<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lifford Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000621</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Lifford, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 914 1033</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:marya.clarke1@hse.ie">marya.clarke1@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>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>10</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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: 23 July 2014 11:00
To: 23 July 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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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 a self-assessment in relation to both outcomes. The inspector reviewed these documents together with the policies and procedures related to both outcomes before the inspection. The person in charge had judged that the centre had minor non compliances in relation to both outcomes as policies and procedures were being revised to reflect more up to date good practice guidance and some care plans did not effectively guide the way care should be delivered.

The inspector talked to residents, several members of the staff team and observed the delivery of care during the inspection. Documents that underpinned care practice such as assessments, care plans, daily nursing records and training records were reviewed. The inspector found that staff had made significant efforts to ensure the processes in place in relation to both outcomes met the needs of residents and contributed positively to their quality of life. Residents told the inspector that the food was “tasty and presented well”, “there is a good variety and staff will give us a change if we don’t like or are unable to eat the meal on offer” and also said that if they missed meals for any reason that alternatives were made available. Residents who had been admitted for periods of short term care said that staff checked their likes and dislikes and if any dietary restrictions had been put in place since their previous admission. Catering staff were praised by residents as they were regarded...
as approachable and made efforts to ensure that their tastes and choices were made available. The inspector found that standards for food and nutrition were satisfactory and the needs of residents were addressed appropriately. Access to medical care and to specialist advice from allied health professionals such as speech and language therapists and dieticians was available and timely. The food served to residents was attractively presented and staff varied the portions to meet individual choices. Residents who needed assistance or encouragement when eating and drinking were noted to be supported and helped in a sensitive manner that maintained their dignity.

End-of-life care practice was reviewed and the inspector found that practice was current and that staff had care plans for end of life in place for most residents. Relatives who returned questionnaires to the Authority indicated that the service met residents’ needs and that they had received appropriate support from staff. Arrangements were in place for relatives and friends to remain in the centre when their relative approached end of life.

The inspector identified improvements that were required to record keeping to ensure appropriate information was available to staff. While some records of food and liquid intake were fully complete and provided an accurate overview of intake and output the inspector noted that some records maintained did not describe the quantities of food consumed. The action plan from the last inspection undertaken in October 2013 described deficits in the management of nutrition particularly in relation to wound care. Remedial action had been put in place and all residents at risk had been identified, assessed by allied health professionals and had care interventions in place to prevent deterioration. The policies and procedures to guide staff on nutrition management and end-of-life care were being updated and needed to be finalized to ensure staff had up to date information to guide their practice. The inspector found that improvements were required to the way complaints were recorded and that the communal layout and space available in bedroom areas did not enable the provision of appropriate standards of privacy. The action plan at the end of this report describes the legislative requirements that must be in place to ensure appropriate standards of compliance.
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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 09: Medication Management**
Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
The medication arrangements for the prescribing and administration of drugs and nutritional supplements were examined. Supplements prescribed were administered appropriately. The inspector noted that where medications needed to be crushed to meet residents’ needs this had not always been specified and that the times that some other medications were administered varied from the time on the prescription. The person in charge said this would be addressed.

**Judgment:**
Non Compliant - Moderate

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

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

**Findings:**
There were 10 residents accommodated in the centre. Five residents had been admitted for continuing care and five were admitted for varied periods of short term care. Eight had been assessed as having maximum care needs and remaining residents’ had high and medium care needs. Care plans were maintained on a computer programme. There was a range of evidence-based assessments in use that were used to determine dependency levels and to inform care plans. These included assessments of nutrition, continence, pressure area vulnerability, falls risks, communication and orientation. The inspector found that the regular evaluations of care plans indicated the progress being
made and where problems continued there were medical, allied health professional and nursing reviews to plan alternative care interventions to ensure the best possible outcomes for residents.

