Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lifford Community Hospital
Centre ID:	OSV-0000621
Centre address:	Lifford, Donegal.
Telephone number:	074 914 1033
Email address:	marya.clarke1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	5

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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
01 February 2017 09:00	01 February 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. During the inspection the inspector met with residents, staff and visitors. The delivery of care, service of meals and responses to residents' requests were observed. A range of documentation that included care plans, staff duty records, health and safety records, audits and fire safety records were reviewed. An inspection of the premises was also undertaken.

The centre can accommodate up to twenty residents. There were sixteen residents accommodated during the inspection. Three residents lived in the centre long term and the remaining residents had been admitted for rehabilitation, convalescence care or while assessments for future care were undertaken. Ten residents were assessed as having high to maximum care needs and the remaining six residents had medium level care needs.

Emphasis was placed on health promotion and on ensuring that residents were well informed in relation to their progress, treatment and future plans.The healthcare needs of residents were met through safe care practice, good general practitioner (GP) access and support from a range of allied health professionals. Some improvement was required to the care plan documentation particularly the regular reviews of residents the majority of which did not indicate what aspects of care had been reviewed or a summary of residents' health and general well being. There were measures in place to protect residents from abuse and staff were well informed and could describe clearly how they would identify and report concerns they may have about the care or well being of residents. There were risk management policies and procedures in place and the inspector found that a range of risk factors had been identified with control measures to limit the risk. However there were some significant risks that had been on the risk register some time and had not been remedied. These included radiators in some areas including hallways that were excessively hot to touch and the uneven external surface in the grounds and car park. The surface of the disabled car parking spaces near the front door was particularly uneven.

The inspector found that residents were satisfied with the services provided and the care delivered by staff. The inspector was told that staff had been helpful when explaining procedures, the routines and menu choices. Residents who were waiting to go home or to other nursing homes said that they had been informed about the processes in place to facilitate these moves which included the organisation of home care and assessments by other nursing homes' staff. There were rehabilitation programmes in place for some residents and the inspector saw that care staff were aware of the mobility needs of residents and how much activity they were schedule to undertake to improve their capacity. Residents said they enjoyed meals and the variety of food. Catering staff were praised for offering alternatives and for making meals that residents requested.

There were systems in place to audit and review the quality of care provided and changes were made to improve the quality of life of residents. The areas that had been reviewed included medication management, falls prevention, care plans and the environment. The inspector found that the report summary produced and displayed for residents and staff did not convey meaningful information on performance in relation to these areas. The report describes the areas reviewed and the level of compliance as a percentage however there is no commentary on how these areas impact on the quality of life and safety of care for residents. Examples that illustrate this include a full compliance with falls risk assessments but there is no commentary to indicate that falls have been prevented or that the incidence of falls has reduced and where a level of non compliance was identified for example in risk assessments there was no details provided on where the non compliances were located. The small font size of the report also made it inaccessible to many residents.

The Action Plan outlined following the last inspection outlined a range of non compliances related to governance and management, documentation, health and safety and risk management, health care and the premises. The inspector found that the majority of actions had been addressed. The areas not complete and non

compliances identified during this inspection are outlined in the action plan at the end of this report. Previous inspection reports have described shortfalls in the premises such as the communal layout of bedroom areas that inhibit how standards of privacy and dignity can be provided. Other areas in addition to those outlined above that were noted to require attention included that the statement of purpose required revision to include the current details of persons employed in management in the Health Service Executive who have a role in the management of the centre. Care plans were reviewed at the required intervals but the reviews did not provide information on what aspects of care had been considered or any information on the residents' view of life in the centre or any changes that had taken place since the last review . While staffing allocations were noted to be adequate to meet the care needs of residents there was a considerable variation in the number of staff on duty from day to day. There was a significant vacancy factor with seven posts unfilled. This coupled with planned absences for holidays and unexpected absences through illness has meant that staff are constantly covering shortfalls in the rota at short notice and these variations do not support the delivery of consistent well planned care.

