



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Ramelton Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	13 February 2018
Centre ID:	OSV-0000615
Fieldwork ID:	MON-0021506

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ramelton Community Hospital is a designated centre registered to provide health and social care to 30 male and female residents primarily over the age of 65. It is a single storey building a short drive from the shops and business premises in the town. Accommodation for residents is provided in single and double rooms and there are several communal areas where residents can spend time during the day. A day care service, separate from the residential area is provided within the building.

The following information outlines some additional data on this centre.

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	29

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 February 2018	09:00hrs to 17:00hrs	Geraldine Jolley	Lead

Views of people who use the service

Residents told the inspector that they were very happy living in this centre. The inspector talked to five residents, some of whom were in receipt of short-term care, about their experience of the service during the inspection. Ten questionnaires providing feedback from residents and relatives were also received. Residents described their experience of the service positively. They said that they liked the activity programme, the food provided, the way visitors were welcomed and the comfortable atmosphere in the centre.

Residents said that staff treated them with kindness, respect and warmth. They said that they did not have to wait long for attention when they needed support during the day. They also said staff assessed their needs regularly and ensured that they had visits from doctors or other allied health professionals when they needed specialist advice or treatment. Three residents said that their mobility and wellbeing had improved due to input from the physiotherapist and carers who had encouraged them to walk following periods of illness or falls. They told the inspector that they had no concerns about staff availability and said they were confident they could raise any concerns with the staff team or with the person in charge.

Residents mentioned the variety of activities as a particularly positive feature. Seasonal and personal events such as birthdays were celebrated and residents said they enjoyed all the events that were organised. They said they were pleased that the dining room had been decorated for St. Valentine's Day and also liked the times they went out in the grounds of the centre.

Capacity and capability

The inspector found that the service delivered reflected the aims and objectives outlined in the statement of purpose. The provider had clear management structure in place and there were adequate resources available to ensure the service operated effectively.

Staff were observed to address residents with respect and were aware of their personal choices and routines. This information was recorded in care records to guide staff. Care delivered reflected a person centred approach and staff interviewed said this ensured that residents' received support according to their

needs.

There was an adequate allocation of staff deployed during the day and night to meet residents needs. Three nurses had joined the team in December 2017 and the shortfall due to illness and maternity leave absence had been addressed. There was an ongoing training programme and training on specialist subjects such as dementia had been completed by several staff. There was improvement required to how the training record was maintained as it did not convey clearly the range of training provided or when statutory training was completed or required.

There were contracts that described the provision of services however improvement was required as the residents' contribution was described but not the full cost of care and no contracts were issued to residents admitted for periods of respite care.

There were arrangements to ensure the provider representative was kept up to date with the centre's activities however an annual report on the service had not been completed.

The person in charge worked full time and was supported by two clinical nurse managers who took charge in her absence. Staff were all familiar with residents' care needs, the admission and discharge procedures and the arrangements to be made when residents were admitted for periods of short term care. There were regular staff meetings and the minutes viewed by the inspector indicated that staff were reminded about varied procedures, training such as Children First that had to be completed and issues relevant to residents' care and quality of life.

The complaints procedure was on display and residents and relatives said they were made aware of how to complain and raise a matter of concern. No complaints were being investigated at the time of the inspection.

There were aspects of the administration system that required improvement to ensure that regulatory requirements were met. For example staff records did not contain all schedule 2 documents, the visitor's record was not up to date and the full range of fire safety checks completed were not recorded.

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Registration Regulation 4: Application for registration or renewal of registration
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The application made to renew registration was complete.
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Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a full time role, was suitably experienced and had been in a management role for many years.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection there was an appropriate staff allocation in place across care and ancillary services to ensure that a safe and good quality service was delivered to residents. The action plan in the last report was addressed. Staff were deployed to undertake social care every day and residents confirmed that activities took place as planned.
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Judgment: Compliant

Regulation 16: Training and staff development

There was a culture of learning and a staff training and development programme
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was in place. Training on the mandatory topics was provided and training on topics relevant to residents' care needs was also available. Dementia care training including the impact of dementia on a person had been completed by several staff who said that they had found it enlightening and increased their awareness of the impact of dementia .

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the required information and was up to date.

Judgment: Compliant

Regulation 21: Records

The required records were maintained but some were not complete. Some staff files did not have a full employment record. There were certificates that confirmed staff attended training courses however the record of training did not provide an overview of when courses were completed and did not enable anyone reading the record to determine if statutory training was completed within the required time frame. The record of visitors was not up to date.

