<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Killybegs Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000620</td>
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<tr>
<td>Centre address:</td>
<td>Killybegs, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 973 2044</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherine.mitchell@hse.ie">catherine.mitchell@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Kieran Doherty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Catherine Mitchell</td>
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<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<td>Support inspector(s):</td>
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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 judgments 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 May 2014 09:00  
To:    29 May 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this inspection the person in charge had completed self assessments in relation to both outcomes and had judged that the centre had minor non-compliances in both areas. The inspector talked to residents, relatives and staff about the standards in place relevant to both outcomes. Documents such as care plans, staff training records were reviewed and the delivery of care was observed. The inspector found that residents benefited from a well informed staff team who knew residents care needs well and were familiar with the ways they wished to spend their time and their day to day choices and preferences. They were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity within the confines of the multiple occupancy rooms where the majority of residents’ accommodation was provided. The outcomes for residents were noted to be good and there was evidence of improvements arising from the findings of the self-assessment questionnaires and the regular audit programme of varied aspects of the service.

The inspector found minor non-compliance in the area of food and nutrition and moderate non compliance in the area of end-of-life care 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. The centre provides care to 41 residents the majority of whom are admitted for short periods for respite care, convalescence, rehabilitation or palliative care. Eight places are allocated to residents who have long term continuing care needs. Relatives who returned information to the Authority confirmed that the care provided at this time was appropriate and said they were welcomed and
facilitated to remain with their relative for as long as they wished. The inspector noted that while there was some information/views of residents recorded in care records care plans that informed staff in a meaningful way about end of life care needed to be developed in a more comprehensive way to guide practice.

The food and nutritional needs of residents were met to a high standard. There was good access to medical staff and allied health professionals. The food provided for residents was appetising, attractively presented and served in an attractive dining room or by residents' beds if that was their preference. Residents were facilitated to maintain their independence and all residents interviewed said that they enjoyed the food prepared for them. Nursing and clinical documentation was generally of a good standard but reviews of care needed improvement as they did not provide an overview of progress or responses to interventions. Further training on completing nutritional assessments and related evidence based tools was planned by the person in charge for staff.
### Outcome 11: Health and Social Care Needs

Each resident’s 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 resident’s 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

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

**Findings:**
An action plan in the last report indicated that care plans were generic in nature and that reviews did not reflect responses to treatment or judgements on the outcome of the care pathway being followed. The assessments of the two outcomes on end of life care and food and nutrition indicated that end of life care plans needed to be developed further to appropriately guide and inform staff and that the reviews of care needed to provide an overview of progress and reflect changes in response to treatment plans.

**Judgement:**
Non Compliant - Minor

### 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

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

**Findings:**
An end-of-life care policy was in place and had been reviewed in February 2014. There was an ongoing consultation to ensure that the procedures outlined provided
appropriate guidance for staff. The policy included that the resident’s wishes and choices concerning end-of-life care were discussed, recorded, implemented and reviewed on a regular basis with the resident. However, some residents’ care plans reviewed by the inspector did not include this information. The inspector was told that staff are working to ensure that this information is recorded and ongoing training is being provided to ensure that they have the skills and confidence to approach this topic with residents. There were no residents in receipt of active end of life care when this inspection was undertaken. The inspector noted in care records that where residents had degenerative conditions that the prognosis had been discussed with family members, that resuscitation status had been established based on medical opinion and that care in acute medical situations had been outlined.

Guidelines to staff with regard to caring for the deceased resident including the procedure for the verification of death were outlined in a clear manner. However, the policy did not include guidance to staff on recognising signs and symptoms of residents approaching end of life or indicators for referral for specialist advice such as advice from the palliative care team. Other information such as how staff and residents are supported at the time of death, how residents are informed about a death and how they are enabled to pay their respects or support offered to families that would inform good practice was not outlined. A number of good practices described by staff and outlined below were also not included in the procedures. A staff nurse had been allocated responsibility for identifying shortfalls in the procedures and making revisions based on feedback from colleagues to ensure the procedures reflected good practice guidance. This work was in progress.

Staff told the inspector that while there was no formal process in place to reflect and review the care of a resident at end of life that they did this informally during the daily hand-overs. Nurses said they would discuss aspects of care that had worked well and areas that could be improved. Staff also said that they informally supported one another and ensured that other residents had time to talk and reflect particularly if they knew the resident well. The inspector was satisfied that these arrangements enabled staff to improve the way they provided care based on their reflective practice.