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

Findings:
The statement of purpose required revision to include details of the persons currently employed in management in the Health Service Executive who have a role in the management of the centre and details of the day care service provided..

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

Findings:
There is an established governance arrangement and organisational structure in place and this is outlined in the Statement of Purpose. The lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and how to

report through the senior management structure. The provider representative had an established communication system with persons in charge and the inspector was told that there was good communication between the provider and person in charge.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. For example, since the last inspection a clinical nurse manager had been appointed to strengthen the management arrangements and to ensure adequate supervision of staff which was identified as in need of improvement.

There were systems in place to audit and review the quality of care provided and changes were made to improve the quality of life of residents. The areas that had been reviewed included medication management, falls prevention, care plans and the environment. The inspector found that the report summary produced and displayed for residents and staff did not convey meaningful information on performance in relation to these areas. The report describes the areas reviewed and the level of compliance as a percentage however there is no commentary on how these areas impact on the quality of life and safety of care for residents. Examples that illustrate this include a full compliance with falls risk assessments but there is no commentary to indicate that falls have been prevented or that the incidence of falls has reduced and where a level of non compliance was identified for example in risk assessments there were no details of where the non compliances were located. The small font size of the report also made it inaccessible to many residents. The format did not help the person in charge or the provider representative identify areas that may be non compliant with legislation to guide future planning for the service. Audit activity was not used to complete the annual review described in regulation 23-Governance and Management.

There was an ongoing programme of refurbishment to ensure the upkeep of the fabric of the building. There were however several areas that required attention in relation to health and safety and the inspector judged that a more consistent review of some areas was required to ensure safety standards were appropriate. This is discussed in Outcome 8-Health and Safety and Risk Management. Care practice was found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

Judgment:
Non Compliant - Moderate

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

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

No actions were required from the previous inspection.

Findings:
The person in charge/acting director of nursing is a registered general nurse and midwife. She is supported in her role by a clinical nurse manager who deputises in her absence. She was well informed about the current needs of residents and their programmes of care. Residents, relatives and staff knew the person in charge and said that as she worked some shifts on the floor they had plenty of opportunity to talk to her if needed.

The care and support staff report to the clinical nurse manager and the person in charge. Staff knew the organisational structure, the system to report or raise concerns and how the staff allocation system operated.

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 records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained and were readily accessible.

An action plan in the last report identified that the directory of residents did not contain all the required information. An examination of the directory found that it was now up to date and fully complete.

There were actions outlined in relation to the maintenance of schedule 2 records, these were not reviewed during this inspection. The inspector was told that the HSE is making arrangements for all staff that do not have up to date Garda vetting to complete this process. The person in charge said that no staff had been employed since April 2016 when the new vetting legislation was introduced.

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

Findings:
The inspector found that measures were in place to protect residents from being harmed or suffering from any form of abuse. A detailed policy relating to the prevention, detection and response to elder abuse was in place. The policy provided sufficient detail to guide staff on the steps to follow in the event of an allegation of abuse. The inspector found that staff on duty were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff were scheduled to attend this training regularly and the training matrix showed that training was provided regularly and that information on safeguarding was regularly circulated.

Relatives told the inspector that they found staff very supportive to residents and said that they reported to them promptly when their needs changed or when they were concerned about their well being. Any protection issues identified were investigated, reported and addressed in an appropriate manner according to the procedures in place. There was a visitors' record located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors to the centre on arrival. The residential area was secure and access was controlled by a keypad/fob system. Residents confirmed that they felt safe in the centre and contributed this to the availability of staff and to the security measures in place.

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 health and safety of residents, visitors and staff was generally promoted well in this centre. Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change following falls as neurological observations were completed to alert staff to changes that would indicate deterioration.

