

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Centre address:	Ramelton, Letterkenny, Donegal.
Telephone number:	074 915 1049
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 April 2019 08:30	11 April 2019 17:00
12 April 2019 08:30	12 April 2019 15:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Compliant
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Substantially Compliant
Outcome 09: Statement of Purpose		Substantially Compliant
Outcome 11: Information for residents		Compliant

Summary of findings from this inspection

The focus of the inspection was on the provision of dementia care.

The methodology included gathering the views of residents relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

In addition, a self-assessment form was completed by the representative of the provider in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above.

Some of the improvements highlighted by management included improving the premises by redecorating the centre in accordance with dementia research, reviewing signage, staff training in care planning, person centred care, safeguarding, dementia and responsive behaviours and the introduction of communication equipment for residents. Some progress had been made in relation to staff training.

The designated centre did not meet the needs of residents. The facilities (communal dining room, shower and toilets) of the residential service were being used by patients who were attending the day care hospital (a room opposite the entrance to the designated centre). This compromised residents' right to privacy, choice and potential safety. The inspector observed that residents had to wait to use the toilets while patients were assisted to use the shower and toilets. The area was congested where these facilities were located. The residents' dining room was also used by patients for their lunch time meal. In addition, residents being accommodated in shared bedrooms who required the use of a hoist for transfer could not access the ensuite toilet facilities. Some residents had a distance to travel to access a toilet. There were no toilets on the corridor where the dining room was located.

The matters arising from the previous inspection of the centre which was carried out on the 13 February 2018 were addressed or were in progress. These matters related to care planning, fire safety, risk management, the premises and documentation.

The inspector evaluated the quality of care and life experiences of residents with dementia to be of a good standard.

There were policies and procedures in place to safeguard residents from abuse and there were no allegations of abuse being investigated, however, residents were not fully safeguarded as patients who were attending the day care hospital accessed the residential services.

The inspector judged that there were appropriate staff numbers and skill mix rostered during this inspection to meet the assessed needs of residents.

Staff records showed that staff did not have up-to-date mandatory training in relation to fire safety, moving and handling and safeguarding but the person in

charge assured the inspector that training dates had been scheduled. Staff were recruited, selected and vetted in accordance with best recruitment practices, however staffs' employment history was not up to date.

The health and social care needs of residents were met and there was evidence to judge that the end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet residents' needs. Medication management was satisfactory and the nutritional needs of residents were met.

Residents were facilitated to communicate and exercise choice and control over their lives in order to maximise their independence. All residents did not have opportunities to participate in meaningful activities in line with their interests and preferences and social care assessments were not up to date, however positive connective care /engagement with residents was noted during the observational period using the quality of interactions schedule tool.

At the time of the inspection there were no residents displaying responsive behaviours, however policies and practices around managing responsive and psychological behaviours were satisfactory. Methods of restraint required further review and trialing of alternative methods.

The centre, a single one story building was registered to accommodate 30 residents. Since the last inspection there was evidence of improvements in the premises for example a new shower room had been installed and the laundry facility improved. However, the inspector found that improvements were necessary in order to have an environment which meets residents' needs and provides quality accommodation for people living with dementia. This should include security and design features in accordance with the appropriate guidance.

The complaints of residents, their families or advocates/representatives were listen to and acted upon and there was an effective appeals procedure. Since the last inspection notifications were reviewed and were found to be satisfactory.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Health and Social Care Needs

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 matter arising from the previous inspection related to the insufficiency of the review of residents' care with regard to treatment, progress or changes from the previous review. This matter was satisfactorily addressed.

Residents were admitted to the centre for long term (14 Beds) and short-term care (16 Beds), including periods of respite/convalescence care. The centre caters for older persons, residents with palliative care needs and dementia.

At the time of the inspection 16 residents were assessed as having high to maximum needs and 14 residents had medium dependency. Four residents had a formal diagnosis of dementia.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a good standard through the provision of evidence based nursing and medical care.

The care plans examined were personalised and included a detailed profile of each resident, their life story as well as their medical and nursing care needs based on comprehensive assessments. Care plans were reviewed at 4 monthly intervals. Residents were assessed on admission and regularly afterwards for various risks such as falls, nutrition, impaired skin integrity and oral decay. Preventative interventions were put in place where required and specialist referrals made. The inspector saw that when a resident was admitted, transferred or discharged to or from the centre appropriate information was readily available and shared between services. There were formal and informal arrangements in place for the involvement of family and relatives in the care planning process.

