

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Donegal Community Hospital
Centre ID:	OSV-0000617
Centre address:	Donegal Town, Donegal.
Telephone number:	074 974 0600
Email address:	susan.rose@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	2

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 2 day(s).

The inspection took place over the following dates and times

From: 01 November 2017 09:00 To: 01 November 2017 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was announced and took place over one day. The purpose of the inspection was to inform the decision regarding renewal of registration following an application made by the provider. The inspector talked with residents, visitors, staff and the person in charge during the inspection. The delivery of care, the service of meals, documentation required by legislation and the premises layout were inspected.

Donegal Community Hospital is a purpose designed building located a short drive from the town of Donegal. It can accommodate 29 residents and primarily provides care to residents who require respite care or who have rehabilitation, convalescent or palliative care needs. At the time of this inspection there were three residents who lived in the centre long term. Residents told the inspector that they found their rooms comfortable and said that staff worked hard to ensure that they had everything they needed. The centre has five bedrooms that accommodate four residents. The inspector found that these rooms were large with sufficient space around beds to have an armchair, wardrobe and locker. Residents said that they had enough space for their personal belongings. There were effective screens to ensure

privacy could be protected. There were tracking hoist systems in all rooms except one which ensured the use of large equipment such as hoists was limited and reduced intrusion on residents' space. The residents who lived in the centre long term had single rooms, two of which had en-suites and the third room had a toilet facility in close proximity. Single bedrooms were available for palliative care and these were well equipped and had capacity and facilities for relatives/ visitors to stay overnight. The standard of cleanliness and hygiene was good and no premises hazards were observed when the inspector viewed the building.

The inspector spoke with residents individually during the course of the day and also received written feedback from residents and relatives. All residents described the service in positive terms. Staff were described as approachable and helpful. Aspects of the service that residents said they particularly valued included the encouragement they had from staff, going to the day centre onsite for some activities and the food. Relatives said that they were consulted about residents' care, were kept up to date when there were changes and said that staff were always available to answer queries.

The catering service and choice of food was described as excellent. Residents confirmed that they had a choice at each meal time and said that alternatives were available if they did not like what was on the menu. Residents said they had freedom to spend time in the company of others or alone and that staff asked them what they wished to do each day. They said they enjoyed activities such as reading the local and national papers, discussing the news particularly Highland Radio, listening to music and going to some of the day hospital activities.

Care, nursing staff and ancillary staff were able to describe their roles and responsibilities and conveyed a good understanding of residents' needs, wishes and preferences. They were familiar with the regulations and standards and conveyed a good understanding of the monitoring role of HIQA and the inspection process. Nurses who had responsibility for the service in the absence of the person in charge were familiar with the legislative responsibilities of this role. The inspector found that staff were keen to ensure that compliance with legislation was satisfactory. They conveyed enthusiasm about their work and demonstrated a high level of knowledge of the varied needs of residents admitted to the centre particularly in relation to palliative care and rehabilitation.

The responses to the action plans from the last inspection which was conducted on 12 October 2016 were reviewed. Two actions had been completed and two were in progress. The remedial actions taken are discussed under the relevant outcomes. The inspector found that there was a high level of compliance across the outcomes inspected. The areas that require attention are outlined in the action plan at the end of the report and include improvement to the medication storage area which has no ventilation and can become very warm and the staff changing arrangements which do not support good infection control practice.

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 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):

No actions were required from the previous inspection.

Findings:

The governance and management arrangements had not changed from the last inspection. The provider representative visited the centre regularly on an announced and unannounced basis and met with staff and the person in charge. Staffing levels and work to be completed were reviewed. Staff were aware of who had responsibility for various aspects of the service and the inspector found that there was a good communication network between the provider representative, person in charge, her deputy and the staff team.

The inspector found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control. Resources made available for training and the ongoing development of staff ensured that the staff team were familiar with developments related to their practice. For example, staff had attended training on open disclosure, gerontology, audit activity, falls prevention and dementia care.

There were adequate resources available to meet the needs of residents in relation to staff allocations, equipment and ancillary services to ensure appropriate care was delivered to residents. The person in charge said that she considered the current skill mix was appropriate and needed due to the acute and palliative care needs of some residents admitted.

There was ongoing investment in the building and redecoration of the hallways had just been completed. The fire safety system was upgraded in 2016. The areas viewed were found to be in good condition and well maintained.

The quality of care and experience of residents was reviewed regularly. There was an audit system in place and varied aspects of the service were reviewed at three month intervals. The audit system enables the collection of statistical information in relation to aspects of the service such as environment, medicines management, nursing documentation and the use of restraint. The action plans outlined to remedy shortfalls were publicised and available on notice boards for residents. This has made the information from audits more meaningful than the previous arrangement where statistical information only was published and there were few references to improvements needed or actions to improve the service.