The inspector reviewed the health and safety procedures, the organisation of the service and how staff undertook practice in relation to infection control and moving and handling situations to determine how health and safety was addressed in practice. The inspector noted good practice in relation to infection control. Staff were observed to handle laundry safely, to use hand gels regularly and to wash their hands as they moved around the centre. All staff had attended training in infection control or hand hygiene. A requirement in the last report to renew the paintwork so that surfaces were impervious and easy to clean for good infection control management had been completed. There were moving and handling assessments available for all residents. Staff had regular training in manual handling and in the use of the hoists. The training record confirmed that with the exception of three staff all had completed training within the required three year time frame. Training was scheduled for later in February to ensure compliance was achieved.

The risk register was noted to provide a good overview of risk management in the centre. A range of situations were outlined with the control measures to reduce or eliminate the risk identified. The person in charge had risk assessed environmental and resident risks including the use of bed rails, the uneven surface in the car park, responsive behaviours, bullying, the risk of abuse and radiators not having thermostatic controls. Despite the thorough risk assessments, some areas that were high risk such as the surfaces in the car park and the radiators had not received attention and continued to present significant hazards. For example the area designated for disabled car parking spaces near the front door was particularly uneven and some of the radiators not having thermostatic controls were located in areas such as hallways that would not be regularly supervised which contributed to the risk. Risk associated with self harm had not been included in the risk assessment documents as required by regulation 26-Risk Management.

The fire safety arrangements were reviewed. The inspector found that staff were well informed of the actions to take if the fire alarm was activated. Training from an external fire safety trainer takes place twice a year and is supplemented by fire drills at intervals throughout the year. The fire training records viewed conveyed that all staff except staff off through illness or maternity leave had received training in fire safety. Fire drills had been undertaken with the least number of staff on duty and included a rehearsal of an evacuation to the exterior and the use of ski sheets for evacuation. There were fire

safety action signs on display with route maps to indicate the nearest fire exit. Floor plans had been updated in response to an action plan in the last report and now reflected the revised fire safety compartments and the fire doors in place.

Fire records showed that there was a record of all fire fighting equipment and that this was regularly serviced. The fire alarm had been serviced quarterly as required and emergency lights and extinguishers were serviced on a contract basis. The inspector found that all fire exits were clear and unobstructed during the inspection. An action plan in the last report required that records of fire training clearly identified the staff that had attended so that it could be confirmed that staff were up to date with training. This had been addressed and the record conveyed that staff except staff on illness or absent for other reasons had attended training. There were procedures to undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes.

Accidents and incidents were recorded and were reviewed to prevent further episodes. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Evidence that the falls prevention strategy was adhered to and that a review of falls was undertaken to prevent further incidents was available. The provision of additional equipment and extra supervision were some of the factors that were considered. Equipment such as specialist beds, walking frames, wheelchairs and mattresses of varied grades were provided in accordance with residents' specific needs.

There were a sufficient number of cleaning staff available each day to ensure adequate cleaning of bedroom and communal areas. A sluice and cleaning room is provided. Staff were observed to keep cleaning trolleys and cleaning substances within view when working and there was a range of cleaning products for different cleaning tasks available.

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 medicines' management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration

of medicines to residents. The clinical nurse manager who explained the arrangements to the inspector was familiar with residents' medication regimes and any specialist requirements in relation to administration. Medicines were observed to be administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. The medicine administration sheets viewed were fully complete and medicines were administered within the prescribed timeframes. There was an explanation that described when an item was refused or omitted for any reason.

The medication administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. There was a doctor's signature present for all medication prescribed.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.

The storage arrangements were noted to be secure. Alerts in relation to medical devices were on display to advise staff where risk had been identified for example the use of foam swaps that had presented a choking hazard.

Judgment:
Compliant

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:
There were 15 residents in the centre during the inspection. Three residents were in receipt of long term care and the remaining residents had been admitted for rehabilitation, convalescence or for assessment to determine their future care needs. The majority of residents had maximum or high level care needs. Many residents were noted to have a range of healthcare issues and some had problems related to confusion or dementia. There were no residents having periods of respite care as the service was

focused on providing short term care to relieve the pressure on the local acute hospital.