Information showed that if a resident had a fall/incident the vital signs were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. The system to investigate accidents and ensure learning from adverse events was evident. A system to complete post incident reviews was in place. All of the staff reported that there were sufficient staff rostered to meet residents' individual and collective needs.

Residents' weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. Diabetic options were available for residents with diabetes. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Each table was set with condiments. There was a menu in the dining and sitting rooms.

Documentation reviewed of residents with pressure sores/ulcers was comprehensive detailing the wound dressing regime and the progress which had been reviewed in conjunction with the tissue viability nurse if necessary. The dietician had recommended appropriate oral supplements to promote wound healing and preventative measures such as specialist mattresses, cushions and regular repositioning were in place.

The inspector found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and could avail of the national screening programmes relevant to them. Several allied health professional services were available to residents such as occupational and a full time physiotherapy service, dietetics and speech and language therapy.

Medication practices were reviewed and found to be of a good standard. The inspector saw evidence of regular medicine reviews completed by the pharmacist and GPs. A drug trolley was used and medication was supplied in blister pods. When supplied, these were checked by nurses against the prescription to ensure they were correct. Unused and out of date medicines were returned to the pharmacy. Photographic identification was available on each drug chart to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear, stating whether the medication was to be 'crushed' or otherwise and had been signed by the GP. All as required medication (PRN) had a maximum dosage in 24 hours indicated.

Staff provided end of life care to residents with the support of the GP and community specialist palliative services when required. One resident was receiving end of life care and this was being provided to a good standard. An advanced care directive regarding the resuscitation status was in place. There was evidence of the resident and family being consulted. An end of life care plan outlined the physical, psychological and spiritual needs of the resident and contained person centred information in relation to specific wishes such as religious rites chosen. The resident was comfortable, and the symptoms were well managed, including pain management. Staff used validated pain assessment tools to assess for pain based on behavioural, verbal and nonverbal indicators.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents' individual needs and preferences.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

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 matters arising from the previous inspection highlighted that the record of staff did not provide an overview of when courses were completed and therefore it was difficult to determine if statutory training was completed within the required time frame and maintaining a record of visitors. These matters were satisfactorily actioned. Information regarding visiting arrangements highlighted on a notice and in the statement of purpose were contradictory.

The inspector examined documents to be held in respect of staff members and found that all staff were vetted, however, the records were not up to date in respect of staff identity and full employment.

Suggestions to improve the maintenance of the staff rosters were addressed during the inspection.

The renewal date on the insurance record was 1 June 2018. The person in charge requested an update on this matter and agreed to inform the Office of the Chief Inspector of the validity of the insurance.

In the main, measures to protect residents from being harmed or suffering abuse were in place, however, residents were not protected from potential abuse as members of the public who were in the building receiving day care had access and used the facilities of the designated centre. There was a policy on, and procedures for the prevention, detection and response to allegations of abuse. Staff who communicated with the inspector confirmed that they had received training on protecting vulnerable adults and were familiar with the reporting structures in place, however staff had not been trained in 'safeguarding'. The person in charge had scheduled training dates.

There were no allegations of abuse under investigation although the person in charge was aware of the appropriate measures to put in place for example reallocating staff to ensure the safety of all of the residents. Staff confirmed that there were no barriers to raising issues of concern.

Although none of the residents were displaying responsive behaviours the staff were knowledgeable regarding their behaviours and knew how to use deescalating techniques effectively and strategies to prevent the behaviours and to calm the resident if the behaviour escalated.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails and wrist tag (11 and 1 in use respectively) was underpinned by an assessment. There was evidence that discussion had taken place with the resident and his/her representatives. The records of reviewing restraint did not show the alternative measures that had been taken outlining the timeframe and the outcomes for residents as per the centre's policy.