Residents could convey their views on the service either through the residents' consumer group or through feedback forms. Residents told the inspector that they had no problem telling staff their views and said they were listened to and acted on by the staff team. The inspector read the minutes of the consumer group meetings for June and October 2017. A range of topics had been discussed including upgrades to some rooms and cultivation of the garden space to make it more attractive and safe for residents to use.

Judgment:

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 who has had this role for several years was on duty throughout the inspection. She has a full time role that includes time spent in direct clinical care. She is a suitably qualified and experienced nurse as required by regulation 14- Persons in Charge. The inspector found that she knew all residents well and was up to date with their conditions and treatment plans. She also had a good working knowledge of the regulations and HIQA standards that apply to designated centres for older people.

There were certificates available that confirmed her ongoing professional development. During 2016 and 2017 she had completed training in medicines management, the use of new syringe drivers and managing a positive workplace. She had also completed management training on the legal framework for managing people.

Residents confirmed to the inspector that they knew the person in charge well and said that they talked to her most days and would always be able to see her if they had

problems or queries.

The person in charge is supported by a clinical nurse manager who has been in this role since the end of 2015. She had a range of clinical care experiences and conveyed competence in her clinical and management roles. She was for example aware of specific clinical care matters and their management and the choices and preferences that some residents had made in relation to their lifestyles. She had kept her clinical knowledge up to date and had completed the diploma in gerontology. She was currently undertaking a master's programme in management and leadership.

Judgment:

Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a well-organised administration system in place to support the business of the centre including the maintenance of the required records, policies and procedures. Records were stored securely and were generally easily accessible.

The inspector reviewed a range of required records. The directory of residents was up to date and included the information required by schedule three of the regulations. There was a record of visitors to the centre and this was up to date and visitors were observed to sign this when they entered the centre.

The inspector also reviewed staff personnel records to assess compliance with schedule 2- Documents to be held in respect of the person in charge and each member of staff. The required information was available and vetting disclosures were being updated to meet the established deadline of 31 December 2017. The inspector found that some files required organisation to ensure the required documents were readily accessible.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were systems in place that protected residents from harm and from abuse. Staff had been provided with training and information on the protection of vulnerable people and the Health Service Executive safeguarding policy and associated procedures. The inspector found that the procedures in place ensured residents were safe and had appropriate care. Residents' and relatives' feedback forms indicated that they felt the centre provided a home that was safe, secure and protected them from harm. For example a resident told the inspector that staff were kind and caring and that the person in charge checked on their well being regularly. Residents also said staff were kind and gentle when delivering personal care and also ensured their privacy was respected. In feedback forms residents said that they felt safe and felt protected by staff.

Access to the centre was controlled and there was a reception area that was staffed during the day so that everyone who entered the building was known to be there in business capacity or visiting a resident. 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.

Staff could outline a range of abuse situations that can occur and could describe how they would report an abuse allegation or event. They knew that support to a resident in any abuse situation was critical for their well being. Relatives said that staff informed them promptly of any falls, injuries or changes in health needs that residents sustained.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. The inspector noted that restraints were appropriately notified in the quarterly notifications.

There were some residents with fluctuating behaviour patterns consequent to dementia. Staff conveyed an informed understanding of such behaviours and had recorded the interventions that they used to effectively address such behaviour. This included diversion type activity, one to one engagement and ensuring that trigger factors were minimised.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management***The health and safety of residents, visitors and staff is promoted and protected.*****Theme:**

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was generally promoted well in this centre. There was a risk management policy and risk register that identified a range of risks related to environmental issues, infection control, staff shortfalls and to specific issues involving residents such as absconding and abuse. The layout of the staff changing facility had been identified as an infection control risk due to the separation of showers / washing facilities and the main changing area. Work to remedy this was outstanding. Risks were described well with mitigating factors and actions to reduce the risk also outlined. The risk register/policy was noted to require revision to include the specific risks such as self harm, aggression and violence and accidental injury outlined in regulation 26-Risk management.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect signs of deterioration expediently. The centre had a falls prevention policy and all falls were reviewed according to an evidenced based protocol. There was a system in place to review residents who had repeated falls. Falls prevention plans were updated and additional supervision and other measures were put in place to prevent recurrences. The inspector saw that there was a multidisciplinary review where residents were assessed as high falls risks. The inspector saw that there was a health and safety group that met regularly and some staff had specific responsibility for health and safety matters. The inspector read the minutes from the October 2017 meeting. The current identified risks and actions to address them were reviewed.