Judgment: Not compliant

Regulation 23: Governance and management

An annual review of the service was not available but was being completed by the provider representative.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Long term residents had contracts of care that described the room to be occupied and the services and facilities to be provided. The contribution to be paid by residents was described but the overall fee charged was not outlined. No contracts

were issued to residents admitted for periods of short term care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available however this required review as the layout including room numbers and occupancy was not clearly described. The format also required review to ensure that the information was meaningful.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notifications were supplied to HIQA. A recent notification was reviewed and the inspector found actions were put in place to prevent a recurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' complaints and concerns were listened to and addressed in a timely way. The complaints procedure on display described how to make a complaint and what to do if the matter was not resolved. Residents said that they were informed about the procedure on admission and during residents' forum meetings.

Judgment: Compliant

Quality and safety

The care and support needs of residents were met through appropriate staff deployment, good access to medical staff, allied health professionals and an interesting and varied social activity programme.

The premises provided residents with a comfortable home like environment however signs of wear and tear were evident. Flooring, tiles and wall surfaces were damaged in some areas particularly the laundry. The doors on the built-in wardrobe

units needed painting. The privacy of residents accommodated on one corridor was compromised as there was no shower/bath facility in this area. There was a lack of storage space for equipment and the inspector saw hoists and wheelchairs stored in areas such as showers and hallways which limited access to these areas and presented trip hazards.

There was outdoor space that residents could access and some residents said they liked looking at the snowdrops that had bloomed despite the recent snow.

There were care plans for all residents that described their care needs and the interventions required from staff to ensure their well-being. Specific care needs such as wound care problems, recovery following surgery and dementia care were addressed appropriately and there were records available that described responses to treatment and care interventions. Care plans were based on a range of assessments and where risk was identified for example falls risks there were care plans and prevention measures in place to guide staff actions and prevent incidents. Residents told the inspector that staff informed them about any procedures they had to undertake and ensured they understood what was involved. Care practice was informed by information provided by residents and family members at admission and during reviews. Relatives confirmed that they were informed in a timely way of changes in health and incidents. There were reviews of care plans completed quarterly however some reviews provided limited information on residents' overall progress or change from review to another.

There were staff deployed to provide social care daily. Residents said that they enjoyed group and individual activities. They said they liked the general discussions about news and events that they had with staff at the start of the day. Activities were varied frequently to ensure the changing needs of the resident group were effectively met as the majority of residents were admitted on a short term basis for respite care, rehabilitation or convalescence.

There were systems in place to ensure that residents were safe and protected from harm however some improvements were needed to ensure that risk was minimised. For example, while there were fire drills completed twice a year as part of the training programme there were no additional unannounced drills to ensure staff remained familiar with the actions they were to follow to ensure that residents could be safely evacuated from the building. There were regular checks of the fire safety system and maintenance contracts were in place. Some of the daily checks of fire exits and the alarm were not recorded to ensure that the systems were functioning according to the centre's procedures.

Staff were aware of how to protect residents and how to prevent and detect possible abuse situations. Staff could describe the actions they would take if they suspected abuse or if an incident took place. There was training provided on adult protection. Three staff were trained as designated persons to ensure the appropriate management of a protection concern.

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Regulation 10: Communication difficulties

The communication needs of residents were known to staff and were described in care records. Staff were observed to engage residents at every opportunity and advised residents when meal times, activities or other events were due to take place.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed throughout the day the inspector noted. Residents said that there was never a problem if visitors wanted to stay a long time and they were offered beverages during visits. A room where residents could see visitors in private was available.

Judgment: Compliant

Regulation 13: End of life

There were care plans that outlined end of life care wishes. Facilities were available to ensure privacy at this time and there was a room available for visitors to stay overnight to be with their loved ones.

Judgment: Compliant

Regulation 17: Premises

The centre was comfortable and home like in layout and decoration. There were several areas where residents could sit during the day either as a group or quietly by themselves. An oratory for prayer or reflection was accessible from the communal areas. The dining room was well furnished, adequately spacious for the number of residents accommodated and provided an attractive space for residents to have their meals.

There was evidence of general wear and tear throughout. The surfaces of radiators and wardrobe doors required renewal due to paintwork damage. The floors and tiles were damaged in several areas and the laundry required refurbishment as the floor and walls were damaged. This was described in the last report and had not been addressed.

Residents in one area did not have ready access to a shower or bath as a bath / shower was not available on corridor C7. One of the main sitting areas was poorly ventilated and very warm and the visitor's room in the palliative care area was also excessively warm.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The inspector saw records that confirmed that residents were admitted and discharged safely. Information was supplied to acute hospitals and to community professionals when residents were discharged and staff ensured that they had up to date information on residents admitted for short term care.

Judgment: Compliant

Regulation 26: Risk management

There were risk management procedures in place to guide staff practice. The inspector saw that accidents and incidents were recorded and reviewed to prevent further incidents. There was an effective falls prevention programme in place that over time had reduced the incidence of falls. This was known and understood by staff the inspector talked to who said that the symbols used to identify falls risks were clear and readily visible by residents' beds. This prompted them to ensure that

any equipment required such as alarm mats were put in place when residents were in bed.

