<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Lifford Community Hospital</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000621</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Lifford, Donegal.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>074 914 1033</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:marya.clarke1@hse.ie">marya.clarke1@hse.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Geraldine Jolley</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>16</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>4</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>16 January 2018 11:00</td>
<td>16 January 2018 18:00</td>
</tr>
<tr>
<td>17 January 2018 08:30</td>
<td>17 January 2018 14:00</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non-Compliant - Moderate</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This inspection was announced and took place over two days. The purpose of the inspection was to inform a decision regarding the renewal of registration following an application made by the provider. The centre is registered to accommodate twenty residents. There has been a gradual reduction in the number of residents accommodated on a long term basis due to the premises deficits. At the time of the
inspection there were two residents accommodated on an ongoing basis and the remaining residents had been admitted for respite care or required a period of rehabilitation or convalescent care.

The inspector observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspector also talked with residents, visitors, staff throughout the inspection. The layout, condition and safety of the premises were also reviewed.

Lifford Community Hospital was founded in 1775 and it is one of 11 designated centres that provide nursing care to older people in Donegal. It is a two storey building and accommodation for residents is provided in two units, Mourne and Foyle that are located on the ground floor. Residents’ accommodation consists mainly of communal bedrooms. Residents accommodated on a long term basis have single bedrooms. The first floor is devoted to offices as access to this area is by a stair way only.

The other amenities on site include a day hospital, dental clinic, physiotherapy department, out patients’ clinic, chapel, offices, kitchen, hairdressing facilities, a combined dining/sitting area, a separate dining and sitting room and a visitors / family room.

Relatives and residents who completed pre-inspection questionnaires on their experiences conveyed that they were satisfied with the services provided. Feedback reflected positive experiences with the information provided by staff highly valued and the overall care and attention also regarded as of a high standard.

The inspector found while there were some areas of non-compliance the overall standards in most areas of the services was satisfactory. Considerable work had been completed to improve bathroom and toilet facilities during the past year. All had been upgraded and provided with new equipment, flooring and walls. The number of toilet/shower facilities in each unit met the required provision. There was adequate communal and dining space to meet residents’ needs and all areas were noted to be visibly clean. The areas that continue to need attention include floors that are damaged in hallways and the excessive temperature of radiators. The way that multiple occupancy bedroom areas compromise the legislative requirement to protect and promote the privacy and dignity of residents as there are no corridors between some bedrooms and staff and residents have to walk through bedrooms to get to the next room.

The inspector found that the health and social care needs of residents were met and there was appropriate access to medical and allied health care services. The centre has daily visits from local doctors and there are physiotherapy, occupational therapy and speech and language therapy staff on site who provide assessment and treatment programmes for residents.

The last inspection of the centre was unannounced and took place on 1 February 2017. There were eight areas identified for improvement following this inspection. Four areas had been addressed. The surface of the car park had been renewed and
was now level and safe. There were varied communal areas accessible to residents and there were adequate toilet and shower facilities to meet the number of residents accommodated. The areas found to require improvement during this inspection included, the completion of an annual review of the quality and safety of care delivered to residents, better attention to risk management as radiators in some areas were excessively hot and the garden surface is uneven making it hazardous for residents to use alone. Some care plan reviews and evaluations also required improvements as it was not possible to assess change from the previous review completed. These areas for improvement are discussed further in the report and the action plan at the end of this report identifies where mandatory improvements are required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
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 was found to require review as it did not describe all the required schedule 2 information. The configuration of staff employed had been included in response to the last action plan however the day care service provided on site remained absent from the information provided.

The centre admits residents who require short term care interventions and no longer admits residents for long term care.

**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:
The inspector found there were sufficient resources to ensure the effective operation of the service in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge reports to the service manager for older people who is the nominated provider representative. The person in charge has been in this role since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse managers (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 commitment to addressing actions arising from all inspections.

