premises

The community hospital was founded in 1775 and it provides nursing care to older people. Some parts of the premises was not appropriate as it did not provide adequate private bedroom accommodation for residents.

The centre was a two storey building and accommodates residents in two units, Mourne and Foyle (female and male) located on the ground floor. The layout of the premises was as follows:

- Bedrooms number one and three were single rooms and accommodates two residents requiring long term care.
- Bedroom two was a twin room.
- External to bedrooms one, two and three there was a large bathroom (reclining bath, toilet and wash hand basin).
- Rooms number four and five were 4 bedded rooms for females, one leading directly into the other.
- Bedroom number five exits to a corridor which contains a shower room with toilet, a single toilet, dining/day room and entry to courtyard. This corridor leads through double doors into a four bedded room which directly leads into another four bedded room for male residents.
- There was a separate single bedroom for palliative care.

The layout of the multi occupied private bedroom accommodation was not adequate as they were used as a thoroughfare for residents, visitors and staff to access facilities on a link corridor. In general, these bedrooms were not home like and were referred to by many staff as 'wards'.

The inspector observed that when a staff member was providing personal care to a resident in bed in one of the multi-occupancy rooms, although their bed area was screened from view, staff and visitors continued to enter the room and walk past this screened section. The inspector opened the door of the multi-occupancy room but did not enter on seeing the screens pulled around a resident. The inspector noted that there was no "care in progress" sign displayed to indicate that personal care was in progress. This should have happened in line with centre's statement of purpose and personal care procedures. Whilst it is acknowledged that appropriate signage would help to ensure some degree of privacy, it is not the solution.

On numerous occasions throughout the inspection the inspector saw that staff and visitors had to walk through at least two of the multi-occupancy bedrooms to access facilities and other areas of the premises. During these times, residents were involved in an array of activities, for example, being assisted to have their meals, watching television, chatting with visitors, preparing for bed, sitting at the side of their bed and receiving information regarding what to expect following admission.

There was no evidence that the registered provider had progressed the architectural report referenced in the compliance plan of the inspection report of the 16 January 2018. The person in charge was not aware of any strategic plan to address the deficits in the premises.

There were no en suite bedrooms, but there were six toilets, two showers and one

bathroom for residents' use.

Communal rooms included a combined dining/sitting room, two sitting rooms, a visitors / family room. These areas were domestic in character. The inspector saw that the dining room was most popular but was not suitable for all activities and for the total resident group. The recently appointed activity staff member was making every effort to utilise the attractively furnished and decorated sitting rooms located throughout the centre.

Corridors and hall ways had handrails which assisted residents to mobilise. There was a range of specialist equipment such as chairs, beds, mattresses and hoists available.

An outpatient day hospital and chiropody service was located in the designated centre.

Other amenities on site included allied health professionals including a dental clinic, and physiotherapy service.

The following areas also required attention:

- There was insufficient storage space for linen trolleys as these were stored in the shower and bathrooms.
- Floor covering was damaged in bedroom number three and the palliative care room.
- A twin room which was reduced to a single room still had curtain screening in place.
- Externally paintwork and guttering required attention.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. At the time of the inspection the two residents being accommodated for long term care were in bed and had their meals in their bedrooms. Also some of the residents being accommodated for short-term care had their meals at the bed side.

Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Residents were offered snacks and refreshments at various times throughout the day. Residents were satisfied with the catering arrangements and told the inspector that the food was good and that there was plenty of variety. Catering staff interviewed said that they prepare meals/snacks to meet individual choices where people have specific preferences.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' doctors, the dietician and speech and language therapist when required and recommendations were recorded and transferred to care plans for action. There were some residents where nutritional status and fluid intake was being monitored. Where residents were at risk there were supplements and liquids prescribed to prevent deterioration.

Judgment: Compliant

Regulation 20: Information for residents

Residents had access to information, provided in a format appropriate to their communication needs and preferences.

Residents admitted to the centre for short term respite care were issued with information about the duration of their stay and the need to take in a supply of medicines to cover their time in the centre.

A newly admitted resident was given a copy of the resident's guide to read at leisure following admission.

The inspector also observed a staff member providing information to a resident and family members on admission to the centre.

Judgment: Compliant

Regulation 26: Risk management

Risks identified at the previous inspection were primarily actioned. These related to the temperature of the heating system which now has been satisfactorily controlled.

There was a hazard identification system in place and associated controls to reduce identified risks were outlined. The areas identified had a date on which the problem was identified and review dates to describe actions taken, however the risk register did not fully detail the measures and actions in place to control the risks associated with the inadequacy of the premises and safeguarding arrangements in respect of the open access to residents' private bedroom accommodation.

Risk assessments relating to individual residents were comprehensive and guided care. These included falls management, responsive behaviour, the use of restraint and infection control. Residents were encouraged and supported to participate in the physiotherapy service. There was equipment to support physiotherapy treatments including low entry beds, foam floor mats and hip protectors. Up to date moving and

handling assessments were available for residents with mobility problems.

The provider has contracts in place for the regular servicing of all equipment such as specialist beds, wheelchairs and mattresses that are provided in accordance with residents' needs.

