### Health Information and Quality Authority Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Donegal Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000617</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Donegal Town, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 9740600</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:susan.rose@hse.ie">susan.rose@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kieran Doherty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Susan Rose</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 February 2014 11:00
To: 18 February 2014 17:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report set out the findings of a monitoring inspection, which was unannounced and took place over one day. The person in charge was on duty as rostered and together with the staff team facilitated the inspection and provided evidence to demonstrate that the required improvements from previous inspections were addressed or progressed since the last inspection.

The centre was bright and welcoming to visitors. The inspectors talked to residents, staff and visitors during the inspection day. The observed the delivery of care, the service of meals and reviewed documentation such as care plans, medical records, accident reports, policies and procedures and staff files.

Residents who spoke with the inspectors described the service in a positive way. Several residents said that they benefited from their periods of respite care and said that it not only gave them and their families a break but allowed them to have their health needs assessed and receive essential treatments. Residents described the contacts they had with staff and emphasised that the care, emotional support and practical help they received were among the aspects they valued most. They also said they valued the hospital as it enabled them to access services in their local community. Residents complimented the efforts made to make the centre comfortable and said they were generally happy with the choice of meals provided.
Residents and staff said they were supported by the person in charge who was described as readily available to talk to and provided advice and guidance when needed.

The staff team demonstrated commitment to meet the requirements of the legislation and to meet good practice standards. During this inspection, the inspectors reviewed the actions taken to address the matters identified for attention during the monitoring inspection that took place on 05 December 2012. These actions required that improvements were made to such areas as:

- the cover provided during the absence of the person in charge,
- health and safety and risk management,
- care planning and
- the premises.

The inspectors found that the provider and person in charge had been proactive in responding to the majority of issues identified. The responses are discussed under the relevant outcomes in this report.

However the inspectors found that there was continued work required in the area of risk management. For example the impact of building works underway on the nearby site had not been identified as a factor that impacted on the evacuation route to the fire assembly area from one of the fire exits.

The residential unit of Donegal Community Hospital is located on the ground floor of the building. There are seven single bedrooms (six of which have en suite facilities), one double bedroom and five multiple occupancy bedrooms that accommodate between three and five residents. The centre mainly provides short term care as the majority of places are allocated to residents who require respite, convalescence, palliative and rehabilitation care and just five places are available for long term care. The communal bedroom arrangements do not provide appropriate space to protect residents privacy and dignity and do not facilitate the provision of adequate storage for personal belongings and not meet the space requirements outlined in the National Quality Standards for Residential Care Settings for Older People in Ireland. Other premises matters that were noted to require attention during this inspection included hazards presented by open access to sluice area, the uneven external pathways and toilet areas that were too small for residents with mobility problems.

The overall findings on the day are described in this report and the action plan identifies where improvements are required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
### Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge has a full time role in the centre. She is a registered nurse and generally works Monday to Friday. An action plan in the last report highlighted that key senior managers were not identified to cover the absences of the person in charge. This had been rectified. Two clinical nurse managers were available to cover the absence of the person in charge to ensure adequate management of the centre.

The person in charge demonstrated a good understanding of her responsibilities as outlined in the Health Act, 2007, Regulations and the Standards. Throughout the inspection process she provided information to the inspectors and conveyed good knowledge of residents care needs and the way services were delivered. She was involved in day to day care practice and was readily available to provide guidance to staff and to discuss issues with residents the inspectors noted.

### Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The required records were maintained and records requested by inspectors were available and provided for inspection. The inspectors found that the standard of record keeping and filing was variable. The information in some records was not readily accessible and did not conform to regulation 22 (1) (i)-Maintenance of Records that requires that records are “maintained in a manner as to ensure completeness, accuracy and ease of retrieval. The inspectors found that information in records should be organised better to ensure that staff can locate information expediently. For example, in the review of three staff files the inspectors found that some of required schedule 2 information was difficult to find and some was not available. The inspectors reviewed three staff files and found that declarations of medical and physical fitness was not available in two files and garda vetting and a full employment history was not available in another file.