The inspector reviewed practice in relation to health and safety procedures. The practice related to infection control, moving and handling manoeuvres and cleaning procedures was observed to determine how health and safety was addressed in practice. The inspector noted that practice in relation to infection control was good as that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity. Staff were observed to handle laundry safely. The staff the inspector spoke to had appropriate knowledge on hand hygiene and the infection control measures in place. Training on this topic had been provided.

There was good emphasis on promoting independence and residents were encouraged and supported to maintain their levels of independence. There was equipment to support physiotherapy treatments and exercise and residents had walking aids which had been assessed as suitable for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and there was a tracking hoist system in the majority of bedrooms.

The inspector viewed the fire training records and discussed the fire safety arrangements with staff that were responsible for the regular tests of the equipment and fire drills. Staff had received fire safety training and could describe the actions they were expected to take if the fire alarm was activated. There were fire safety action signs on display with route maps to indicate the nearest fire exit. Checks of the fire alarm from different points were completed each week. There was a monthly check of the fire fighting equipment. Fire drills, fire alarm activations and fire training exercises were completed regularly and recorded. The inspector noted that there was a delay in updating the fire register with the most up to date information and judged that the record of all fire safety exercises should be made contemporaneously in the register as soon as the activity is complete.

Fire records showed that most fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and the fire extinguishers serviced annually on a contract basis. Confirmation that the emergency lights had been checked and serviced during 2016 was available. The inspector found that all internal fire exits were clear and unobstructed during the inspection.

Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred, details of witnesses and whether the general practitioner (GP) and next of kin had been informed about the event. There were arrangements in place for the regular servicing of equipment. Specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean hygienic condition. Separate sluice and cleaning areas were provided. Staff were knowledgeable about the use of hazardous substances and how they should be kept in a secure storage area when not in use. The inspector observed safe working practices were in place and saw that cleaning products and materials were not left unattended.

Judgment:
Substantially Compliant

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 staff had safe procedures in place to guide their practice in relation to medicines management. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards were in place.

The medicine administration records were clear and the required information including a photograph of the resident was available. Medicines no longer required or was discontinued was signed off to indicate the regime was complete or no longer required. The inspector found that prescriptions were reviewed regularly by doctors. Medicines were administered from the original packaging and each resident's supply was kept separately in the trolley and clearly marked. Safe storage arrangements were in place and medication trolleys were locked and stored securely.

Arrangements to support residents' rights to choose a pharmacist were in place. Four pharmacists supplied medicines to residents. Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping 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 complex nature of residents' conditions and palliative care interventions meant that nurses kept up to date with medicine regimes some of which had to be altered frequently to meet changing needs. The majority of residents had the flu vaccine in the last few weeks. One of the clinical nurse managers has the role of influenza champion for the service and promotes the uptake of the vaccine and prevention measures.

There were regular audits of medicine management both by staff and by pharmacists. The results indicated that over a range of aspects that included reviews, disposal of medicines and storage good practice was consistent.

Judgment:

Compliant

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 record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspector found that all required notifications had been submitted.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

There were nineteen residents accommodated on the day of inspection. Twelve residents had been assessed as having maximum or high level care needs, five had medium level needs and two were assessed as low dependency. The majority of residents had complex health conditions and four residents were receiving palliative care. The inspector found that residents were appropriately assessed and monitored and that their health and social care needs were met to a high standard. Residents and relatives confirmed this finding and commented that there was good access to doctors and other professionals and a social programme was available.

The inspector saw that residents' received prompt attention when they requested help or activated call bells and staff were observed to undertake care activities in a manner that promoted dignity and protected privacy. Screens were used in communal rooms and signs were placed on doors to indicate that care was in progress to limit disruptions.

There were comprehensive nursing assessments completed when residents were admitted to establish their health and social care needs, as well as determine areas of risk. A range of validated assessment tools were used to assess skin condition, risk of falls, vulnerability to developing pressure area problems and nutrition needs.

The assessments completed were used to develop care plans that were person-centred, individualised and described the care to be delivered. Care plans were found to provide evidenced based guidance for staff on the care to be delivered and were updated at the required four monthly intervals or when there was a change in a resident's health

condition. There was evidence of consultation with residents or their representative in care plans reviewed. Residents' and relatives' feedback conveyed that they were consulted about care plans and were given the opportunity to contribute their views when care arrangements reviewed. An action plan in the last report identified that care plans did not describe changing needs and did not outline how dementia impacted on daily life. This action was reviewed and found to have been addressed. The inspector reviewed three care records and found that the details recorded provided an overview of residents' health and well being and reflected changes since the previous review. Care plans for residents who had dementia described for example that they liked being with other people and that continuous orientation is required for reassurance.