There were systems in place to safeguard residents' money. The inspector communicated with the administrative officer and it was confirmed that the centre does not act as a pension agent for any resident. Monies held on behalf of residents are done so in a residents' account separate to the centre's account. Statements of the balances are available. The staff member responsible for residents' monies explained the systems regarding documenting transactions, for example, lodgements, withdrawals and balances, signatures of two staff being available on the records and confirmation that a policy/procedures, was in place to safe guard residents' monies.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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 residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns. Resident's rights were upheld and positive risk taking encouraged. There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner. Residents' privacy was not respected in the following matters:

- Inadequacy of some ensuite toilet facilities in shared bedrooms. See outcome 6 for details.
- Clear glass in the door of a resident's shared bedroom as opposed to opaque glass.
- Personal information in respect of a resident being displayed on a resident's bedroom door.

There were restrictions to visiting in the centre and the notice at the entrance conflicted

with the information in the statement of purpose. Some residents were observed spending time with family or friends in the communal rooms or residents' bedrooms.

There were formal residents' meetings where residents had an opportunity to discuss various topics. These provided opportunities for staff to get to know the residents better as well as elicit their opinion in matters related to the running of the centre or to their daily lives and staff were eager to ensure their views were respected.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations took place in the sitting rooms. The inspector observed that the staff member during the two observation sessions knew the residents well and connected with each resident, therefore scoring + 2.

The interactions observed were positive and connective, with staff engaging each resident according to their needs with eye contact, gentle touch, humour, gentle banter, spontaneous laughter and chat. The conversation flow was natural and inclusive and all the residents were relaxed, engaged and active participants. The engagements were purposeful, for example in one session residents were assisted to make Easter cards. In another engagement residents were keen to play bingo. However there were residents who did not have any opportunities to participate in activities in accordance with their interests and capacities. A review of some social care plans showed that these were not comprehensive and/or not up to date.

An activity coordinator was employed in the centre to address the social needs of the residents. This staff member had not yet participated in sonas dementia training which relates primarily to the stimulation of the senses focusing on retrained abilities as opposed to deficits and disabilities but was willing to do so. One staff member had trained specifically to provide activities for residents with dementia.

An activity schedule was displayed and made available to residents and throughout the day there were also non-structured activities. Conversation was flowing and staff had good communication skills to activate and involve residents. Staff were empathetic and kind and knew the residents really well.

Due to the position of the television in the two bedded rooms it was difficult for both residents to see the screen.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Staff were trained to understand, encourage and support residents with reduced capacity to express any of their concerns safely. The residents also had access to trained advocates.

A policy and procedures were in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy.

Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

A review of the rosters, solicited information received from management, staff, residents and observation of practices highlighted that staffing numbers met the needs of residents. The person in charge considered that there was insufficient administration staff.

Individual rosters identifying management, staff nurses, care assistants, household, catering, administration, maintenance and activities staff were available. In addition to the person in charge there were three nurses (two clinical nurses managers, two student nurses and five care staff on duty during the mornings with a decrease in the evening and two nurses on duty throughout the night.

There was a comprehensive recruitment policy, procedure and process and at the time of the inspection there was one vacant position for a whole time equivalent staff nurse. There was a clear organisational structure and reporting relationships in place which staff fully understood and were able to describe to the inspector. All staff were vetted. Staff nurses registration details were up to date.

There was evidence of a training programme, however the records showed that some staff had not participated in up to date mandatory training for example fire safety(staff rostered on night duty) and moving and handling. The person in charge arranged dates for training prior to the completion of the inspection. Some staff had access to other training for example food safety, basic life support, medication management and care planning. One staff member completed the dementia champion course and others attended training in dementia. The person in charge told the inspector that more staff would be scheduled to participate in dementia training.

There were regular meetings at which operational and staffing issues were discussed. Formal and informal supervision arrangements for staff were in place. Staff confirmed that they were supported to carry out their work by the person in charge. They were well informed and knowledgeable of their roles, responsibilities. Staff told the inspector that there were good supports available to them and there was good staff morale.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The matter arising from the previous inspection identified that the surfaces of radiators and wardrobe doors required review due to paintwork damage, flooring and tiles were damaged in certain areas and that the laundry required refurbishment. A shower/bath was not available in the corridor (C 7). These matters were satisfactorily actioned and a new shower and wash hand basin (without a toilet) had been installed.

