

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ramelton Community Hospital
<b>Centre ID:</b>	OSV-0000615
<b>Centre address:</b>	Ramelton, Letterkenny, Donegal.
<b>Telephone number:</b>	074 915 1049
<b>Email address:</b>	philomenak.gallagher@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kieran Doherty
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	2

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 14 August 2014 10:30 To: 14 August 2014 15:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 09: Medication Management
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation

**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 and to follow up on actions from the previous report. In preparation for the thematic area's, providers attended an information seminar, received evidenced based guidance and undertook a self –assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The inspector found that practices were in place to ensure that residents received good care at end of life . There was a person centred approach to care which focused on meeting residents emotional and psycho-social needs as well as physical needs. Care was provided by appropriately trained staff . Questionnaires were received from relatives of deceased residents and discussions with family members showed that families were happy with the care given.

The nutritional needs of residents were met to a high standard. Food was nutritious, varied and provided in sufficient quantities. Systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents' nutritional needs were assessed and their preferences were facilitated. There was a good standard of nutritional assessment, monitoring and care planning with residents having good access to the ancillary health services services.

The inspector followed up on the progress of five action plans from the previous inspection of 15th August 2013. Three actions were completed and but two required further work in order to fully comply with regulatory requirements and standards. These and other matters are discussed further in the report and in the Action Plan at the end of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Required policies were available for the centre, though some including food and nutrition were in draft form. Staff had indicated by signature they had read and understood the policies.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

The medication management policies were being followed and had been updated. The staff spoken with were familiar with and said they were adhering to such policies and procedures.

**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):**

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

**Findings:**

Most of the actions from the previous inspection had been completed .Repairs had been carried out to defective flooring, defective tiling had been repaired and ventilation to sluice room improved. Doors had been replaced, handrails provided and new reminiscence room . Communal areas throughout the centre and individual rooms visited were clean and well maintained and pleasantly decorated . however, the organisation of storage of equipment was observed to require improvement,with for example, beds and mattress stored in an unused en-suite.

**Judgment:**

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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre provided a good standard of end of life care. At the time of inspection two residents were receiving end of life care and a review of their case notes and discussion with staff showed that their needs as documented in their

care plans were being met. Clear instructions and requests were recorded in plans and were being followed. 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

The centres end of life policy had been read and acknowledged by all staff. It was based on the Donegal HSE area draft document which was awaiting final sign off. 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. There is a procedure for staff to follow after the death of a resident in relation to verification and certification of death. 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.

In accordance with the resident's assessed needs, referrals are made to specialist palliative care services.

The responses received from relatives of deceased residents in relation to end of life were positive about their experience and interaction with the centre. They were complimentary of the care and support received from staff in the centre for both their loved one and themselves. The centre has close links with the community it serves and the local customs as regards death and dying were followed according to staff and from the responses to the questionnaires reviewed. Relatives were encouraged to remain with relatives approaching death. 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. Funeral were facilitated from the centre and the local practice in relation to "waking" the deceased followed and assisted by the centre. Residents belongings are stored in property boxes and returned whenever relatives wish to collect them.

The centre has a dedicated palliative care room with a small kitchen and relatives area attached. The centre facilitates admissions from the community to this palliative care service and supports same.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

The centres kitchen provided food to both residents in the centre and those availing of day care services. The chef in charge of the kitchen had worked in the centre for a number of years and knew the likes and dislikes of residents. The chef described menu which was rotated on a 4 weekly basis and offered good choice at meal times. All food was cooked on the premises. The centre had a food and nutrition policy in place to guide practice. The chef described how fortification was provided in specific meals and that 4 residents with diabetes were catered for. Residents spoken with stated they were satisfied with the quality and choice of food provided to them. 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 inspector observed the service of the main lunch time meal and afternoon tea service. 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. The centre had an attractive dining room. There was sufficient space for residents to eat in comfort. Meals were observed to be unhurried social occasions. Some residents preferred to be assisted with their meals or to take their meals in the communal day rooms or their own rooms and this was facilitated. Staff commented on how the use of the dining room by day an service users helped some resident keep contact with neighbours and acquaintances from the community.

Residents 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. Appropriate equipment was available for staff to weigh residents, this equipment was calibrated and in good working order.

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. Clinical documentation reflected residents' needs and the actions required of staff to meet their needs. Assessments were noted to underpin care plans for food and nutrition. 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. 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 training records confirmed that staff receive training in safe food handling as appropriate to their role.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**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 was a new reminiscence room in place for residents. Residents were being assisted with activities on the day of inspection by a care assistant including bingo and art. The outcome of resident meetings and satisfaction were minuted and recorded. Residents had a choice of two living area's in which to spend their day, both of which were suitably furnished and decorated.

**Judgment:**

Compliant

## 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:***

Damien Woods  
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<sup>1</sup>

<b>Centre name:</b>	Ramelton Community Hospital
<b>Centre ID:</b>	OSV-0000615
<b>Date of inspection:</b>	14/08/2014
<b>Date of response:</b>	11/05/2015

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

While policies were available, they were in some instances still in draft form.

#### Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

<sup>1</sup> 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:**

All schedule 5 Policies have now been reviewed, updated and approved, the only exception being the Admissions Policy which has been approved as a working Draft.

**Proposed Timescale:** 31/10/2015

**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:**

Storage of equipment in the centre requires review.

**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:**

Storage is an ongoing problem here, however the mattresses are actually 2" mattresses which are placed on the floor beside some residents beds who may be at risk of falls and are a necessity.

We are continuously striving to ensure safe storage of equipment in our hospital.

**Proposed Timescale:** 11/05/2015