

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donegal Community Hospital
Centre ID:	OSV-0000617
Centre address:	Donegal Town, Donegal.
Telephone number:	074 974 0600
Email address:	susan.rose@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 April 2015 12:00	14 April 2015 19:30
15 April 2015 09:00	15 April 2015 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of an announced monitoring inspection which took place over two days on the 14/15 April 2014. This was the eighth inspection of this centre and took place over two days. The purpose of the inspection was to inform a registration renewal decision. The provider is currently registered to provide care to 29 residents. The centre generally provides care for short stay residents for example residents admitted for respite, convalescent and palliative care. At the time of this inspection there were five long stay residents residing in the centre.

The person in charge and members of the management team displayed a good knowledge of the standards and regulatory requirements and were found to be

committed to providing quality person-centred care to the residents.

The inspector found that residents received a good standard of healthcare and a system was in place to review the quality and safety of care. There was good communication between staff, residents and relatives. There was evidence of the involvement of the dietician, physiotherapist, speech and language therapist and other members of the multidisciplinary team on a regular basis in the residents care, with good access to General Practitioner Services. One relative and seven residents completed a pre-inspection questionnaire and the inspector spoke with three relatives, a general practitioner and residents during the inspection.

The collective feedback from residents and relatives and staff was one of satisfaction with the service and care provided. Residents and relatives comments are reflected throughout this report.

The inspector reviewed the actions taken by the provider following the inspection of 18 February 2014. Twelve actions were found to be complete and three were not completed – these related to the premises. The inspector found that the premises continued to pose a challenge in the provision of care. This related mainly to inaccessible toilets, lack of storage space for residents clothes and multi-occupancy rooms. However plans were in place to purchase and fit new wardrobes and the provider representative agreed that the provision of accessible toilets would be reviewed. Additionally, there is a review of the service currently provided by Donegal Community Nursing Hospital by a specialist team.

The sitting room also required review as it was not domestic like in style and did not provide a homely comfortable area for residents to meet and chat or watch the television. The social needs of residents had improved since the last inspection but still required review to ensure all residents are offered an opportunity to engage in meaningful activities.

Areas for improvement focused on the premises, completion of an annual review of the quality review of the quality and safety of care delivered to residents, and review of visiting arrangements. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose was submitted as part of the application to register. This statement of purpose accurately describes the services provided but required minor changes to reflect all of the information contained in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose was amended during the inspection and the revised version was reviewed by the inspector and found to be compliant. The person in charge stated she would forward the revised version to the Authority.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found there were sufficient resources to ensure effective delivery of care

in accordance with the statement of purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. Since the last inspection there had been a change to the provider nominee. The current provider nominee had deputised for the previous provider nominee when he was not available. Consequently, he had a good knowledge of the service and an understanding of the regulations and standards. He was supported in his role by the service manager for older persons who has worked with the service for many years. The person in charge has been the person in charge since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

This centre is one of a group of designated centres in Co Donegal. A generic auditing system is in place. This involves the collection of statistical information in relation to for example the environment, medication storage and custody, discharge planning, nursing assessment, and restraint monitoring. The information gathered was reviewed however, this auditing system requires review to ensure that they are centre specific and breaches are being detected. For example the medication audit does not review administration of medication, or the prescription charts. The nursing documentation audit does not pick up that reviews or consultation with the resident has not occurred. The audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. An overall report of the annual review of the quality and safety of care delivered to residents was available but this there was no evidence of consultation with residents and their families throughout this report. Additionally this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a residents' guide that had been made available to residents and was on display in the centre. The residents guide covered a summary of the services and facilities provided how they manage complaints and visiting the centre, both as a prospective resident and also for family of residents who live there. However, an easy to read or non verbal pictorial version was not available to ensure accessibility to residents who were cognitively challenged. Each long stay resident had a written contract in place. The inspector viewed a sample of contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and the fee payable by the resident. No additional fees were payable for social care, physiotherapy or occupational therapy.</p>
<p>Judgment: Compliant</p>

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge has not changed since the last inspection. The centre was managed by a suitable qualified and experienced person with authority and accountability for the provision of the service. The person in charge worked full time, and was supported by an experienced clinical nurse manager. The inspector spoke with the person in charge at length during the inspection. She showed a good knowledge of the legislation. She was responsive to feedback from the inspectors and was seen to be engaging with staff in a positive manner to ensure they all work together as a team to fully meet the needs of the residents and the regulations. She is a registered nurse and holds a full-time post. She was well known by residents and had good knowledge of residents assessed needs and could describe in an informed way where residents' had specific needs and how staff ensured that these needs were met. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. She had engaged in</p>
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continuous professional development in the previous 12 months and had completed courses in palliative care, hand hygiene, adult protection, fire safety and continence care.