The centre had good facilities for end of life care. There was a dedicated “hospice” room which was made available when residents were approaching death. This room was large, well equipped including the provision of a tracking hoist and was attractively furnished. An adjacent room provided accommodation including overnight accommodation for relatives and this was also noted to be well organised with a sofa bed, chairs and tea/coffee making facilities. Relatives were encouraged to remain with relatives approaching death. They are always offered meals and supplies in this room are replenished regularly when the facility is in use according to staff. Personal possessions are returned to family members in designated bags and staff said they do not put pressure on family members to do this but wait until they feel they can undertake this task.

Training records reviewed by the inspector indicated that staff had developed competences to provide end of life care. One member of nursing staff had an advanced qualification in palliative care at degree level and 15 staff had attended the Irish Hospice Foundation training on 'Final Journeys' during 2011 and 2012. Five nurses had
completed the European Certificate in Palliative Care. Training for staff on this topic was ongoing according to the person in charge.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a range of religious denominations visited the centre to provide spiritual care. However, information to guide staff on the care of deceased residents of different denominations was not included in the centre's policy or in the residents' care plans.

Staff that the inspector talked to during the inspection were very familiar with the care needs of residents accommodated and were able to describe how they cared for residents and their relatives at end of life. Three questionnaires forwarded to the Authority by relatives were very complimentary of the support from nursing staff and indicated that the kindness and attention their relative received prior to death was of a very high standard and met their needs appropriately. Responses also included acknowledgements of the support that relatives received at this time. Information forwarded to the Authority by the person in charge indicated that 4 residents were transferred to the acute services within the last two years and all referrals were made to address acute care problems. Four deaths took place and all residents had been cared for in the centre during their end of life period. Residents had choice as to their place of death including the option of returning home and the person in charge said that supports would be explored and put in place to facilitate this. Staff were aware of residents’ rights to refuse treatment and where relevant this was recorded.

Documentation of deceased residents indicated that the residents had timely access to the general practitioner (GP) and out of hours medical services. While there was evidence of ongoing medical and nursing review and assessment of the resident and evidence of family/next of kin involvement, it was apparent that conversations regarding end-of-life care did not occur until death was imminent. There was evidence that each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. The specialist palliative care team, where appropriate, was involved in residents' end-of-life care and it was evident that advice provided regarding to medication management/pain relief was followed. The discussions that took place with family members when residents were critically ill or near end of life and the spiritual and emotional support provided by staff was documented.

A review of a sample of care plans of current residents found that care plans addressed the topic of spirituality and dying. While the inspector noted that there was some evidence of engagement and consultation regarding spirituality and dying, the majority of care plans reviewed reflected that this issue was not yet addressed in any comprehensive way that would guide staff when providing care at end of life. The person in charge agreed with this and stated that this work was in progress and was included in the three-monthly care plan review.

All staff spoken to by the inspector were knowledgeable about how to physically care for a resident at end of life and were aware of the procedures in place for the care of the body and removal to the undertakers. Residents told the inspector that they were well cared for and that staff encouraged them to be as independent as possible. The inspector noted a high level of positive interactions between staff and residents this during inspection and observed staff caring for and conversing with residents in a caring
and respectful manner.

**Judgement:**
Non Compliant - Minor

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**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

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

**Findings:**
The centre had a food and nutrition policy in place to guide practice. The policy provided detailed guidance to staff and is supported by other documents namely nutritional intake and screening, oral care and the care of particular conditions such as diabetes. Staff members spoken to by the inspector were knowledgeable regarding this policy.

Residents and visitors expressed satisfaction with the quality of food provided and the variety of choices available on the menus. The chef described the planned menu which was rotated every three weeks and all food was cooked on the premises. There was an emphasis on home cooking and home baking featured daily. The inspector reviewed the menu and discussed the options available to residents including residents who required special diets. There were nutritious snack options available between meals to ensure adequate calorific intake particularly for residents on fortified diets or who did not like large meals. The options included yoghurts, milk puddings and fruit. Staff had access to the kitchen to prepare snacks for residents during the evening and night. Drinks, including water, juices and soft drinks were readily available. The chef had an excellent overview of residents’ requirements and served the main lunch time meal in the dining room where he had direct feedback on the meals from residents.