Other records reviewed included the directory of residents, duty rotas, medication records, accident and fire safety records. The directory of residents was incomplete in some aspects. Details such as the date, time and cause of death were not recorded for all residents who died in the centre.

Care plans were noted to be generally good however care plans to guide staff end of life care plans needed improvement to indicate end of life wishes. This is discussed further under outcome 14- End of Life Care.

Outcome 06: Safeguarding and Safety
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The provider had taken appropriate measures to protect residents from being harmed and from suffering abuse. The inspectors found that all staff spoken to during the inspection were aware of the types of elder abuse and their responsibilities to report any suspected allegation of elder abuse to the provider or nurse in charge. Inspectors reviewed the centre’s policy on the prevention, detection and response to elder abuse. This policy gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of
elder abuse.

There were records to indicate that staff had received training on identifying and responding to elder abuse. A revised and updated training schedule was in use according to staff which provided them with up to date evidence based information. An action plan in the last report highlighted the risk presented by unrestricted The security to the residential area had been upgraded the week prior to the inspection and now provided additional safety measures to protect staff, residents and visitors. The doors to the unit were securely closed and anyone entering had to use the bell to alert staff to let them in and there was also a visitors’ record to ensure that staff were aware of everyone in the centre.

---

**Outcome 07: Health and Safety and Risk Management**

_The health and safety of residents, visitors and staff is promoted and protected._

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspectors found that there were systems in place to promote the health and safety of residents, staff and visitors but they required improvement.

Fire safety arrangements had been upgraded since the last inspection however there were some improvements required to ensure that staff could manage a fire situation safely and competently. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out. The inspectors viewed the fire records which showed that fire alert and fire safety equipment had been regularly serviced. The emergency lighting had been upgraded and new fire doors had been installed. There were emergency exits at varied points throughout the building however signage to guide persons to exits was absent in some areas. The inspectors noted that the arrangements at one exit had altered due to building work underway at the perimeter of the site. This meant that access to the assembly point at the front of the building was not as clear as it had been before the work with its associated hoardings had commenced. Access to the assembly point was also difficult due to the uneven and damaged ground surface that would have made the movement of residents with mobility problems and in wheelchairs hazardous. The inspectors requested that the fire exit arrangements internally be clearly displayed and that the external arrangements be reviewed. This is also outlined in the action plan of this report.
The inspectors reviewed other health and safety procedures. There were core systems in place to maximise safety and these included grab-rails, call-bells, handrails along corridors, hoists and tracking for hoists in some areas. An active register of risk was not maintained and updated to address any new hazards the inspectors found. As described earlier the changed circumstances created by the building work outside had not been identified as a hazard. Other hazards identified during the inspection included:
- the unsecured emergency trolley located in a hallway from which equipment could easily be removed
- the storage of equipment on corridors which presented a trip hazard
- the sluice was open and accessible from both corridors.

Some of the issues highlighted during the last inspection were addressed. Staff who were involved in serving food now wore protective clothing such as aprons and hats, chemicals were stored securely and medical records and files were secured near the nurses office area.

The inspectors viewed the infection control procedures and found that guidance was available for staff when managing a range of infectious illness including noro virus and influenza. The contact details for the local public health office and the infection control nurse were available. Staff were noted to use appropriate protective clothing when required and to wash their hands and use hand gels when moving from one area and one activity to another. An audit of hand washing practice had been completed in November 2013. Staff were observed to have a high level of good practice standards in place. The inspectors were told that audits were scheduled regularly to ensure that good practice stands were maintained.

All residents assessed at risk of falling had a falls management plan in place and this information was available in care plans. Individual strategies were outlined and utilised to minimise the risk of residents sustaining a fall. There were arrangements in place for recording and investigating falls sustained by residents. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the GP and next of kin had been contacted. The first aid measures applied and follow up care was also outlined.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The arrangements for the administration and management of medication had been improved since the last inspection. Medication management practice now reflected the procedures that were in place. Medication was noted to be stored safely and securely in a clinical room. The temperature ranges of the medicine refrigerator was being appropriately monitored and regularly recorded. The inspector noted that there was a signature record for nurses and doctors. Nurses did not transcribe medication and prescribing practices reflected good practice with all medications individually signed and maximum doses of “as required” medication outlined.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. The supply was checked at each shift change and was signed by two nurses. The inspector checked the balances for two controlled medicines and found them to be correct and to reflect the balance recorded in the register.