Her mandatory training in adult protection, safe moving and handling and fire safety and her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:
Compliant

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):

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

Findings:

The inspector reviewed a range of documents, including residents' and staff records and the directory of residents. The inspector found that generally records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval however, some improvements were required as follows - Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included a vetting disclosure form and two written references, including a reference from a person's most recent employer (if any).

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

The directory of residents required review to ensure it contained all of the information as required under regulation 19 schedule 3. Omissions noted included the address telephone number of the next of kin was not recorded in all entries and the telephone number of the residents' general practitioner was not recorded in all instances.

Adequate insurance cover was in place. All information requested by the inspector was readily available

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Appropriate arrangements were in place for the management of the centre in the absence of the PIC. An experienced clinical nurse manager who had completed the diploma in gerontology and worked 30 hours per week deputised in the absence of the person in charge. She had engaged in continuous professional development and had completed the following courses in 2014, Cardio pulmonary resuscitation and care planning for nurses.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The person in charge had measures in place to protect residents from being harmed or suffering abuse. Restraints in use included bed rails, a lap belt and monitoring alarms. The inspector saw that a risk assessment for the use of restraint was completed prior to the enactment of the restraint measure to ensure it was safe to use. Less restrictive interventions had been trialled prior to the enactment of the restraint measure such as increased staff supervision.

There was a policy on the protection of vulnerable adults. It detailed the procedures in place for the prevention and detection of abuse and included the investigation process to be followed in the event of an allegation of abuse. The person in charge and staff interviewed had received training on adult protection and staff spoken with had a clear understanding of the action to take if an allegation of abuse was reported. All staff had undertaken training in adult protection.

The inspector reviewed the procedures in place for responding to behaviours that challenge. There was good access to psychiatry of later life who attended the centre regularly. A policy was in place which provided guidance to staff in management of behaviour that challenged.

The centre did not manage any finances on behalf of residents.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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 inspector found that the health and safety of residents, visitors and staff was promoted and protected. A risk management policy was in place but this was in draft format – an action with regard to this is contained under Outcome 5. An emergency plan was in place which identified what to do in the event that evacuation of the premises was required. Alternative accommodation for residents was identified and was available if a total evacuation was necessary. A health and safety statement was in place. Risk assessments were completed. These were up to date having been last reviewed in January 2015

Procedures for fire detection and prevention were in place. Service records showed that the emergency lighting and fire equipment were serviced on a yearly basis and the fire alarm system on a three-monthly basis. A fire safety inspection of escape routes, exit doors and the fire panel was completed daily. The inspector noted that fire exits were unobstructed. Fire drills were carried out, however no drills had been completed with the least amount of staff available to ensure that residents could be evacuated safely at any time. Additionally the records of fire drills did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or how long the fire drill took. Staff spoken with were clear on the procedure they would follow in the event of a fire and all

staff had attended fire safety training.

All staff had attended the mandatory training in moving and handling. Appropriate manual handling practices were observed by the inspector.

Policies were available on infection control and details on the local Public Health office personnel. Staff had attended training on hand hygiene. Further infection control training was planned.

Judgment:

Non Compliant - Moderate

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 inspector observed the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The inspector noted that there were some liquid medication open in the trolley that did not have a date of opening recorded. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre – this is discussed further under Outcome 2. There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (as required medication) was not recorded on all charts reviewed.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.</p>
<p>Judgment: Compliant</p>

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:
Effective care and support

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

Findings:
On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Assessments were used to inform the care plans. Where an event occurred for example loss of weight, a reassessment was carried out, and where it was completed the care plan was updated to ensure that any additional control measures that may be required to mitigate the risk were documented. When a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan.

There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day, this gave an overall clinical picture of the resident.

Improvements were noted in wound care documentation since the last inspection. There was a resident with a wound at the time of inspection. This was being well managed with good recording which showed that the wound was progressing. Where residents were deemed to be at risk of developing wounds preventative measures were identified

including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had access to appropriate medical and allied health care professionals including good access to mental health services, physiotherapy and occupational therapy. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. Residents and staff informed the inspectors they were satisfied with the current health care arrangements and service provision.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. All residents could attend the day hospital for activity provision if they wished. Most residents have daily visitors. The activities coordinator completes an activity programme mainly focusing on individual therapy such as hand massage, chatting, and reminiscence therapy. Staff were noted to chat and spent time with residents as they went about their work.