The inspector observed the service of the main lunch time meal, part of the breakfast service and mid morning and afternoon tea. The food served was hot, attractively presented and portions were varied according to residents’ personal choices. Residents were offered a choice and the menu choices were clearly displayed. Staff at lunch time were observed to relay the choices to residents who could not recall what was on offer so that they could make a meaningful choice. Residents’ food likes and dislikes were recorded for catering staff and meals served reflected their preferences and any dietary restrictions. The inspector noted that food that was served in alternative formats such as pureed was attractively presented and reflected the menu of the day. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and were known to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific
The centre had an attractive well organised dining room that was well used by residents who said they liked the bright airy space that overlooks Killybegs Harbour. There was sufficient space for residents to eat in comfort. Tables accommodated small groups of residents which supported social interaction. Music according to residents’ choice was played during meals and residents were observed to take time over meals. The inspector saw that there was adequate staff available to assist at mealtimes. Staff sat with residents who required assistance with meals, were appropriate in how they provided the necessary support and promoted independence by encouraging residents to do as much as they could for themselves. Drinks were offered regularly throughout the meal and extra helpings and gravy were also offered by staff. In consultation with nursing staff, family members were encouraged to come in and assist their relative at meal times if they wished. Residents having their meals in bed or at their bedside were appropriately assisted and received their meal in a timely manner. Staff were aware of all residents who had swallowing problems and were following the instructions outlined by the speech and language therapist. The inspector was told that assistive cutlery or crockery that may be required for residents with reduced dexterity can be procured as required and access to occupational therapy expertise was readily available to residents when required. There is a regular audit programme of varied aspects of the service which includes consultation with residents on the dining arrangements. The outcome of audits indicated that residents are satisfied with this aspect of the service and feel that food and hospitality meets their needs. Some residents expressed a wish to eat alone and this was respected and facilitated. The inspector concluded that the dining experiences met the needs of residents and contributed to quality of life by being pleasant social occasions.

Clinical documentation reflected residents’ needs and the actions required of staff to meet their needs. An action plan in the last report highlighted that care records were generic, were not updated at the required three month intervals and that the reviews did not reflect a judgement on the care provided. The inspector found that this action was partially addressed. Assessments were noted to underpin care plans for food and nutrition however reviews outlined the care and monitoring arrangements in place but continued to lack detail on progress or outcomes from the interventions in place. Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was ongoing monitoring of residents nutritional, hydration, skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at a minimum of three-monthly intervals. Care needs identified had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed and specific care recommendations from visiting allied health professionals. Nursing staff highlighted any changes to the person in charge and the centre’s policy was implemented as appropriate. Staff monitored the food and fluid intake of all residents who required assistance with their meals and where risk such as unintentional weight loss was identified detailed dietary monitoring records and fluid balance charts were implemented according to policy and the dietician’s instructions.

Staff had received training in relation to food and nutrition. They demonstrated and
articulated good knowledge on how to provide appropriate nutrition for residents. Further training on completing nutritional assessments was planned by the person in charge for staff. At the time of this inspection five residents required pureed diets, two needed high protein foods, eight required minced foods and there were seven residents who required diabetic diets. All specialist needs were clearly outlined for catering staff and food was prepared and served to ensure the safety and well being of residents.

**Judgement:**
Compliant

### 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 all the people who participated in the inspection.

**Report Compiled by:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

Provider’s response to inspection report

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<td>ORG-0000620</td>
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<tr>
<td>Date of inspection:</td>
<td>29/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02 July 2014</td>
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**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 11: Health and Social Care Needs**

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The assessments of the two outcomes on end of life care and food and nutrition indicated that end of life care plans needed to be developed further to appropriately guide and inform staff and that the reviews of care needed to provide an overview of progress and reflect changes in response to treatment plans.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

**Please state the actions you have taken or are planning to take:**
Staff training on Care Planning is ongoing within Killybegs Community Hospital, 9 staff

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
have received “one to one” Care Plan Training. Further dates have been arranged, with the next session planned for 1st July 2014. This will include End of Life care planning.
Staff are aware of the need to review care plans as residents needs change and at no less than 3 monthly intervals. The CNMs have been tasked with overseeing this process using the Nursing Metrix’s as an audit tool.

**Proposed Timescale:** 31/10/2014

### Outcome 14: End of Life Care

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy and procedures to guide staff when providing end of life care needed revision to include all the relevant aspects of care including care planning, indicators for referral to the palliative care team, the arrangements to support residents and staff at the time of death and the provision of spiritual and emotional care at this time.

**Action Required:**
Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**
The End of Life Policy is currently available in a second draft format. The policy is under review and when completed will include, care planning, indicators for referral to the palliative care team and the arrangements to support relatives and staff at the time of death of a resident including those of different denominations.

**Proposed Timescale:** 31/10/2014

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Information in care plans did not outline residents wishes for end of life care and did not provide appropriate guidance to enable staff to provide care that was informed by residents' choices.

**Action Required:**
Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

**Please state the actions you have taken or are planning to take:**
A staff nurse has been nominated to train as a facilitator for the “Final Journeys”
Training. We await a date for this training. The Palliative Care Nurse Specialist has agreed to provide training and guidance on End of Life Care, in particular on how to broach the subject of end of life care and death with residents.

**Proposed Timescale:** 31/10/2014