This centre is one of eleven designated centres in Co Donegal. There is a generic audit system in place and reviews of varied aspects of the service are undertaken throughout the year. This involves the collection of statistical information on areas such as the environment, medication management, admission and discharge planning, nursing assessments and documentation and restraint monitoring. Consultation with residents forms part of the audit programme. There had been no audits completed for some time due to the absence of one of the nurses and others had not been provided with access to the audit programme. This had been addressed prior to the inspection and the person in charge said that audit activity was due to resume.

Under regulation 23(d) the registered provider shall ensure 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. The annual review was due to be completed by the provider representative and the inspector requested that a copy is provided to HIQA.

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

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

Findings:
Residents admitted to the centre for short term respite care were issued with information about the duration of their stay and the need to take in a supply of medicines to cover their time in the centre. A formal contract was not issued to
Residents in receipt of short term care and the inspector judged that the arrangements should be specified in contract format to meet the requirements of regulation 24 (1) and (2) - Contract for the provision of services.

Residents in receipt of long term care had been issued with contracts that described the services and facilities. No additional fees were payable for allied health professional input or social care activities.

Judgment:
Substantially Compliant

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 was present throughout this inspection and provided information requested in a timely and organised manner. She is an experienced nurse and has managed the service for many years. The rota indicated the days she is on duty. She has a full time role and is actively involved on a day to day basis in the organisation and management of the service as required by regulation 14-Persons in charge.

The person in charge demonstrated that she had good knowledge of the legislation and standards and was familiar with the areas that needed improvement to fully comply with legislative requirements. She knew residents care needs well and was involved in the decisions and plans being made for residents admitted for assessment and short term care.

She demonstrated that procedures were in place to ensure the effective provision of clinical care and that the general welfare and protection of residents was a priority for staff. There was support system for the person in charge and there were two nurses at clinical nurse manager level nominated as persons participating in management (PPIMs) who took charge in the absence of the person in charge.

The person in charge had been engaged in ongoing professional development and had attended training in fire safety, moving and handling and in adult protection. She had also attended courses risk assessment, audit systems and managing attendance. The inspector were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and found that there was commitment to improving outcomes and services for residents.
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):
No actions were required from the previous inspection.

Findings:
There were no actions required from the previous inspection. The inspector reviewed a range of documents, including residents’ records, the directory of residents, staff files, policies and procedures and maintenance records. Records were noted to be stored safely and securely.

Schedule 3 records were complete in respect of residents files reviewed. Schedule 5 policies reviewed were found to be comprehensive, provided guidance to staff and were accessible to them when required. The corporate risk management policy in place was noted to be dated 2009 and a more recent version was not available.

There was a visitor’s record located at the entrance and this was completed when visitors entered and left the building.
Staff records contained the required schedule 2 information and vetting disclosures had been sought for all staff the person in charge told the inspector. Some disclosures had been returned and were available on staff files.

Judgment:
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 designated 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:**
The person in charge and senior nurses were aware of the information that had to be provided to the Authority and the time limits that applied if a notification for the absence of the person in charge had to be made.

**Judgment:**
Compliant

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**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

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

**Findings:**
Residents interviewed and residents who submitted questionnaires said that they were well informed about their care and health needs and felt that they were safe, well cared for and well treated. There were measures and systems in place to protect residents from being harmed or suffering abuse. There was a procedure to guide staff through the varied aspects of prevention, detection and responses to allegations of abuse. There was information provided to staff on how to make a protected disclosure.

The person in charge is the designated person with responsibility for the management of adult protection matters in the centre. All staff had received training in elder abuse however the majority had not attended refresher training on this topic for over two years. The inspector was told that there is a schedule of training for 2018 and that all staff were due to attend the revised safeguarding of vulnerable adults training. The required vetting applications had been completed for staff employed and the disclosure documents were awaited.

Staff could describe what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were reported. Residents told the inspector that staff kept them up to date with their care plans, the progress being made on organising home care packages and Fair deal applications.