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:

Effective care and support

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

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

Findings:

This centre has multi occupancy rooms. Currently there is a review ongoing of all long stay residential older persons residential care services in Co. Donegal. The provider stated that it is envisaged that post the completion of the recommendations of this review that the centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Long stay residents are primarily accommodated in single rooms. There have been 96

admissions to this centre to date this year. Primarily this centre caters for short stay convalescence and palliative care. Some toilets were small and this presented access problems for dependent residents. The provider stated that they would review toilet provision to see if these could be made more accessible. Some structural work had been completed to try and ensure greater accessibility to toilet facilities. Insufficient storage space was noted by inspectors for long stay residents at the time of the last inspection. The Person in Charge informed the inspector that funding had been agreed to provide a wardrobe and a locker for each resident.

Some relatives stated that the specialist chairs that were available to their relative in the acute general hospital were of a higher spec than the chairs available in the designated centre. This was brought to the attention of the management team at feedback. The inspector noted that the floor covering in some of the bedrooms posed a tripping hazard and an infection control hazard to residents as it was worn and damaged.

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:

A complaint's policy was in place which met the requirements of the Regulations. The complaint's procedure was on display in the centre. Residents, relatives and staff who spoke with the inspector and from analysis of the completed questionnaires knew the procedure if they wished to make a complaint. Complaints and feedback from residents were viewed positively by the person in charge and used to inform service improvements. A complaints' log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

The complaints procedure was displayed at the entrance area and clearly described the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.

Judgment:

Compliant

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):

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

Findings:

The inspector reviewed a sample of residents' records and end-of-life preferences had been documented for all residents. Pain assessment and monitoring documentation was in place to ensure analgesia was administered as required and monitored for its effectiveness. There were very good links with the local palliative care team and were complimentary of the service provided to their residents. The consultant in palliative care in conjunction with the local GP's managed palliative care services. Overnight facilities and refreshments were available to residents' family members and friends during end-of-life care. An end of life care policy was available.

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):

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

Findings:

The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. The centre has allocated one care staff to complete oversight of the nutritional needs of residents. This staff member ensures that all residents have regular fluid intake and on a daily basis discusses the menu choices with each resident and ensures each resident obtains the food of their choice. Residents were complimentary of the food and confirmed that they could get a snack whenever they liked. Comments made included 'the food is great, they feed us well, we get what we want. Relatives spoken with by the inspector confirmed that they were regularly offered

refreshments by the staff.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files and reflected in the care plans. Staff had attended training on nutritional care. There were no complaints recorded regarding nutritional care in the complaints log.

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):
No actions were required from the previous inspection.

Findings:

The centre has a policy on communication and there was evidence of a good communication amongst residents, their families and the staff team. Adequate arrangements were in place for consultation with residents on the running of the service. There is a consumer group meeting every two months. This consists of relatives who represent the voice of the residents. Minutes are available of these meetings, the last meeting was the 16 February 2015 and the next meeting is scheduled for April 2015. Informal feedback was sought from residents individually.

Currently visiting is restricted. This was brought to the attention of the authority from analysis of the residents questionnaires. This was discussed at the feedback meeting and while the notices with regard to visiting are in place the procedure is not strictly enacted. The management team agreed that they would review the requirement for restricting visiting notices and stated they were happy to enact open visiting.

Residents confirmed that their religious and civil rights were supported. Mass was celebrated every Tuesday and lay ministers attended the centre each Sunday.

The priest and religious ministers could be contacted at any time. Residents were facilitated to exercise their political rights and could vote. Residents had access to the television and/or radio and to daily national newspapers and local newspapers.

Some residents had their own mobile phone and a cordless phone was also available so that residents and could receive or make telephone calls in private. Many staff lived locally and could relay the local news to the residents.

Some bedrooms were multi occupancy. Relatives could meet relatives/visitors in private in the sitting room attached to the palliative care suite.

Judgment:

Substantially Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There is a policy on the management and safeguarding of residents personal possession. Laundry is completed on site for the five long stay residents. Families take responsibility for laundry for short stay residents. Some rooms were personalised with personal photographs and other personal belongings.

Residents expressed satisfaction with the service provided and the safe return of their clothes to them. The person in charge confirmed as they did very little laundry, there were no issues with clothing going missing.

There were systems in place to safeguard residents' property. No resident's finances were managed by the centre.