The designated centre was built around a courtyard and the four corridors contain communal and private bedrooms. From the entrance to the single storey building on the left there is a waiting area for the community health services and to the right is the corridor which leads to the main internal key pad entrance to the designated centre. Opposite this entrance on the corridor is the room to facilitate day care, the residents' dining room, kitchen and associated stores.

Bedroom accommodation consists of 18 single bedrooms one of which is a palliative room. The single bedrooms had a wash hand basin but did not have ensuite facilities. There were six two bedded rooms. Two of these had a shared ensuite toilet and wash hand basin, two had a toilet and wash hand basin, and one had a shower. All bedrooms had wash hand facilities.

On the corridor from the entrance to the centre and opposite the Courtyard sitting room there were two shower rooms (male and female) with a toilet and wash hand basin and a bathroom with no toilet. This corridor contained five single bedrooms. The inspector observed that the designated centre was not secure as patients who were attending the day care hospital were assisted to use the sanitary facilities (showers and toilets) in the designated centre. The inspector saw that this area was congested and residents had to wait to use these facilities.

The design and layout of the toilets did not meet residents' individual needs in a comfortable and home like manner. Three residents currently being accommodated in shared bedrooms who required the use of a hoist for transfer could not use the ensuite toilet facilities due primarily to the positioning of the toilet in the ensuite. The inspector learned that this situation had prevailed for residents who were previously accommodated in the centre. The residents had to use a commode in their own space in the shared bedroom.

There was an assisted communal shower room with a toilet and wash hand basin on one corridor which accommodated 15 residents' bedroom accommodation (3 of which had ensuite toilets) and a sitting room. On another corridor accommodating 10 residents there was a toilet and two wash hand basins. Some residents had a distance to travel to access a toilet.

The communal sitting rooms were named the swilly (a family room), the courtyard and the lennon. These were noted to be comfortably furnished and provided space for residents to sit in comfort.

A pleasant dining room was located in one of the corridors of the designated centre which also has the kitchen and catering stores, day hospital room and staff dining room. There were no toilets on this corridor. Patients who were attending the day care hospital had their lunch in this dining room when they were in the building using a room for day care. Residents' lunch was served in the dining room at 13.00 hours.

Staff facilities were provided. Separate toilets were provided for care and kitchen staff in the interest of infection control and to meet environmental health legislation. Other facilities include space for relatives to stay overnight, a range of offices, a large catering kitchen, small oratory which was being used as a store room, a cleaning room

with hand washing facilities which were not accessible due to storing cleaning equipment and the laundry room which was refurbished.

Recently new fire doors had been provided throughout the centre. Handrails were provided in circulation areas. A functioning call bell system was in place and at each resident's bed and in communal areas. There was a range of specialist equipment available including a tracking hoist system in some shared rooms.

The centre was well maintained, warm and was visually clean. Overall the premises had sufficient lighting and ventilation in corridors and rooms.

Prior to the inspection large trees in the internal courtyard had been reduced. This area and the tarmacadam entrance were in need of further maintenance.

The inspector noted that there were some good dementia friendly features but in general the environment for residents was not regarded as a therapeutic resource, promoting well-being and functionality among residents with dementia. Some residents were not assisted via symbols and indicators to identify their bedroom doors, there was a lack of good signage which included objects and multiple cues and limited contrasting colours on the walls of the corridors and doors to support residents to find their way around. The plan identified by the representative of the provider in relation to having contrasted coloured toilet doors had not been actioned. The food trolleys were noisy. The flooring in a shared ensuite was in need of repair, the storage of personalised chairs prevented access to the wash hand basin and there were no grab/hand rails around the toilet. Paintwork on the corridors was chipped/damaged. In the vacant bedroom number 22 the tap of the wash hand basin was not working and the radiator was very hot to the touch.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

The matters arising from the previous inspection related to having a brief summary of the care needs and personal evacuation plan that could be easily accessed in the event of an emergency, unannounced fire drills and a system to ensure that all exits were checked and unobstructed each day. These matters were satisfactorily addressed.

Judgment:

Compliant

Outcome 08: Governance and Management

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 matter arising from the previous inspection highlighted that an annual review of the quality and safety of care provided to residents in the designated centre was not available.

The inspector saw that this had been devised for 2018, however, it did not include a quality improvement plan.