There was a visitors’ record that enabled staff 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 entering and leaving the building. Residents the inspector spoke to said that they felt safe in the centre. They indicated that the availability of staff, the security of the units and being able to talk to staff or to the person in charge if they had a concern contributed to their sense of security.

The centre had a policy on the use of restraint to ensure that good practice standards were followed and residents were protected from potential harm. The inspector noted that there was only one bedrail in use and this was regularly reviewed to ensure that it remained necessary for the resident’s wellbeing.

Judgment:
Non-Compliant - Moderate

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

Findings:
There were health and safety measures including risk assessments in place to support the management of risk however there were some areas that required improvement. The areas identified as presenting risk included radiators that were excessively hot and that had no temperature controls which also contributed to poor ventilation in some areas. This was identified for attention in previous inspection reports but work on this remained outstanding.

Considerable work to improve the building and reduce risk had been completed since the last registration inspection. The toilet and bathroom areas had been upgraded and surfaces were now easy to clean and supported good infection control management. The car park surface had been renewed and was noted to be safe and no longer presented trip hazards.

A comprehensive risk management policy was in place. There was a hazard identification system in place and associated controls to reduce identified risks were outlined. A range of matters had been identified and included the hazards outlined above and other risks such as:
- Falls management
- Challenging behaviour
- Self-harm
- The use of restraint and
- Infection control.

The areas identified had a date on which the problem was identified and review dates to
describe actions taken. The provider has contracts in place for the regular servicing of all equipment such as specialist beds, wheelchairs and mattresses that are provided in accordance with residents' needs. Hoists and clings were noted to have been serviced in August 2017 and beds and specialist mattresses had been serviced in November 2017. Equipment in use was noted to be in good condition.

The inspector noted that the health and safety statement had not been signed by the provider representative and that the corporate safety plan had not been updated since 2009. Many of the personnel who had signed this document were no longer in their roles and the inspector concluded that this document required review to ensure that it was up to date and reflected current risk management arrangements.

There was an emergency plan that took into account a variety of emergency situations. There were arrangements in place to evacuate residents to safe locations if required and information to guide staff on how the emergency should be managed and who to call for assistance was available.

Falls Prevention:
The inspector saw that areas of risk associated with care practice such as moving and handling procedures, risk of falls and the management of resident restraint including the use of bedrails were identified with measures in place to mitigate risks. All residents moving and handling requirements were individually assessed, reviewed at three month intervals and when their care needs changed. Staff were up to date with moving and handling training. There was emphasis place on falls prevention and an evidence-based falls prevention programme was in place. There was a low incidence of falls in the centre with one fall that had resulted in injury reported during 2017. Falls were reviewed each month however the review was not comprehensive and did not inform future practice or prevention measures. The number of falls were summarised however the time, staff present or any contributory factors were not included in the review.

Fire Safety:
The inspector viewed the fire safety arrangements. Fire doors and emergency lighting had been upgraded in recent years. There was a fire in use to record fire safety checks and maintenance of fire equipment. Fire training was noted to have taken place in March, July, August and December 2017. All staff were familiar with the actions they were expected to take in the event of a fire and the person in charge confirmed that all night staff had attended training. While the fire drills took place regularly no simulated evacuation or drill had been undertaken with the lowest number of staff on duty such as at night.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm and fire fighting equipment was serviced regularly on a contract basis. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There were daily checks of fire exits undertaken and these were up to date however the inspector noted that the weekly scheduled checks of fire doors and other equipment had not been consistently maintained. This was due to a change in staff and the need for new staff to be trained. The person in charge said that all checks were now to be completed according to the schedule.
Security
The residential areas in the building were secure and had a key pad system in place to ensure that people could not walk through these areas when accessing other services provided in the hospital. A record of visitors was maintained.

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 found that there were safe systems in place for the management of medicines. There were appropriate security measures in place for medicines trolleys, for supplies of medicines and for medicines reconciliation when residents were discharged from acute hospitals.