**Judgment:**
Compliant

### 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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

**Findings:**
A number of bedroom areas accommodate more than two residents and lack facilities such as wash hand-basins. The layout does not enable staff to provide high standards of privacy when delivering care and does not provide residents with adequate levels of privacy. The inspector noted the changes that had been made to the premises to improve the quality of life for residents such as the provision of dedicated sitting and dining space for long term residents which were attractively furnished and decorated.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

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

**Findings:**
The person in charge said that there were no complaints being investigated. A suggestion box was available to encourage residents to comment on the service. The inspector was told that some concerns were described in residents’ care records and were not outlined in a separate complaint record which would not meet the requirements of regulation 34(2)- Complaints which requires that "such records shall be in addition to and distinct from the resident's individual care plan"
Judgment:
Non Compliant - Moderate

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

**Findings:**
The inspector was satisfied that there were appropriate systems in place to ensure that care at end of life was appropriate to residents needs and met good practice standards. There was an end of life policy and procedure in place to guide staff and this was noted to have been reviewed within the last year. A further revision was under way to ensure that it provided more comprehensive up to date guidance for staff and the inspector found that this was required as the current policy did not provide staff with guidance on such as indicators for referral to the palliative care team or how to support staff, other residents and relatives when a death took place.

Staff had training in end of life care topics and this was noted to have taken place annually since 2009. The staff interviewed described the priorities that they considered important for residents and families at this time. They identified privacy, the effective management of pain, psychological and emotional support and time to spend with the resident and family as the factors that were significant at this time. Residents remained in the centre if that was their wish and the five residents who had died in the last two years all except one had died in the centre. Two relatives provided feedback to the Authority and described the care provided in positive terms. The inspector noted from records examined that there was regular contact with family members when there were changes in health care status, information was relayed in a timely manner and relatives were encouraged and supported to remain with their relative for as long as they wished. The inspector reviewed two care records and noted the contacts between the residents’ doctors, nursing staff and relatives reflected that information relayed described the changing clinical picture and the decisions that were being taken to ensure the residents’ well being.

The arrangements to meet residents’ assessed needs were set out in individual care plans and the inspector found that all residents had some information recorded in relation to end of life care and if residents had not contributed to the care plan there were explanations that they had been unable to do so due to health conditions such as dementia or because of communication problems consequent to strokes. The inspector noted that nursing staff included discussion on end of life care at the regular care plan reviews where appropriate and there was information on the preferred place of death, funeral arrangements, the spiritual care to be provided and what significant persons they would like to make decisions on their behalf.
There was a designated palliative care room that ensured that residents could benefit from the support of family and friends at end of life. Information that may benefit relatives and friends such as bereavement counselling services or supports was made available depending on individual circumstances staff told the inspector. Residents were informed of deaths in the centre and were offered the opportunity to pay their respects and to talk to staff. The centre had guidance from the hospice foundation on end of life care and the hospice symbol was in use to alert staff and others that end of life care was in progress. Residents’ cultural and religious needs were recorded and respected by staff. Mass took place in the centre regularly and religious ministers were welcomed and visited as required.

There was an effective referral system to the local palliative care team and staff said that the service was accessible, provided additional expertise and enabled them to provide care that ensured residents were comfortable and pain free at end of life.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that the arrangements in place to provide residents with a varied and balanced diet and appropriate nutrition that met their needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. An action plan in the last inspection report required that improvements were made to nutrition assessments particularly where wound care was a factor and this action was found to have been satisfactorily addressed. There was a food and nutrition policy in use and this provided detailed guidance for staff and was supported by a range of procedures that included the assessment and management of hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions that required dietary restrictions such as diabetes and renal conditions. Staff were familiar and knowledgeable about this policy and could describe for the inspector the use of associated records such as intake and output records, weight charts and triggers for referral to specialists. The inspector found that practices in place ensured good outcomes for residents however there were some nutrition records that were incomplete and that did not describe accurately the food consumed by residents.
The inspector talked to four residents about the food served, restrictions they had to adhere to and the timing of meals. The food served was described as “tasty and varied” and “lovely and there is a good variety every day”. There was a planned menu that rotated over a three week period. The inspector reviewed the menu and discussed the options available to residents. There were two choices of cooked meal at midday and in the evening. There were snacks available between meals to ensure sufficient and adequate calorie intake particularly where residents required fortified diets. The fortification of food was noted to include yoghurts, milk puddings and extra butter added to servings of potatoes. Staff had access to the kitchen to prepare snacks for residents during the evening and night. Liquids, including water, juices and soft drinks were readily available in communal areas and by residents’ beds. Staff were observed to prompt residents to drink at varied times and when talking to them in their rooms and communal areas.