Insufficient storage space was noted by the inspector for long stay residents admis actioned under outcome 12.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. Staff were recruited according to the HSE staffing recruitment policy. Omissions with regard to staff recruitment files are detailed under Outcome 5. The centre had recently been allocated an additional nurse and a carer. In the morning there are generally five nurses (this included the two clinical nurse managers) and three care staff in addition to the person in charge. In the evenings there is generally there are four nurses and three carers. There are two qualified nurses and one care assistant on duty up to 23:00hrs and two nurses from 23:00hrs to 08:00. Those residents who could use the call-bell system stated that staff responded quickly to their call-bells at night. There was sufficient catering and household staff available at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, adult protection and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control including hand hygiene, smoking cessation, and nutritional care. One staff member had completed a diploma in palliative care.

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:

Mary McCann
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 report¹

Centre name:	Donegal Community Hospital
Centre ID:	OSV-0000617
Date of inspection:	14/04/2015
Date of response:	25/05/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The auditing system requires review to ensure that they are centre specific and breaches are being detected.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

Please state the actions you have taken or are planning to take:

Auditing system has been discussed with the Service Manager Gwen Mooney and we are looking at introducing more in-depth auditing tool that will particularly address the issues mentioned. This is a work in progress at the moment.

Proposed Timescale: 31/07/2015

Theme:

Governance, Leadership and Management

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

An overall report of the annual review of the quality and safety of care delivered to residents was available. This report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

An overall report of the quality and safety of care delivered to residents will be developed and submitted to the authority that is in accordance with the relevant standards set by the Authority.

Proposed Timescale: 30/05/2015

Theme:

Governance, Leadership and Management

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

An overall report of the annual review of the quality and safety of care delivered to residents was available but this there was no evidence of consultation with residents and their families throughout this report.

Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:

Residents and families will be consulted prior to the completion of the above plan

Proposed Timescale: 30/06/2015

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:

The directory of residents required review to ensure it contained all of the information as required under regulation 19 schedule 3. Omissions noted included the address telephone number of the next of kin was not recorded in all entries and the telephone number of the residents' general practitioner was not recorded in all instances.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:

The directory of residents has been updated to correct the omissions noted including the next of kin details and G.P. 's telephone numbers.

Proposed Timescale: 25/05/2015

Theme:

Governance, Leadership and Management

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

Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included a vetting disclosure form and two written references, including a reference from a person's most recent employer (if any).

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Service Manager has been informed of the difficulty in obtaining one member of staff's details and she is requesting this from her counterpart in the Sligo/Leitrim area. Locally all files are being checked for completeness.

Proposed Timescale: 30/06/2015

Outcome 08: 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:

Fire drills were carried out, however no drills had been completed with the least amount of staff available to ensure that residents could be evacuated safely at any time. Additionally the records of fire drills did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or how long the fire drill took.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

More detailed records will be kept and Fire Drills will be carried out when the least number of staff are on duty.

Proposed Timescale: 31/07/2015

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:

Maximum does of PRN (as required medication) was not recorded on all charts reviewed.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

All drug kardex's have been reviewed and the G.P.'s have again been instructed to properly prescribe PRN Medications. This will be kept under ongoing review.

Proposed Timescale: 25/05/2015

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:

Some toilets were small and this presented access problems for dependent residents.

Some residents are accommodated in multi occupancy rooms.

Insufficient storage space was noted by inspectors for long stay residents at the time of the last inspection. The Person in Charge informed the inspector that funding had been agreed to provide a wardrobe and a locker for each resident.

The floor covering in some of the bedrooms posed a tripping hazard and an infection control hazard to residents as it was worn and damaged.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Two new independent wheelchair accessible toilets have been planned and work is due to start at the end of May 2015- Completion Due 30th June 2015.

Two residents are accommodated in multi occupancy rooms and this is at the residents' own request.

Costings are being sought regarding provision of extra storage space, and to replace worn floor covering. On receipt, funding approval will be sought.

Proposed Timescale: 30/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Currently visiting is restricted. This was brought to the attention of the authority from analysis of the residents questionnaires. This was discussed at the feedback meeting and while the notices with regard to visiting are in place the procedure is not strictly enacted. The management team agreed that they would review the requirement for restricting visiting notices and stated they were happy to enact open visiting.

Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the

opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

Please state the actions you have taken or are planning to take:

Visiting in this centre has been reviewed and visiting hours are now from 1pm until 8pm daily.

Proposed Timescale: 25/05/2015