Staff were well informed about the medicine regimes of residents. The inspector was told that residents admitted for respite care take in their own supplies of medicines for the duration of their stay. Resident’s medicines were noted to be reviewed regularly by doctors, nursing staff and specialist services.

The inspector saw that prescription sheets included all the required 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 medicines prescribed and for discontinued medicines.

Medicines prescribed on an “as required” basis were appropriately recorded with maximum doses over 24 hours described. Where medicines and liquid regimes were prescribed for short term use Medications that required special control measures were carefully managed and kept in a secure cabinet in accordance with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspector observed that medicines were administered in accordance with the centre’s policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Nurses attended medicines management training regularly to ensure their knowledge remained up to date.

There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.
### 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

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

**Findings:**
The inspector reviewed the notifications supplied to HIQA and the accidents and incidents that had occurred in the designated centre. All the required notifications had been supplied. The staff team were familiar with the notifications and timescales that applied to varied notifications and had adhered to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgment:**
Compliant

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

**Findings:**
There were sixteen residents accommodated in the centre during this inspection and there was a formal assessment of dependency levels completed to inform care practice and guide staff deployment. The majority of residents were in receipt of respite care or being assessed for care in the community or long term care. Eight residents were assessed as having problems associated with dementia.

Assessment records, care plans and daily progress notes were maintained on a
computerised system. The inspector found that the care plans were of a good standard and informed practice. Assessments were undertaken to determine care needs in areas such as continence, cognitive ability, nutrition, personal care, falls risk and pressure related skin breakdown which informed appropriate risk reduction actions including the use of specialist equipment and care regimes.

The inspector found that residents' physical and social care needs were met. Residents had access to general practitioner (GP) services, to a range of other allied health professional services and to varied social opportunities. Doctors visited the centre daily and were accessible for advice and guidance at other times. The centre has significant admission and discharge activity due to the short term nature of the care provided and dialogue with doctors is critical according to staff to ensure safe discharge procedures. There was good linkage between assessments of need and the care plans developed. The inspector noted that assessments and care plans were reviewed regularly and that residents and/or their relatives had been consulted about their care and treatment. Residents confirmed that they were consulted about their care and future plans being made to ensure that they had appropriate care when discharged from the centre. One resident described the care arrangements that she had at home and the way her regular respite care was planned.

The inspector found that reviews and evaluations of care required improvement as some reviews did not describe change or progress since the previous review. For example where a resident was on a specialist diet there was no overview of how effective this was in addressing the issue and where residents had falls there was no judgment on how well they had recovered and if they had resumed their original level of activity.

The activity programme is undertaken by a health care assistant and social activities were noted to be available daily. Residents told the inspector that they enjoyed getting together and talking about their experiences, events and lifestyles. Residents told the inspector that they keep up to date by reading local and national newspapers and by watching television and listening to the local radio station - Highland radio. Some residents had radios in their rooms and there was access to television in the sitting/dining area and in bedrooms.

The inspector found that staff knew residents well and had a detailed understanding of their care needs and how they wished their care to be delivered. They said they could get up and go to bed when they wished and had help when they requested it. Residents were observed to be adequately supervised by staff when in bedroom areas and in communal rooms.

Judgment:

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:
Lifford Community Hospital was founded in 1775 and it is one of 11 designated centres providing nursing care to older people in Donegal. The premises is a two storey building with the ground floor designated for residents’ use, as access the first floor can only be accessed by a stair way. Residents are accommodated in two wards, Mourne and Foyle. Residents’ accommodation consists mainly of communal bedrooms. The other amenities on site include a day hospital, dental clinic, physiotherapy department, out patients’ clinic, chapel, offices, kitchen, hairdressing facilities, a combined dining/sitting area, a separate dining and sitting room and a visitors / family room. The second floor is used for administration purposes.

The centre accommodates up to 20 residents. At the time of inspection there were two residents in receipt of long term care and the remaining places accommodated residents admitted for periods of short term care such as assessment, respite, convalescence and/or palliative care. There have been no new admissions for long term care for some years and no further admissions for long term care are being considered the inspector was told on previous inspections.