The majority of medications are supplied to the centre by residents’ own pharmacists due to the short stay context of most admissions. The system was being managed well by nurses despite the varied supply arrangements in place.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre provides care to residents with a wide range of care needs. There are five long term care places in this centre and the remaining 23 places are allocated to people who need periods of respite care, rehabilitation, convalescence or palliative care. The centre is supported by local doctors and members of the primary care team.
The arrangements to meet residents’ assessed needs were set out in individual care plans that were maintained on a computerised record system. Access problems due to intermittent broadband coverage were identified as an issue during the last inspection. This problem was not evident during this inspection and staff reported that there had been few problems with broadband coverage over the last few months. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, and the risk of developing pressure sores and moving and handling assessments. There was a record of each resident’s health, condition and treatment given completed twice daily.

The inspectors reviewed three care records including a care plan for a wound care problem. There was good linkage between completed assessments, care plans and the regular evaluations completed by nurses. The last inspection report included an action plan on care planning that required that care plans were person centred, were updated at three month intervals and reflected residents’ contribution to their care plans. Since the last inspection care plans had been reviewed and updated at the required three month intervals. There was evidence that residents were consulted regarding their care and their views were recorded. The inspectors saw that where residents were informed about their medical care and future treatments that their views and wishes about the proposed treatments were recorded. A resident in the centre for a period of respite care told one of the inspectors that she discusses her care needs with staff regularly and that staff make arrangements to suit her needs including assisting her to appointments while in the hospital. This information was reflected in her care plan.

The information recorded indicated that there was a progressively good outcome in relation to the management of wound care. Nurses recorded the dressings in use, the changes in the wound and the condition of the area and surrounding tissue. However while there were photographs of the wound the absence of measurements made it difficult to determine the extent and size of the wound particularly as the photographs had been taken from different perspectives. There was also an absence of a formal grading scale used to determine the extent of the wound. Preventative and monitoring strategies were outlined to maintain residents’ skin integrity. Pressure relieving equipment was provided to minimise the risk of developing pressure area problems. Staff demonstrated good knowledge and understanding of each resident’s background. A significant number of residents are admitted for regular periods of respite care. Staff were very familiar with residents’ life styles and care needs in the community and there was a good communication network between staff and community professionals such as the public health nurses and members of the primary care team.

All residents were seen routinely by their doctors and when there was a change in their health the inspectors noted from a review of care records. There was evidence of referrals to allied health professionals such as speech and language, physiotherapy and occupational therapy. Records indicated residents had received the influenza vaccine. A chiropody service was also available.

Where residents had specialist care needs such as mental health problems there was good links with community mental health services. A member of the mental health team visits the centre to review residents when required.
The local palliative care team provided support and advice. The person in charge confirmed the palliative care team will attend the centre outside of core hours if required. There were no residents receiving palliative care at the time of this inspection. The provider was in the process of completing structural work to provide overnight facilities for family and friends of residents. The person in charge confirmed to the inspector there were no incidents of pressure wounds at the time of inspection. No incidents of pressures sores as required by the regulations were notified to the Authority in the past 12 months. Residents identified at risk of developing pressure sores had plans of care in place.

Each resident’s vital signs were checked on a monthly basis. Residents’ weights were monitored monthly and those identified at risk had their weight reviewed more regularly and were referred for specialist assessment by the dietician or speech and language therapist. Fortified diets and supplements were prescribed for residents identified at nutritional risk by doctors or the dietician. The inspectors saw from records that two residents had weight management issues. The speech and language therapist had completed assessments and the recommendations were described in care plans and being auctioned by staff with good outcomes for the residents.

There were residents with a diagnosis of epilepsy and plans of care in place included guidance and medication for the emergency management of seizure activity. There were some opportunities for residents to participate in activities however the inspectors saw that residents spent long periods without any social contact particularly if they did not have visitors. There were mixed reviews from residents about the activity provision. Some residents spoken to confirmed that they were able to take part in activities, others said they loved the music but would like to see more happening during the day.