All residents had a care plan that was maintained on a computer programme. The inspector found that residents had an assessment following admission and residents confirmed that staff had talked to them about their care needs and plans for the future. Comprehensive nursing assessments were completed and a range of evidenced based assessment tools were used to determine care needs and risk in relation to areas that included falls, vulnerability to the development of pressure sores and malnutrition.

The inspector found that assessments were used to develop care plans and these were found to describe care needs and the interventions required from staff to ensure appropriate care was delivered. Care plans were reviewed at the required four monthly intervals but the inspector found that there were improvements needed to the way reviews were conducted and recorded. There was no overall view or summary that indicated the care plan was beneficial to the resident or that the care in place was having the desired impact. Some reviews were indicated only by a date and signature. Evidence of consultation with residents was not described in the majority of reviews examined. There was information that indicated that residents and relatives were consulted at other times and relatives' feedback indicated that they had been informed regularly about their relatives care and were included in discussions about their future care needs.

There were two actions in the last report that outlined improvements in the area of health and social care. One action described that there was inadequate arrangements in place to provide social care and the other outlined that all documentation related to wound care problems needed to be dated and to indicate any changes between one wound care dressing and the next. These areas had been addressed. Staff were allocated to ensure social care activity took place daily however the staff deployment model and variation in staff numbers from day to day made it difficult to ensure activity took place consistently during the morning and afternoon. The inspector saw that residents had access to newspapers, books and magazines. The inspector acknowledges that many of the present resident group were engaged in rehabilitation activity and had programmes of exercise to follow and were not available to engage regularly in the activity schedule.

The centre had substantial support from local doctors who visited twice a day to assess residents' needs and to review medication. The support of allied health professionals was also available readily as physiotherapists and speech therapists provided assessment and treatment sessions on site.

Judgment:
Substantially 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:
The centre is located in an ancient two storey building that dates from the 1770s. It had been modified and upgraded over the years to improve the environment for care practice. There are however substantial problems with the overall design and layout that compromise how care can be delivered effectively and how standards of privacy and dignity can be promoted and protected.

It is organised over two floors. The designated centre is located on the ground floor and the accommodation on first floor which is accessed by a stair way only is devoted to office space and staff facilities. Residents are accommodated in two wards, Mourne and Foyle. Residents' accommodation consists mainly of communal bedrooms however the three residents who live in the centre long term are accommodated in a double and two single rooms. There is a catering kitchen, hairdressing facilities, a combined dining/sitting area, a separate dining and sitting room and a visitors' / family room. There is a combined assisted bath and shower room. There are several other community health services located in the building and these include a day hospital and varied clinics.

The centre was found to be clean and well maintained. There is an ongoing programme of refurbishment and work was underway to renew pipe work related to the water system. Staff have continued to make efforts to ensure the centre is comfortable and to ensure standards of privacy and dignity are maintained. Screening curtains were in place in all shared rooms and were observed to be fully drawn when care was in progress. There was a palliative care room that was adequate in size to accommodate relatives and was home like in layout.

While the physical design and layout of the premises does not meet the needs of dependent persons and compromise the ability of staff to provide care in a person centred way that promoted and protected the privacy and dignity of residents. Staff had addressed some of the matters that were identified for attention in the last inspection report. The female and male bedroom areas are now separated more effectively to enhance privacy and additional wash hand basins had been provided in communal bedrooms.

The areas that continue to require attention include:

• There are no hallways between bedroom areas and consequently staff and residents have to walk through one bedroom area to get to another which impacts on the privacy

of residents and created ongoing disruption

• The allocation of communal space provided for residents accommodated on either a short or long term basis was inadequate and was confined to one sitting/ dining area. This room had only four arm chairs.

