

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Killybegs Community Hospital
Centre ID:	OSV-0000620
Centre address:	Donegal Road, Killybegs, Donegal.
Telephone number:	074 973 2044
Email address:	gwen.mooney@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	9

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 July 2017 17:00 To: 13 July 2017 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant

Summary of findings from this inspection

Killybegs Community Hospital (KCH) opened in 2001. It is located in close proximity to the local amenities of Killybegs Town. The Hospital provides a range of services to include long stay, respite, convalescent, rehabilitation and palliative care. A Day Hospital, X-ray facilities, phlebotomy clinic, physiotherapy and occupational therapy services are also available onsite. The designated centre which provides residential facilities to persons over 18 years of age is located on the first floor. It has in the region of 300 admissions per year, approximately 50% of which are for respite care. The majority of residents were accommodated in the centre on a short-term basis for convalescent, respite or rehabilitative care. Thirty two residents were living in the centre on the day of inspection. Ten long stay residents were accommodated.

This provider has applied to vary condition 7 of the registration of this centre as a result of the physical reconfiguration of the centre thereby decreasing the total occupancy from 41 to 38. The current registration as documented under condition 7 states the maximum number of persons that may be accommodated at the designated centre is 41. The physical internal reconfiguration included installation of en-suite facilities in a multi occupancy room, decreasing the occupancy from four residents to three and two twin rooms have been changed to single bedrooms.

The provider has also applied to remove Condition 8 of the current registration as the reconfiguration subject to this condition was completed in May 2017. Condition 8 states, 'The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 5 June 2015. The reconfiguration must be complete by January 2017'. This condition was attached to ensure that all existing and future residents are afforded appropriate dignity and privacy through the provision of adequate personal space and ensure that the premises meets the needs of these residents.

The inspector conducted an unannounced inspection of this centre to assess the current physical environment and assess the outcome this has for residents with regard to privacy, dignity and quality of life. All aspects of the premises were inspected and the statement of purpose was reviewed.

The inspector found that the layout of the rooms and the current provision of a high level of en-suite facilities coupled with two communal en-suites, privacy curtains around all beds in communal rooms and overhead hoists over each bed was adequate to ensure the privacy, dignity and needs of the current residents. The centre was clean, bright, pleasantly warm and well ventilated. There was good access to natural light in all of the bedrooms and communal rooms. The inspector spoke with two relatives and five residents who all expressed satisfaction with the service provided and the staff.

Floor coverings and design throughout were a neutral colour. Bold patterns were avoided. Signage was available to give cues to residents to direct them towards their bedrooms, dining and sitting rooms. Toilets and bathrooms had non verbal signage. There was safe non slip floor covering on the floor of the bedroom and en-suites. All residents had access to a call bell above their bed and an over bed light. Each bed had screening in place which extended completely around the bed spaces. There was space for a chair and their locker inside the screening so residents could partake in personal activities in private. An individual wardrobe and locker was available to each resident. There was adequate space for crash/sensor mats at the side of each bed or for a mobility aid or specialist chair. The beds were accessible and with the provision of overhead hoists, this ensured that staff had easy accessibility to assist residents in a timely fashion and not having to move furniture. Bedroom areas were personalised with personal items on top of the lockers.

Residents' individual wardrobes were positioned beside their bed thereby enhancing accessibility for residents to access their clothes and choose their clothing. In the multi occupancy room's residents could access the en-suite without encroaching on the private space of any other resident. Locks were provided on en-suite doors. Residents in the four bedded room who did not have access to an en-suite, had access to a wet room style shower and toilet diagonally opposite their bedroom.

There was a functioning call bell system in place. This had been upgraded and was linked to the bed and chair sensor mats.

The current physical configuration is

Six single bedrooms, four of which have full en-suite facilities and two have wash hand basins. One palliative care suite, to include single bedroom, full en-suite facilities, sitting room with sofa-bed cum kitchenette. Seven four bedded room, six of which have full en-suite facilities. One triple room which has full en-suite facilities

The refurbishment consisted of upgrading all bathroom/showers to include dementia friendly aspects for example colour grab-rails

A satellite nurses' station was installed to ensure great supervision arrangements,

there are now two nurses' station. The original nurses station area has been increased with a large window and door installed to give greater light on entry to the unit and enhance supervision from the nurses' station.

Overhead hoists have been installed in all bedroom areas for each bed. Greater storage space has been developed by changing the admissions room into a storage room.

An additional set of fire doors has been added to the corridors to minimise the number of residents requiring horizontal evacuation should this be deemed necessary, thereby enhancing fire safety arrangements. New magnet self closing devices have been fitted to all doors in the unit. This enhances fire safety and freedom of movement for residents.

A lobby area has been created at the top of the stairs to improve security and enhance the dignity of residents so that they can freely meander on the corridors.

A feedback meeting was held with the two clinical nurse managers at the end of the inspection. The inspector informed them that a revised statement of purpose required to be submitted. An action with regard to this is set out in the action plan at the end of this report in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

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 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:

The Statement of Purpose (SOP) states that there are ten long stay residents however only 6 beds single rooms are available. While the current Statement of Purpose (Dated May 17) states 'room/bed allocation is based on a needs assessment and will be discussed with resident/ families prior to admission to Long Term Care' this requires review to ensure that the room occupancy option available with regard to long stay placement is clearly discussed with each resident prior to admission for long stay and the resident will have knowledge of whether a single room or a room in a multi occupancy room is available and can exercise informed choice as regard to occupancy. Additionally the current SOP fails to reflect the current description of the rooms. For example it fails to reflect the change to a triple room or reflect the seating alcove off the corridor.

Judgment:

Substantially 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:	Killybegs Community Hospital
Centre ID:	OSV-0000620
Date of inspection:	13 July 2017
Date of response:	10 August 2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The Statement of Purpose (SOP) states that there are ten long stay residents however only 6 beds single rooms are available. While the current Statement of Purpose (Dated May 17) states 'room/bed allocation is based on a needs assessment and will be discussed with resident/ families prior to admission to Long Term Care' this requires review to ensure that the room occupancy option available with regard to long stay placement is clearly discussed with each resident prior to admission for long stay and

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

the resident will have knowledge of whether a single room or a room in a multi occupancy room is available and can exercise informed choice as regard to occupancy.

Additionally the current SOP fails to reflect the current description of the rooms. For example it fails to reflect the change to a triple room or reflect the seating alcove off the corridor.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been amended to reflect the changes made to the hospital layout.

Proposed Timescale: 25/07/2017