The inspectors concluded that further work was required to ensure appropriate stimulation and activity was regularly available for residents. Residents were facilitated to practice their religious beliefs and the rosary and prayers were said regularly. A convivial atmosphere was noted by the inspector and many visitors were noted to come in and out of the centre throughout the inspection.

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors noted that the centre provides care for short periods for the majority of residents and the services provided are targeted towards residents with acute care needs however respite care is provided and five residents are living here on a long term basis. The inspectors noted that improvements had been made to the environment and that a tracking hoist system was available in some rooms which improved the space available for residents. There were communal sitting and dining areas available and the new fire doors that had been installed to improve fire safety measures meant that the dining room was now more enclosed and private.

Residents continued to be cared for in multiple occupancy rooms that do not meet the regulations for designated centres for older people. The space available to residents did not provide adequate levels of privacy. While each resident had a wardrobe space these were single in size and could only accommodate a small amount of clothing and there was no lockable spaces for residents to secure personal items that they may wish to retain in their possession.

Bathroom areas also compromised privacy as some were shared between two rooms and without assistance it was difficult for many residents to ensure that the bathroom was appropriately secure on the other side when they needed to use it. The Chief Inspectors guidance on premises is being forwarded to the provider for information so that a plan can be drawn up to address the premises issues as required by April 2015. The inspectors also noted the following matters that also needed attention:

- Hand testing indicated the temperature of radiators could present a burns risk
- There was a lack of storage space and equipment such as hoists and wheelchairs had to be stored on corridors which presented trip hazards and obscured the exit to the enclosed garden
- Room 9- the surface around pipe work was damaged and could not be effectively cleaned, the window sill had paintwork damage and there was no restrictor on the window
- Room 11- there was rust on the radiator pipe work
- Some toilets were very small and presented access problems for residents with mobility aids
- There was no ventilation in toilets, windows in some were at a high level and there was no ventilation in the medication room.
- Shower enclosures showed signs of damage and posed an infection control risk
- Some commodes had damaged covers and arms where the underlying foam was exposed.

The inspectors saw that the dining room was not set up to accommodate all residents in the centre even allowing for some residents using specialist chairs and individual tables. The area was also noted to be cooler than other areas. The inspectors formed the view that the dining arrangements needed reassessment to ensure that residents’ needs were appropriately met and that they had a choice of a comfortable environment in which to have their meals.
Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. Some staff had specialist training at advanced level on this topic. There were no residents in receipt of end stage end of life care during the inspection however some residents had been admitted for assessment and terminal care. The local palliative care team was available to provide support and advice when required the inspectors were told.

The inspectors found that care plans for end of life had been completed for some residents and were of a good standard providing comprehensive guidance for staff but practice in this area was variable. There was evidence in some records that residents end of life care wishes had been discussed with them and their wishes and choices had been recorded to inform staff of the actions to be taken. One resident had described that she did not wish to have active medical interventions if she became ill and had outlined the way she wished her care to be managed including prayers and sacraments that she would like at this time. This was noted to have been reviewed at the required the month intervals together with an assessment of her competence to make decisions. However care plans were not available for some residents where their main reason for admission had been for terminal care and where there was medical information that indicated their care needs could fluctuate rapidly.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Moderate
**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
This outcome was not assessed in full. The inspectors noted that the dining room was enclosed and private however it was only used by a small number of residents during the mid day and evening meal times. The inspectors were told that the installation of the new fire doors and altered layout had caused a reduction in the number of residents that used the area daily.

The food served was noted to be hot and residents were not left waiting for meals. Staff assisted residents promptly and in a manner that protected their dignity. Staff sat by residents and talked to them as they helped them with their meals. Residents said that the food was generally good. There were some comments that additional food other than small snacks should be available in the late evening as tea is served at 4.30. The menu available was in small print which made it difficult to read. The inspectors formed the view that the dining arrangements needed reassessment in view of the earlier comments on the layout of the room to ensure that residents’ needs were appropriately met and that they had a choice of a comfortable environment in which to have their meals and that the menus were presented in a format that enabled them to make an informed choice from the dishes on offer.