• There were inadequate bathroom and shower facilities for residents with one bathroom and one shower available for the use of 20 residents the centre was registered to accommodate

• The female bedroom area did not have a television

The inspector made a similar judgement to that made at the last inspection. The use of all communal areas should be reviewed and arrangements made to ensure that all residents accommodated had access to communal space away from the bedroom areas. The centre had outdoor apace that had been cultivated and was secure however the paths were uneven in some places and this prohibited the use of the garden where residents had mobility problems.

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

Findings:
There was a complaints process in place and a complaints record that contained the relevant information about complaints was maintained. The person in charge said that she addressed concerns immediately and the record confirmed this. There were no complaints being addressed.

Residents and relatives that the inspector talked to said they knew who they would talk to if they had a concern and were aware of the Health Service Executive complaints procedure and were aware that there was an appeals process if they were not satisfied.

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 inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences met good practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents' food preferences were identified by care and nursing staff and catering staff were informed about specialist needs and menu preferences.

Catering staff told the inspector that menu choices were varied over a three week cycle. Residents could choose alternative options if they did not like what was on offer. They were knowledgeable about specialist diets and the dishes that were most popular with residents. Residents said they were very happy with the food served and said that staff ensured they had drinks and snacks throughout the day. The inspector observed that water and juice was available and that residents were prompted to have drinks regularly by care staff.

Risk assessments were completed to determine nutrition risk and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis. Patterns of eating were outlined to guide staff and there were measures in place to ensure that foods were fortified or that supplements were added to the diet where weight loss required attention. The person in charge and her deputy monitored fluid and food records daily and prompted staff to ensure that residents' intake was adequate and to report if problems arose to protect the well being of residents.

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

Findings:
There were two action plans in the last report. These related to inadequate storage space for personal possessions and deficits in good practice standards for the management of laundry. Both these actions were addressed. Long term care residents were now in single rooms and had better storage space for their personal clothing and belongings. There was storage by other residents beds for a small number of possessions which was adequate when the care period was short term.

The centre had ceased to provide a laundry service and all laundry was now sent to an external laundry service. This arrangement worked well according to staff.

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

Findings:
There were two action plans outlined in the last report in relation to suitable staffing. One action was complete and the other was in the final phase of completion. The inspector saw that ancillary staff were appropriately supervised and that more regular staff meetings had been introduced.

Staff were well informed about residents' care needs and conveyed positive and well informed attitudes about the car of older people. They said that they followed care plan

instructions and at the present time were involved in helping the majority of residents to return home or to prepare for long term care in other centres.

The inspector reviewed staffing levels with the person in charge and the staff team. There was adequate staff on duty during the inspection. There were four nurses, five care staff and two student nurses on duty to meet the needs of the fifteen residents accommodated. One staff who had a multitask role was allocated to cleaning and household duties. There were two catering staff and two staff engaged in administration also on duty. There was a separate allocation of staff for the day hospital clients. Residents and relatives said that they found that there was adequate staff on duty. Residents said that they felt well cared for and said that staff responded to requests for assistance quickly when required.

The inspector reviewed the allocation and deployment of staff. There were several days when staff allocations reflected the numbers described above but the number of staff could vary significantly from day to day. This was due to unexpected staff absences, planned absences due to holidays and the non replacement of vacant posts. At the time of the inspection there were 5 posts vacant due to maternity leave and non replacement of staff who had left for other posts or who had retired. On the week of the inspection, the number of nurses on duty varied from four on two days to two for three days and on weekend days there was one nurse deployed. The inspector concluded that in view of the regular admission and discharge activity, the varied needs of residents admitted from the acute hospital and the implementation of active rehabilitation plans, that the deployment model may require review.

There was an ongoing programme of training and the inspector saw that staff had received training on elder abuse, continence management, the falls prevention programme and hand hygiene. The provision of mandatory training for all staff in moving and handling within the required three year time frame was identified for attention at the last inspection and this was almost complete. There were three staff scheduled to attend training later in February and when this was achieved all staff would be up to date. The training record had been revised to make it clearer to anyone reading the record when staff had attended training so that statutory training requirements could be identified and achieved.