This ancient building presents significant challenges to the provision of care and to how staff can promote privacy and dignity. The centre was found to be clean and generally well maintained. Staff have made significant efforts to ensure the centre is home like and comfortable. It was decorated and furnished well and there was adequate communal space for the number of residents accommodated. Screening curtains were in place in all shared rooms. The two long term residents have single bedrooms. The refurbishment of the toilets/ bathrooms and showers has resulted in an adequate ratio for the number of residents accommodated with three accessible showers/ bathrooms available for residents use. Communal bedrooms all have two wash hand basins for residents’ use.

There were four multiple occupancy bedrooms. These rooms accommodate three or four. There are three single bedrooms and one double room. The physical design and layout does not meet the needs of residents and seriously compromised the ability of staff to provide care in a person centred way that promoted and protected the privacy and dignity of residents. This was evident in a number of ways that 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 means residents are subject to regular disruption
• The communal areas were domestic in character but all are not appropriately used for residents benefit. Most residents used the larger dining/sitting area throughout the day however this area could not accommodate all residents in comfort. Residents who wished to watch television could not do this as the dining tables had to be laid several...
times a day and residents had to be assisted in and out for meals. There were separate sitting and dining rooms available that had been created to provide appropriate space for long term residents however both these areas were largely unused although both areas were well furnished and attractively decorated. This finding was also made in previous inspection reports.

• The majority of residents could not exercise choice in respect of locking their bedroom doors as they shared the accommodation with a number of other residents. Resident did not have lockable areas to securely store personal possessions.

The floor covering in some areas particularly hallways was uneven and damaged and required renewal/repair.

Residents had been encouraged to personalise their space and many had photographs and personal items on display. There is a small external garden that had been cultivated and provided a secure outdoor space however the paths and ground was uneven in some places and this prohibited the use of the garden where residents had mobility problems. There was also an external fire escape from the upper floor in this area which also created a hazard as it was accessible to anyone using the area and could be dangerous to residents with confusion, mobility or sensory problems.

There were single rooms for residents who required palliative care which enabled family and friends to be present to support residents at end of life.

Judgment:
Non-Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The inspector found that staff were well informed on how to address complaints and that the system in place met the requirements of regulation 34- Complaints procedures. The procedure was displayed in the centre. Complaints are addressed by the person in charge and there is an overview of complaints provided by the service manager for older people to ensure complaints were appropriately responded to and the required records were maintained.

There were no complaints being investigated at the time of the inspection. Residents interviewed said they would raise issues directly with staff and said that staff regularly
checked if they were satisfied with their care.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
In the sample of residents’ records reviewed the inspector found that end-of-life preferences and wishes had been documented well in some cases but this was not consistent across the sample reviewed. There were some care records where residents’ wishes or views were not evident and the good practices described by staff were not outlined in care plans.

Staff described how family members were supported to remain with residents when they were very ill or at end of life. Refreshments were provided to contribute to their comfort. Residents were cared for in a single room. The person in charge and staff team had a range of information on death and dying that they provided to families and this was regarded as very helpful according to nurse’s interviewed. For example staff said that many families are not familiar with the procedures to be followed after death and that the information provided in the centre helps them with the decisions and arrangements they have to make.

Staff had established good working relationships with palliative care services and advice and guidance was readily accessible. The daily visits from local doctors also meant that residents’ care was reviewed regularly at end of life according to staff.

**Judgment:**
Substantially Compliant

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

**Outstanding requirement(s) from previous inspection(s):**
Findings:
The inspector found that a nutritious and varied diet was offered to residents, that choices were available 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. Residents were satisfied with the catering arrangements and told the inspector that the food was very good and that there was plenty of variety. Catering staff interviewed said that they prepare meals/snacks to meet individual choices where people have specific preferences.