Judgment:

Substantially Compliant

Outcome 09: Statement of Purpose

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 matter arising from the previous inspection in relation to the clarification of the information in the statement of purpose had not been satisfactorily addressed.

An examination of the statement of purpose showed that it did not accurately describe the services that were provided in the centre, for example, the information in respect of the description of the rooms in the designated centre including their size and primary function was not up-to-date and information in relation to visitors and smoking were not accurate.

The person in charge agreed to update the statement of purpose in accordance with the format laid out in schedule 1.

Judgment: Substantially Compliant

Outcome 11: Information for residents

Theme: Governance, Leadership and Management
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Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: The matter arising from the previous inspection related to contracts of care having the overall fee charged detailed and there was no contact for residents admitted for periods of short-term care. From a sample of contracts reviewed the inspector found that the fees had been detailed.

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Date of inspection:	11/04/2019
Date of response:	23/05/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Alternative measures that had been taken outlining the timeframe and the outcomes for residents in respect of when restraint was used was not documented.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

The records reviewing restraints will going forward show alternative measures when considered and will outline timeframes and outcomes for residents as per policy

Proposed Timescale: 23/05/2019

Theme:

Safe care and support

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

The registered provider did not take all reasonable measures to protect residents from potential abuse as patients who were attending the day care hospital had access to and used the facilities of the designated centre.

Staff had not participated in safeguarding training.

2. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

1. Protecting the Residents from potential abuse as patients who attended the Day Hospital had access to and used facilities-Review of Designated Residential area to minimise access by Day Hospital clients Plan attached for same incorporating repositioning of doors into the Designated Centre

2. Safeguarding Training-7 Staff have attended Safeguarding Training to date. The CNM2 attended training on delivery of Train the Trainer programme on Safeguarding on 03.05.2019. Safeguarding sessions will be held weekly during June 2019 on site with all remaining staff.

Proposed Timescale: 31/12/2019

Theme:

Safe care and support

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

Documents to be held in respect of staff members were not up to date regarding staff identity and full employment.

The renewal date on the insurance record was 1 June 2018. The person in charge requested an update on this matter and agreed to inform the Office of the Chief Inspector of the validity of the insurance.

3. Action Required:

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

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

Staff Records-All Staff Records will be reviewed and updated to include identity and employment records.

Insurance Certificate received and forwarded to Inspector on 26.04.2019

Proposed Timescale: 31/05/2019

Outcome 03: 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:

Some residents did not have any opportunities to participate in activities in accordance with their interests and capacities.

A review of some social care plans showed that these were not comprehensive and/or not up to date.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

An update/review of Social Assessments is underway to personalise Social Care Plans for all Residents. This will inform an Activities Programme to include all Residents on a daily basis doing an activity which is suited to their needs and which they enjoy.

Proposed Timescale: 30/06/2019

Theme:

Person-centred care and support

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

Due to the position of the television in the two bedded rooms it was difficult for both residents to see the screen.

5. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for

occupation and recreation.

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

Provision of additional televisions in two bedded rooms to enhance Residents facilities for recreation. New televisions will be purchased and installed in two bedded rooms. Some Residents prefer to watch DVD's of old movies this is facilitated with portable DVD players.

Proposed Timescale: 30/06/2019

Theme:

Person-centred care and support

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

Residents' privacy was not respected in the following matters:

- Inadequacy of some ensuite toilet facilities in shared bedrooms. See outcome 6 for details
- Use of clear glass in the door of a resident's shared bedroom.
- A resident's personal information being displayed on the bedroom door.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Inadequacy of en suite toilet facilities-Review of existing toilet facilities now completed by estates. There will be repositioning and improvement works in en suite shared toilet facilities in the 2 bedded wards.

Proposed Works 2019:

Relocation of 3 WCs within 3 ensuite bathroom facilities, plus 3 additional wcs to the Designated Area (as per plan in Blue).

Proposed Works of 2020:

New link extension from Day Room area, to access main corridor to residents dining room, securing designated area with a new set of doors on main corridor.

Clear glass in door of Residents shared bedroom-Roller blinds will be added to any doors with clear glass.

Residents personal information has now been removed from bedroom door.

Proposed Timescale: 31/12/2019

Theme:

Person-centred care and support

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

There were restrictions to visiting in the centre. The notice at the entrance conflicted

with the information in the statement of purpose.

7. Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

This has now been amended in the Statement of Purpose.

Proposed Timescale: 16/05/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There was insufficient administrative staff.

8. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

A request has been forwarded for extra Clerical Administration Support as per HSE Recruitment policies.

Proposed Timescale: 31/12/2019

Theme:

Workforce

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

Some staff had not participated in up to date mandatory training for example fire safety(staff rostered on night duty) and moving and handling.

A staff member had not participated in sonas dementia training relevant to his/her position.

9. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All Mandatory Training now up to date in both fire safety and moving to handling The Activities Person has not received Sonas Training but two other Multi Task Attendants within the Hospital have had this training. Sonas training for Activities Person will be facilitated on next available date. An MTA has also received NAMASTE training during Jan / Feb 2019 which is very beneficial for Residents with Dementia.

Proposed Timescale: 31/12/2019

Outcome 06: 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:

The premises did not conform to the matters set out in Schedule 6 as follows:

- The oratory was being used as a store room.
- The hand washing facilities in the cleaning room were not accessible due to storing equipment.
- The internal courtyard and the tarmacadam entrance require further maintenance.
- The food trolleys were noisy.
- The flooring in a shared ensuite was in need of repair.
- The storage of personalised chairs prevented access to the wash hand basin in the shared ensuite.
- There were no grab/hand rails around the toilet in the shared/twin ensuites.
- Paintwork on the corridors was chipped/damaged.
- The tap of the wash hand basin was not working and the radiator was very hot to the touch in bedroom
- The environment for residents was not regarded as a therapeutic resource due to the lack of symbols and indicators to identify residents' bedroom doors, lack of good signage which included objects and multiple cues and limited contrasting colours on the walls of the corridors and doors to support residents to find their way around.

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:

1. Oratory now cleared-signage erected to avoid using Oratory as Store Room.
2. Housekeeping Staff have been directed to keep their Store Room tidy and to clear out unnecessary items to allow easy access to hand washing facilities.
3. Tarmacadam entrance is now maintained- pothole fixed. Internal Courtyard will be cleaned, grass cut, pots planted and maintained when weather permits.
4. HACCP manager consulted around noisy food trolley-castors were replaced six months ago.

5. Flooring will be replaced when upgrade works taking place on en suites.
6. Personalised chairs will be stored at bedsides where possible as there is sufficient room space to do so.
7. Hand Rails will be supplied with upgrade works.
8. Paint work will be redone by General Operative.
9. Tap in Room 22 fixed, radiator now operating at correct temperature.
10. More signage and symbols will be incorporated into the Hospital, contrasting colours will be adopted when paint works being completed.

Proposed Timescale: 31/12/2019

Theme:

Effective care and support

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

The premises of the designated centre was not in accordance with the statement of purpose prepared under Regulation 3 as members of the public who were attending the day care hospital/room were assisted to use the sanitary facilities (showers and toilets) and dining room in the designated centre.

The premises of the designated centre was not appropriate to meet the needs of residents in respect of the number and type of toilets having regard to the dependency of residents.

11. 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:

A review of the Designated Residential area to minimise access by Day Hospital clients took place on 3rd May 2019 and 17/05/2019, A revised footprint is attached which will prevent access Day Hospital clients to the Designated Centre. This will include provision of doors at entrance to Designated Centre new passage way between residents Day Room and dining area.

Additional Toilet/Shower facilities will be added within the Designated Centre to ensure all Residents have easy access to these facilities This will include relocating 3 wcs and provision of additional 3 wcs and 2 additional shower areas as per plan in blue

Proposed Timescale: 31/12/2019

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

The annual review devised for 2018 did not include a quality improvement plan.

12. 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:

Quality Improvement Plan now completed and attached to Action Plan

Proposed Timescale: 08/05/2019

Outcome 09: 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 did not accurately describe the services that were provided in the centre, for example, the information in respect of the description of the rooms in the designated centre including their size and primary function was not up-to-date and information in relation to visitors and smoking were not accurate.

13. Action Required:

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

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

Revised Statement of Purpose forwarded to Inspector on 26.04.2019 in accordance with the format laid out in Schedule 1.

Proposed Timescale: 26/04/2019