---

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Workforce

**Judgement:**
Compliant

---

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The numbers of staff on duty and skill mix were adequate to meet the needs of residents on the day of the inspection. There was a visible presence of staff around the unit. In all there were four nurses and three carers on duty in addition to the person in charge. Night duty staffing levels included an allocation of two nurses and a carer.
The inspectors found that staff had attended training sessions on infection control, medication management, adult and child protection, hand hygiene, end of life care, moving and handling, fire safety and challenging behaviours such as compulsive and hoarding behaviour.

An action plan in the last report required that the rota identify who is in charge and for other staff the area where they are on duty. This had been remedied with the rota indicating where staff were scheduled to work. A further action related to staff not wearing name badges and this was found to be an ongoing issue during this inspection.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Donegal Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000617</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18/02/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/04/2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found that information in records should be organised better to ensure that staff can locate information expediently. For example, in the review of staff files the inspectors found that some of required information was difficult to find and some was not available. The directory of residents was incomplete in some aspects. Details such as the date, time and cause of death were not recorded for all residents who died in the centre.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The directory of residents has now been updated to include the required information, and a process has been put in place to update it daily.

Staff files are being separated into two sections 1. General 2. HIQA Specific and this work has been completed on 20 files and there is a process in place to complete the remainder within the next 2 months.

**Proposed Timescale:** 30/06/2014

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A number of risks in and around the building had not been identified and did not have systems in place to control the risks identified. The building work outside and the associated change to the evacuation route from one fire exit had not been identified as a hazard. Other hazards identified during the inspection included:

- the unsecured emergency trolley located in a hallway from which equipment could easily be removed
- the storage of equipment on corridors which presented a trip hazard
- the sluice was open and accessible from both corridors
- some radiators were hot to touch and presented a burns risk.

**Action Required:**
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The risk created by the building work at Rowanfield has been identified and added to the Risk Register. We have two fire exits, one at the front of the building and one at the side of the building.

Only a defibrillator remains on the emergency trolley to allow for quick access in an emergency situation.

Chairs on corridors have been removed.

Radiators and heating system are in the process of being checked by estates to regulate the temperature.

Both sluice doors have been key coded in the past to comply with HIQA however these were removed under the direction of our infection control team.

**Proposed Timescale:** 31/07/2014
Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Access to the fire assembly point was difficult due to the uneven and damaged ground surface that would have made the movement of residents with mobility problems and in wheelchairs hazardous.

The fire exit arrangements should be clearly displayed at intervals in the building to guide staff and that the external arrangements should be reviewed and made safe.

Action Required:
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:
Fire contractors have been advised of HIQA report and they are going to reassess the signs. This will be completed by the 31st May 2014.

Surface outside is rough and this is an identified risk on our risk register. All of the tarmaccadam requires replacing and it has been identified to the design team working on the Rowanfield site who will be meeting on this shortly. The date of this meeting will be submitted to HIQA once it is available.

Proposed Timescale: 31/10/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of wound care required improvement. The absence of measurements made it difficult to determine the extent and size of the wound particularly as photographs had been taken from different perspectives. There was also an absence of a formal grading scale used to determine the extent of the wound.

Action Required:
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:
We have contacted HIQA on this matter and are awaiting a response. Once we identify a formal grading scale to determine the extent of the wound we will introduce it immediately.

Proposed Timescale:
**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were some opportunities for residents to participate in activities however the inspectors saw that residents spent long periods without any social contact particularly if they did not have visitors.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
Many of our patients do not wish to take part in activities and choose to rest in the afternoons as many of them are recovering from surgery or acute illness. Our activities co-ordinator is involved with the patients four days per week to provide social interaction 1 to 1 treatments, reminiscent therapy etc., any patient who wishes to do so can attend the Day Hospital Monday – Friday.

**Proposed Timescale:** 30/04/2014

---

**Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents continued to be cared for in multiple-occupancy rooms that do not meet the regulations for designated centres for older people. The space available to residents did not provide adequate levels of privacy.