Residents’ weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents’ doctors, the dietician and speech and language therapist when required and recommendations were recorded and transferred to care plans for action. There were some residents where nutritional status and fluid intake was being monitored regularly. Where residents were at risk there were supplements and liquids prescribed to prevent deterioration.

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:
Residents were consulted and had opportunities to express their views on varied aspects of the service however this consultation was largely informal and not undertaken in a consistent manner that ensured that the consultation was meaningful and included all residents. Information in care records indicated consideration had been given to residents’ levels of capacity and their abilities to make their own choices and decisions. A system for regular consultation with residents to enable them express their views on the operation of the service and to ensure that the provider representative and person in charge has regular feedback on the service is required. The person in charge said that a consumer survey was planned for 2018.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends throughout the day.

There was screening around beds in all shared rooms and the inspector noted that these...
were fully closed when personal care was in progress. However, the layout of communal rooms as described earlier impacts significantly on residents’ privacy and dignity and how staff can deliver person centred care.

Residents had opportunities to participate in activities and the inspector saw that discussion groups and quizzes were used to engage residents particularly well. A member of staff was allocated to coordinate the activity programme daily and the activities were organised based on residents’ choices and the changing needs of the resident group. Residents had access to religious services, Mass was celebrated regularly and clergy from all denominations were welcomed to see residents the inspectors were told.

The inspector saw that staff used every opportunity to engage residents in conversation. They were observed to take time to talk and chat about local news. Staff were familiar with residents' day to day care needs, backgrounds, interests and future plans and used this information to engage residents in conversations. Instances of warm and caring interactions between staff and residents were observed throughout the inspection days.

**Judgment:**
Substantially Compliant

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### 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 were systems in place to safeguard residents’ property and money. The inspector was told that staff do not manage any money on behalf of residents. The finances of long term residents are managed by family or significant others they have delegated to do this on their behalf. The administrator could describe how the general “petty cash” finances were managed and had a system in place to record all expenditure.

Residents’ clothing was taken home by relatives for washing and residents admitted for short term care were advised by letter about the clothing they should take in for the duration of their stay.

**Judgment:**
Compliant

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### 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 there were adequate numbers of staff scheduled to be on duty during the day and night to meet the needs of the 20 residents accommodated. There were usually two nurses and five health care assistants on duty during the morning and afternoon. The person in charge and a clinical nurse manager were also scheduled for duty in addition to this allocation. One nurse and one health care assistant were on duty at night. Healthcare assistants had multitask roles and were allocated to cleaning and hygiene duties on a rotating basis.

The person in charge said that the staff numbers were subject to change due to illness absence and the non-replacement of staff who retired or were on maternity leave. The inspector found that despite this the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. There was adequate support for the person in charge as there were two clinical nurse managers allocated as persons participating in management (PPIMs).

Residents said that staff were always available when they needed assistance and that staff regularly checked on their wellbeing throughout the day. The inspector observed that staff were available to assist residents and saw residents were supervised in the dining/sitting room throughout meal times and at other times of the day.

The inspector reviewed the training record and found that staff were up to date with the mandatory moving and handling training. The training record conveyed when staff last had training and when training was due to ensure it was completed within the established time lines. Training in elder abuse and adult protection had been completed but as described in outcome 7- Safeguarding and safety staff required training on the revised procedures to ensure they were familiar with and could operate the procedures effectively. Additional training in nutrition, hand hygiene and cardiopulmonary resuscitation had been provided during 2016 and 2017. Several staff had attended training on dementia care including the “Virtual Dementia Experience” which they said was very moving and enlightening.

**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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<th>Centre name:</th>
<th>Lifford Community Hospital</th>
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<td>OSV-0000621</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>16/01/2018</td>
</tr>
<tr>
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<td>09/05/2018</td>
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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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required revision to include a description of the day care service provided on site.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 updated on 22/02/2018. Day Care Services within the Statement of Purpose have also been updated to reflect the various services, activities, entertainment, etc provided to the attendees of the unit.