The inspector observed the service of the mid day and tea time meals. Food was attractively presented and there were sufficient staff available to assist residents in a timely way. Staff were aware of residents’ particular preferences and ensured that these were adhered to when food was served. The daily menu was clearly displayed. Residents’ food likes and dislikes were recorded and kept in the kitchen. The inspector noted that food that was pureed or in a soft consistency was attractively presented and in accordance with the menu of the day. The instructions for foods and liquids that had to be served in a particular consistency to address swallowing problems were outlined and catering and care staff knew which residents had particular requirements.

The centre had designated dining areas. Tables accommodated small groups and facilitated social interaction. The majority of residents used the larger dining room and some choose to remain by their beds to have their meals. The inspector saw that there were adequate numbers of staff available to assist at mealtimes. Residents were encouraged to eat independently and were helped by staff according to their needs. Family members were welcomed to come and help at meal times if they wished to contribute in this way.

Records reviewed showed that residents’ nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. There were no residents losing weight at the time of the inspection and residents who had been identified as at risk had been assessed by the dietician or speech and language therapist, had additional nutrition measures in place and were stable. There were six residents on fortified diets and one had extra fluids being supplied subcutaneously. The regular monitoring arrangements included monthly weights and the nurses’ records and care plan reviews described the response to interventions and progress being made. Access to appropriate allied health professionals was available and there were extensive records that outlined the advice and guidance to be followed which the inspector found were being adhered to by staff. There were some inconsistencies in the way food records were maintained. The majority were of a good standard and described exactly the portions/quantities consumed however some referred to “full dinner” without any explanation as to what had been consumed. This information did not provide sufficient detail to enable anyone inspecting the record to determine if the diet was satisfactory as required by schedule 4 records. An action plan related to this finding is described under
outcome 5-Documentation to be kept at a designated centre.

The inspector found that staff had made significant efforts to ensure the processes in place to manage residents’ nutrition needs were appropriate. Mid meal snacks were available throughout the day and staff were observed to offer residents drinks and snacks regularly. There was a commitment to ensuring that there were no excessive gaps between meals that would present risk to some residents particularly people with diabetes.

**Judgment:**
Compliant

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### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**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
Provider’s response to inspection report

Centre name: Lifford Community Hospital
Centre ID: OSV-0000621
Date of inspection: 23/07/2014
Date of response: 17/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medications that needed to be crushed to meet residents’ needs were not always prescribed to be administered in this way and times that some other medications were administered varied from the time on the prescription.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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.

**Please state the actions you have taken or are planning to take:**
1. Medications that need to be crushed to meet resident’s needs are now prescribed to be administered in that way.
2. All medication is now administered at the prescribed time.

**Proposed Timescale:** 29/09/2014

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**Outcome 12: Safe and Suitable Premises**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A number of bedroom areas accommodate more than two residents and lack facilities such as wash hand-basins. The layout does not enable staff to provide high standards of privacy when delivering care and does not provide residents with adequate levels of privacy.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
A National Viability Study regarding Community Hospitals has been undertaken by the HSE. This report has been submitted to Government and is currently under consideration. Donegal PCCC has prioritised the development of a new Community Hospital in Letterkenny and Ballyshannon to support the needs in these network areas.

Letterkenny is now in the design stage and in the meantime new wash hand basins are being installed to assist staff to maintain the privacy and dignity of the residents in the current environment.

**Proposed Timescale:** New sinks to be installed by 31/10/2014. 2018 for proposed new premises.

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**Outcome 13: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some complaints were recorded in care records and not outlined in a separate record of
**Action Required:**
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

**Please state the actions you have taken or are planning to take:**
There is a complaints file and the DON will ensure that staff record all complaints in this file.

**Proposed Timescale:** 29/09/2014