**Action Required:**
Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

Please state the actions you have taken or are planning to take:
HSE Estates to review the space available. The role of Donegal Community Hospital is under review by the HSE and the current plan is to cease all continuing care in this unit in the future.

**Proposed Timescale:** 30/09/2014

---

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While each resident had a wardrobe, space these were single in size and could only accommodate a small amount of clothing and there was no lockable spaces for residents to secure personal items that they may wish to retain in their possession.
**Action Required:**
Under Regulation 19 (3) (m) you are required to: Provide suitable storage facilities for the use of each resident.

Please state the actions you have taken or are planning to take:
We have received quotes for new personal storage space and this issue is part of our minor capital programme expenditure. Many of our patients are short stay and do not require extensive storage space.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of storage space and equipment such as hoists and wheelchairs had to be stored on corridors which presented trip hazards and obscured the exit to the enclosed garden.

**Action Required:**
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
One hoist is now stored off the ward as we are using tracking hoists to move patients. We need to retain one mobile hoist on the ward as it contains a weighing device required to weigh patients. Wheelchairs have been moved from the corridor areas and the garden area access is clear.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Room 9 - the surface around pipe work was damaged and could not be effectively cleaned, the window sill had paintwork damage and there was no restriction on the window.

Room 11 - there was rust on the radiator pipe work.

Shower enclosures showed signs of damage and were an infection control risk.

**Action Required:**
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

Please state the actions you have taken or are planning to take:
Maintenance is addressing the rust and the pipe work.
The shower enclosures have been addressed.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Some toilets were very small and presented access problems for residents with mobility aids.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 19 (7) (b) part 2 you are required to: Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Currently Donegal Community Hospital have seven wheelchair accessible toilets and this meets the needs of our current patient population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/04/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Some commodes had damaged covers and arms where the underlying foam was exposed.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> Two new commodes have been delivered.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/04/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The dining room was not set up to accommodate all residents in the centre even allowing for some residents using specialist chairs and individual tables. The area was also noted to be cooler than other areas and the menu available was in small print which made it difficult to read. The inspectors formed the view that the dining arrangements needed reassessment to ensure that residents’ needs were appropriately met and that they had a choice of a comfortable environment in which to have their meals.</td>
</tr>
</tbody>
</table>
Action Required:
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:
We have reassessed the needs of the patients re dining arrangements. Every patient is asked their choice of meal from a set menu and where they wish to dine. The dining room is set up to accommodate this number. The font size has been enlarged on the menus on display in the dining room. We are now filing this documentation.

Proposed Timescale: 30/04/2014

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Person-centred care and support</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>Care planning for end of life care required improvement. Care plans were not available for some residents where their main reason for admission had been for terminal care and where there was medical information that indicated their care needs could fluctuate rapidly.</td>
</tr>
<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>We are beginning to develop end of life care plans for long stay patients, regular respite patients and palliative care patients in accordance with our policy on End of Life Care which is currently being updated following the HIQA end of life care audit. We have End of Life Care Plans in place for our five continuing care residents.</td>
</tr>
<tr>
<td>Proposed Timescale: 30/04/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 15: Food and Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Person-centred care and support</td>
</tr>
<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>The menus were presented in a format that did not enable residents to make an informed choice from the dishes on offer.</td>
</tr>
<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.</td>
</tr>
</tbody>
</table>
Please state the actions you have taken or are planning to take:
Every afternoon each patient is asked what they would like for lunch the next day from a set menu. Print on the menus has been increased.

**Proposed Timescale:** 30/04/2014

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents commented that additional food other than small snacks should be available outside of main meal times.

**Action Required:**
Under Regulation 20 (2) part 1 you are required to: Provide each resident with food and drink in quantities adequate for their needs, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each mealtime; is varied and takes account of any special dietary requirements; and is consistent with each resident's individual needs.

Please state the actions you have taken or are planning to take:
There is a food choice served to the patients five times per day, breakfast, mid-morning, lunch, evening tea and supper. Outside of this a patient can have a meal/snack at the time of his/her choosing. Snacks have always been available. There is a fridge in the residents dining room stocked with yoghurt, ice-cream, jelly etc., which is freely available to patients.

**Proposed Timescale:** 30/04/2014