Proposed Timescale: 22/02/2018

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were no recent audits of the service due to the absence of staff who held this responsibility. It is required that there are regular reviews of the service to ensure that it is safe and effective as required by legislation.

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:
At time of inspection, all audits were up to date in hard copy, these have since been uploaded to the ‘test your care’ action plans have been put in place to address issues identified.

Proposed Timescale: 16/02/2018

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The annual review of the service was being completed by the provider representative and the inspector requested that a copy is provided to the Chief Inspector.

3. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
This will be forwarded to the chief inspector following consultation with the residents.
Proposed Timescale: 13/04/2018

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were no contracts issued to residents who were admitted for short term care including respite care.

4. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:
A contract of care will be developed for those in receipt of short term care. September 2018

Proposed Timescale:

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some staff had not had refresher training on the topic of adult protection and the majority had not attended training on the revised safeguarding procedures introduced by the HSE.

5. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
On 22nd January 2018, 2 nurses and 3 carers attended training.
A schedule of training is planned for the remainder of the year.

Proposed Timescale: 31/12/2018
Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Areas identified in the risk register such as the excessive temperature of radiators continued to present a hazard as the problem had not been addressed.

6. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
September 2018 for completion.
The thermostats were due to be replaced however due to the cold weather this year has had to be postponed. The system needs to be fully drained which would result in loss of heat for long periods. This work is now scheduled for the summertime.

Proposed Timescale: September 2018 for completion

Theme: Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were some areas that were poorly ventilated and excessively warm due to the temperature of radiators.

7. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
September 2018 for completion.
The thermostats were due to be replaced however due to the cold weather this year has had to be postponed. The system needs to be fully drained which would result in loss of heat for long periods. This work is now scheduled for the summertime.

Proposed Timescale: September 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:**
Care plan reviews require improvement as there was no overall summary that described change or progress from previous reviews or if the care plan in place was effective in meeting the need identified.

**9. 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 care plans have been reviewed Completed January 2018

**Proposed Timescale:** Completed January 2018

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There are no hallways between bedroom areas and staff and residents have to walk through one bedroom area to get to another which impacts on the privacy of residents and creates disruption.
10. **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:**
This has been escalated to HSE estates. Quotes are being sought to recover flooring. The Registered provider will seek to have the financial resources put in place to address the issue.

**Proposed Timescale:** December 2018 depending on resources being available.

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
In some areas the floor covering was damaged and uneven and required repair or renewal.

11. **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:**
Residents are encouraged to use all areas available within the centre, staff has been advised to bring residents to the front sitting rooms and use the room at the rear of the building as a dining room.
Locks are being sourced for the single and double rooms.

**Proposed Timescale:** April 2018

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
There are no hallways between bedroom areas and staff and residents have to walk through one bedroom area to get to another which impacts on the privacy of residents and creates disruption.

12. **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 team of architects have reviewed the building and have submitted a report to HSE Estates. This proposal will be considered in the light of resources available. In the meantime staff continue to promote the privacy and dignity of the residents. There are 2 long term residents whom have single rooms that meet the Residential Care Standards. All other beds in the unit are short stay to facilitate short respite, rehabilitation or assessment. Every effort will be made to ensure the length of stay in these beds is as short as possible, based on the clinical need of the person, and the availability of specialist services within the community. Analysis would show that the delays are as a result of matching the needs of the person in the community.

Proposed Timescale: December 2022

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' preferences and views in relation to how they wished their end of life care to be managed and where they wished to be cared for was not consistently described in care documentation.

13. Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
All clients are now consulted on admission regarding their end of life care and preferences for same and their responses are documented and considered in their end of life care plan.

Proposed Timescale: 22/02/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Consultation with residents about the operation of the centre was informal and not undertaken consistently and the system in place required review to ensure that residents had opportunities to express their views on the services and facilities.
14. **Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
Quarterly reviews have consistently been undertaken with residents/families in conjunction with the multi-disciplinary team.
Focus groups to consult with residents are scheduled to take place in April and September 2018.

**Proposed Timescale:** September 2018