There was an emergency plan in place and a box with emergency supplies to aid staff in such a situation. The inspector saw that a missing person procedure was available and had been used successfully by staff when a resident left the centre unnoticed. There was information in care records to guide staff on residents' needs however a brief summaries of care needs or personal evacuation plans that could be readily accessed were not available.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider and person in charge had fire safety arrangements in the form of equipment and procedures in place to assist staff to manage a fire situation however improvements to the arrangements were required. A new fire register for 2018 was in use however the record of fire fighting equipment available had not been transferred to this register.

Staff had regular training that included how to evacuate a resident and how to move from one fire zone to another however there were no unannounced fire drills between training sessions to ensure staff were fully familiar with the changing needs of the resident group and familiar with the access routes to the fire assembly point at different times. The exit routes and alarm were checked weekly but staff did not have a system in place to ensure that all exits were checked and unobstructed each day.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were stored and administered in accordance with good practice guidance. There was a system in place to identify residents with similar names to prevent errors in administration.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care records included assessments of varied aspects of their health and wellbeing. Care plans were based on these assessments and were noted to provide good quality information to guide staff practice and ensure good quality care was provided in accordance with residents' choices and life styles.

There were reviews completed at the required four month intervals however the records of reviews did not provide an overview of residents' care, treatment, progress or change from one review to another. . .

Judgment: Substantially compliant

Regulation 6: Health care

There was a good arrangement in place to ensure that residents had appropriate health care that met their needs. Allied health professionals were readily accessible and their recommendations were included in care plans and followed by staff with good outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safe and protected from harm. Staff were well informed about adult protection matters and had attended training on elder abuse and safeguarding vulnerable people. Three senior nurses had been trained as designated persons to ensure that any incidents of abuse were investigated according to the centre's procedures. There was a schedule of training for 2018 to ensure staff knowledge and awareness remained up to date.

Residents finances were managed in a safe manner. There were clear procedures and records that confirmed money was fully accounted for and all transactions recorded.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ramelton Community Hospital OSV-0000615

Inspection ID: MON-0021506

Date of inspection: 13/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Full employment records have now been obtained from Personnel for all staff.</p> <p>A training record will be updated to provide an overview of when statutory training is completed and when it is due again within the required timeframes.</p> <p>There is a visitors book in both sitting rooms and at reception, signs are above same requesting visitors to sign .Visitors are verbally asked to sign these books but only a small few actually sign them. We will revisit this issue and encourage all visitors to sign the Visitors Book.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual review is in draft form and requires consultation with the residents. This will be completed by 31st May2018.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A contract of care for short term care will be discussed with older person's service management team and a contract developed to reflect the service provision The overall fee charged was outlined in all Contracts of Care except one which was completed the day after inspection. December 2018 </p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of</p>	

purpose: Statement of Purpose has been reviewed and forwarded to Inspector on 19.04.2018.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The maintenance team (locally) are putting a plan in place to repaint wardrobe doors and radiators. The area maintenance team has reviewed the other areas and is currently seeking costing for works required. Laundry, the walls and floor of the laundry will be refurbished via our local maintenance team and will be completed by 31/12/2018, Ventilation for Family Room and Lennon Sitting Room will be completed by 31/12/2018 and additional assisted shower area will be installed along the C7 corridor, this will be completed by 30/06/2019	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: A Summary List of Residents is now in place, which outlines the means of evacuation in the event of fire ,their cognitive ability and any other relevant details. This is updated every Monday (or sooner depending on admissions) and displayed in Sisters Office. All Staff have been made aware of location and need to keep updated.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Register did contain record of firefighting equipment, when the General Operative was asked why this was not included in the Fire Register he was able to point out that it actually was included in same. Unannounced fire drills will be carried out going forward on a monthly basis. All fire exits now checked daily and recorded in Ward Diary.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All Nurses have been informed of the importance of providing a more extensive overview of the Residents care, treatment, progress or change from one review to another with immediate effect.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	31/12/2018 30/06/2019
Regulation 23(d)	The registered provider shall ensure that 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	Substantially Compliant	Yellow	31/05/2018

	the Act.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	14.02.2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	14.02.2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	14/02/18
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Yellow	14/02/18
Regulation 28(1)(d)	The registered provider shall make arrangements for	Not Compliant	Yellow	14/02/18

	<p>staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>			
Regulation 28(1)(e)	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p>	Not Compliant	Yellow	1 st May 2018
Regulation 5(4)	<p>The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared</p>	Substantially Compliant	Yellow	1 st May 2018

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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