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:

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Lifford Community Hospital
Centre ID:	OSV-0000621
Date of inspection:	01/02/2017
Date of response:	13/03/2017

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 did not describe the staff currently employed in the Health Service Executive who has a role in the management of the centre.

It also lacked information on the day care service that is provided.

1. Action Required:

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

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:
Statement of Purpose updated 22/02/17
Day Care Services updated 22/02/17

Proposed Timescale: 13/03/2017

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 audit system findings were not presented in a format that could be easily understood. The audit process did not facilitate the provider or person in charge to assess how the service complied with legislative requirements that govern designated centres.

2. 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 monitored.

Please state the actions you have taken or are planning to take:
National group working on a review of the metrics against the national Residential Care Standards. When signed off the national standards will be implemented in Lifford Community Hospital

Proposed Timescale: 2017/18

Proposed Timescale: 31/12/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review as outlined in regulation 23 (d) had not been compiled.

3. 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:
Annual review has been completed by the registered provider. The report from this review is near completion.

Proposed Timescale: 01/05/2017

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:
The risks associated with self harm had not been included in the risk management procedures or assessments.

4. Action Required:
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
Risks have been reviewed and now include self harm. Completed 06.02.17

Proposed Timescale: 06/02/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some areas that were high risk and identified in the risk register as high priority such as the surfaces in the car park and the radiators not having thermostatic controls had not received attention and continued to present significant hazards. The area designated for disabled car parking spaces near the front door was particularly uneven. and some of the hot radiators were located in areas such as hallways that would not be regularly supervised.

5. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Reviewed and escalated to Chief Officer of CHO Area 1. Seeking funds for resurfacing,

new drainage, lighting and kerbing to the carpark.

Seeking funding for installation of thermostats to radiators or radiator covers

Proposed Timescale: March 2018 for both of above

Proposed Timescale: 31/03/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were needed to the way care plan reviews were conducted and recorded. There was no overall view or summary that indicated the care plan was beneficial to the resident or that the care in place was having the desired impact. Some reviews were indicated only by a date and signature. Evidence of consultation with residents was not described in the majority of reviews examined.

6. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
All residents care plans are formally reviewed by the GP, Pharmacist and nursing staff and resident or their representative on a three monthly basis. We have amended this process to comply with Regulation 05 (4)

Proposed Timescale: 27/02/2017

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:
There are no hallways between bedroom areas and consequently staff and residents have to walk through one bedroom area to get to another which impacts on the privacy of residents and created ongoing disruption.

The allocation of communal space provided for residents accommodated on either a

short or long term basis was inadequate and was confined to one sitting/ dining area.

There were inadequate bathroom and shower facilities for residents with one bathroom and one shower available for the use of 20 residents the centre was registered to accommodate.

The female bedroom area did not have a television

7. 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:
A review by estates services is under way, the findings are awaited with the recommendations for the long term plan for the hospital.

Front sitting/dining area have been freed up to provide communal space for short term patients and residents

A second shower room was under renovation on the day of the inspection, however, the door was locked from the inside and the workmen were using window to access. Same completed on 12th February, 2017.

Televisons are available in both sitting rooms for short stay residents, long stay residents each have a television in their own room.

Proposed Timescale: Estates report due September 2017

Proposed Timescale: 30/09/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of all communal areas should be reviewed and arrangements made to ensure that all residents accommodated had access to communal space away from the bedroom areas.

The centre had outdoor apace that had been cultivated and was secure however the paths were uneven in some places and this prohibited the use of the garden where residents had mobility problems.

8. 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:
Day hospital services are now provided in alternative accommodation within the building.

Funding to improve the outdoor space has been sought.

Proposed Timescale: September 2017 (as above)

Proposed Timescale: 30/09/2017