The person in charge informed the inspector that the health and safety statement is required to be updated.

Judgment: Not compliant

Regulation 27: Infection control

Staff implemented procedures for the prevention and control of health care associated infections. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections. The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.

The toilets and bathroom areas had been upgraded and surfaces were easy to clean and supported good infection control management.

Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector viewed the fire safety arrangements. Fire doors and emergency lighting had been upgraded in recent years. There was a fire log in use to record fire safety checks and maintenance of fire equipment. All staff participated in fire safety training and were familiar with the actions they were expected to take in the event of a fire.

The fire records which showed that fire equipment had been regularly serviced on a contract basis.

All internal fire exits were clear and unobstructed during the inspection.

There were daily and weekly checks of fire exits, fire doors and other equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected through the implementation of policies and procedures regarding the management of medicines. This covered the safe and appropriate supplying, dispensing, administration, monitoring, review, storage, disposal, and medicine reconciliation in order to comply with the appropriate guidance. Residents' medication was monitored and reviewed.

The administration of medicines observed by the inspector was satisfactory. The nurses on duty was well informed about the procedures and the various medicines.

The inspector saw that prescription sheets included all the required information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medicines prescribed and for discontinued medicines. However crushed medicines were not individually prescribed. Medicines prescribed on an "as required" basis were appropriately recorded with maximum doses over 24 hours described.

Resident's medicines were noted to be reviewed regularly by doctors, nursing staff and specialist services.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed every four months, and where necessary sooner. They were revised in consultation with resident and family (where appropriate)

Residents interviewed said that they were well informed about their care and health needs, the organising of home care packages and felt that they were safe, well cared for and well treated.

Judgment: Compliant

Regulation 6: Health care

At the time of the inspection there were two residents accommodated on an ongoing basis and the remaining residents had been admitted for respite care or for rehabilitation or convalescent care.

The health and medical care needs of residents were met and there was appropriate access to medical and allied health care services. The centre has daily visits from local doctors and there are physiotherapy, occupational therapy and speech and language therapy staff on site who provide assessment and treatment programmes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents displaying responsive behaviours, however, staff were familiar with such behaviours and had participated in training and understood interventions that would deescalate a situation.

In general, staff were working towards promoting a restraint free environment and were familiar with the national guidelines, particularly in respect of bed rails. This included carrying out a risk assessment prior to the implementation of the restrictive measure and maintaining records in accordance with the regulation. One resident was fully aware of restrictive practices and said she did not require bed rails.

The inspector observed staff closing an internal door which had a key pad security system on it to prevent a resident freely moving around the home. This measure was adopted in the interests of safeguarding the majority of residents, however, staff were unaware that this was a restrictive practice and alternative measures were not initiated and records were not maintained.

Similarly, residents were being denied their right to be independent within their home because the facilities of the registered residential service were being used by other services.

Judgment: Not compliant

Regulation 8: Protection

Training on safeguarding procedures were required from the last inspection. This

was being actioned with the last two sessions planned for the week following the inspection. This

The inspector saw that there were measures in place to protect residents from being harmed or suffering abuse through recruitment practices, Garda vetting, staff training and supervision.

Staff who communicated with the inspector could describe what constituted abuse and were clear of the actions to take if they observed, suspected or had abuse reported to them.

There was information provided to staff on how to make a protected disclosure.

There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents, however this level of security was not afforded to some residents as their private accommodation was used as a thoroughfare.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was identified during the last inspection that consultation with residents was not carried out on a regular basis. This matter was satisfactorily actioned. The inspector saw that the notes of the last residents' meeting was held on the 6 June 2019. A variety of matters were discussed, for example staff uniforms, admission and discharge arrangements, food and accessible toilets.

The inspector observed more periods whereby task centred activities were dominant and residents were not provided with opportunities to engage in meaningful activities. Residents who did not have visitors did not have any meaningful activities in accordance with their interests, abilities and capacities during the evening of day one of the inspection. Two residents watched television, one resident in the dining room and the other in Mourne unit. Other residents were not able to exercise their right to make choices, for example a resident who would have liked to watch television programmes could not as the screen was too far away and at too high a level. Only one television set was available in the multiple occupied rooms and therefore it was difficult for each resident to see the screen comfortably. A resident said it was too uncomfortable to watch the television, so a family member provided a radio for the resident. The majority of residents could not exercise choice in respect of locking their bedroom doors as they shared the accommodation with a number of other residents.

A member of staff was appointed to coordinate the activity programme. This was a recent initiative. The activity staff member told the inspector about her plans to develop this aspect of the service for example to implement group social and recreational programmes and for those who did not wish to participate, try to

engage them on a one-to-one basis with activities of their preference. She understood that these activities would promote residents' physical and mental health and well-being residents. The activity staff member spoke of knowing residents' likes and dislikes and she had undergone training in social care in her free time.

Residents did not have access to religious services but the inspector was told clergy from all denominations were welcomed to see residents. Residents were not offered live streaming of religious services.

The outside space had not been developed with a view to using it as an external activity resource for residents.

The inspector observed that there was a close circuit camera fitting installed at ceiling level in bedroom number five. It was explained to the inspector that this camera was not operational therefore it should be removed.

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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	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 11: Visits	Not compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lifford Community Hospital OSV-0000621

Inspection ID: MON-0024704

Date of inspection: 02/07/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Response: The training identified to the inspector took place and all staff have now completed safeguarding training</p> <p>Action to be completed by: 30/07/2019</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the Chief Inspector that the actions will result in compliance with the regulation.</p> <p>Response: 1. In relation to the plans and report submitted to HIQA, a decision will be made on the further development of the structural issues within this hospital by 2021 Action Completed by: 2021</p> <p>2. Toilets in the designated centre footprint will no longer be accessed by those attending the day care centre. There are alternative toilets that can be used by this group attending.</p>	

Action Completed by: 31/07/2019	
3. The chiropody and day care services are listed within the footprint of the designated centre. It is envisaged that this footprint will be amended to remove these rooms from the designated centre footprint. Action Completed by: 31/01/2020	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Response: The contract of care has been reviewed and now reflects the cost of care on the immediate admission of short term residents. This will be used as new short term clients are admitted to the hospital Action Completed by: 30/08/2019	
Regulation 11: Visits	Not Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Response: Relatives are aware of the alternative rooms available and are encouraged to use them Action Completed by: 04/07/2019	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Response:	

There were no bedside tables / lockers available to residents. The lockers have been ordered and will be installed by end of August.

Action Completed by: 30/08/2019

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the Chief Inspector that the actions will result in compliance with the regulation.

Response:

1. The "care in progress" signs were not in use on the day of the inspection. This had been implemented with immediate effect

Action Completed by: 31/07/2019

2. The Multi-occupancy rooms are structured to lead into each other. In relation to the plans and report submitted to HIQA, a decision will be made on the further development of the structural issues within this hospital by 2021 Action Completed by: 2021

3. Linen and storage – In relation to the plans and report submitted to HIQA, a decision will be made on the further development of the structural issues within this hospital by 2021

Action Completed by: 2021

4. Bedroom 3 and the palliative care room are due to be refurbished. Estimates for this work are to be sought through estates department and this works will form part of the minor capital works listed for 2020

Action Completed by: December 2020

5. The rails will be removed from this room as there is only one person accommodated in this room and the curtains are no longer needed

Action Completed by: 30/08/2019

6. External paintwork and guttering will be addressed on completion of the roof works. The hospital is waiting for a date when the roof works will begin however it is due for completion by year end.

Action Completed by: 31/01/2020

Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Response:</p> <p>The risk register has been amended with 2 additional risks reflecting the issues with the bedroom accommodation, and the non compliances with schedule 6. Action Completed by: 31/07/2019</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Response:</p> <p>Currently Medication charts do note at the top of the page that medications are to be crushed. The GP's will be contacted and requested to identify each medicine that must be crushed</p> <p>Action Completed by: 31/12/2019</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the Chief Inspector that the actions will result in compliance with the regulation.</p> <p>Response:</p> <p>1. All the staff are familiar with the national guidelines regarding safeguarding and restrictive practices. Staff endeavour at all times to safeguard all clients and consider their freedom to move around the designated centre safely Action Completed by: 31/07/2019</p>	

2. The chiropody and day care services are listed within the footprint of the designated centre. It is envisaged that this footprint will be amended to remove these rooms from the designated centre footprint.

Action Completed by: 31/01/2020

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the Chief Inspector that the actions will result in compliance with the regulation.

Response:

In relation to the plans and report submitted to HIQA, a decision will not be taken on the further development of the structural issues within this hospital until 2021. It will not be possible to submit further plans until decisions are made in 2021

Action Completed by: After 2021

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The inspector has reviewed the provider compliance plan. The actions proposed to address the regulatory non-compliances do not adequately assure the Chief Inspector that the actions will result in compliance with the regulation.

Response:

1. Meaningful activities program is currently being developed to meet the assessed needs of the residents, this will be recorded in the care plan for all clients of the hospital
Action Completed by: 30/09/2019

2. The hospital has access to 6 Televisions presently in the different reception and visiting rooms, and a television will be provided to those clients who wish to avail of one
Action Completed by: 30/09/2019

3. In the multi occupancy rooms bedroom doors cannot be locked, however each person accommodated has a double size lockable wardrobe to keep their personal clothes and possessions safe. In 2021, a decisions will be taken on the further potential structural works to be undertaken to provide for lockable bedroom doors.

Action Completed by: After 2021

4. Efforts will be made to explore the option of live streaming religious services, and will be implemented where possible. Action

Completed by: 30/09/2019

5. The closed Circuit monitor was inactive in this bedroom and was removed immediately after the inspection

Action Completed by: 04/07/2019

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 11(1)	The registered provider shall make arrangements for a resident to receive visitors.	Not Compliant	Orange	04/07/2019
Regulation 12(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/08/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2019

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	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2021
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	24/08/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/07/2019
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	31/12/2019

	medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/01/2020
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	31/12/2021

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Not Compliant	Orange	30/09/2019