Relatives had contributed to the completion of information and had advised staff of the usual routines and lifestyle patterns of residents where residents had been unable to do this for themselves. The inspector was provided with good accounts of how care and well being was promoted by residents and relatives. Feedback described how staff worked hard to keep residents health and well. Doctors visitors frequently and other professionals were called to advise when needed. Staff were valued for the time they spent with residents, talking to them and reassuring them about the predicted outcomes of treatment. Residents said they found their periods of respite care maintained their capacity and the regular checks on their health when in hospital helped them live at home and improved their overall quality of life.

The inspector noted that there was appropriate detail recorded about mobility needs and requirements in relation to assistance with movement and transfers. Wound care problems reviewed related to circulatory problems and venous ulcers. There were care plans in place that outlined the care to be delivered. Expert advice on tissue viability matters was sought from staff at the local acute hospital-Letterkenny University Hospital or from public health nurses with expertise in this area.

Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. Residents told the inspector that they had choices about how they spent their day and said staff told them about activities and also advised them of activities in the day hospital that they could attend. The inspector saw evidence that the principles of person centred care was promoted. Residents were able to choose when to get up and go to bed and had baths and showers when they wished. They said they were free to remain in bedroom areas or go to the communal rooms. The inspectors saw that staff spent time going around and talking to residents throughout the day as many liked to stay in their rooms.

Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists was readily available. Doctors visited at regular times during the week and when requested to review residents.

There were processes in place to ensure that when residents were admitted, transferred or discharged from the centre, relevant information about their care and treatment was shared with other services.

Residents had opportunities to participate in activities and many had one to one care due to their high level care needs. Reflexology and massage were some of the

interventions used to enhance residents' well being. The social programme in the day hospital was also available to residents and the inspector saw that residents were reminded of activities there and helped to get there if they wished to attend.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

This centre caters primarily for residents who require short periods of care. There are some residents who have lived in the centre several years and this is regarded as their home. In the future it is planned that only short term care will be provided here. The centre has a combination of single and shared rooms. There are four rooms that accommodate four residents. Each room has an ensuite facility that enabled staff promotes privacy and dignity effectively. There were effective screens around beds and all except one communal bedroom had a tracking hoist system. This ensured that the intrusion from large items of equipment was limited. The bedroom without this equipment was large and there was adequate space to manoeuvre mobile hoists when needed. Residents had armchairs by their beds and had single wardrobes and bedside lockers with drawers. A range of works have been completed over the years to improve the environment for residents. There were two rooms allocated for end of life care. These were attractively furnished and decorated in a home like way and provided a comfortable setting for residents and relatives. There was space for visitors /relatives to stay in comfort and furniture and facilities where they could rest and make beverages was supplied.

Communal rooms were adequately spacious and furnished to ensure comfort and safety. The inspector saw that residents were free to access communal areas of their choice. Hallways are wide and have handrails that are clearly visible. There were appropriate shower and toilet facilities to meet the needs of dependent persons and there was a range of specialist equipment such as chairs, beds, mattresses and hoists available. There was a call bell system in place and this was accessible by beds and in ensuite facilities. Suitable lighting was provided and light switches were within residents' reach.

The building was well maintained, warm and decorated to a good standard. There is an ongoing programme of maintenance and recently the main hallways had been decorated.

Staff facilities were provided however a planned upgrade required completion as the shower and changing areas were separated and did not meet environmental requirements for the maintenance of effective infection control standards. This is identified for attention in the outcome on Health and Safety.

In addition the inspector noted that the medicine storage area had no ventilation and was very warm. The complex medicine regimes required for many residents and the need for two nurses to check controlled medicines which were in regular use here meant that nurses could be in this area for long periods of time. The inspector judged that the facility required review to ensure that it was appropriate and the well being of staff was protected.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that staff numbers and skill mix available during the day and at night could meet the needs of residents and address the business and administrative needs of the service.

The inspector reviewed the staff rota and discussed the staff allocation with the person in charge. The significant admission and discharge activity in this centre and the complex care required by many residents admitted for palliative, end of life care or rehabilitation require high nursing input and the number of nurses is maintained at three during the day and two at night to ensure safe quality care is delivered.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for

reporting suspicions or allegations of abuse. Staff were well informed about the actions they should take and conveyed positive attitudes towards the care of people who were vulnerable, frail and who needed varied levels of support. Staff told the inspector that they were well supported, that a good team spirit had been developed and that senior staff provided good leadership and guidance.

There was a training programme in place and the inspector found that staff were up to date with training and information on the mandatory topics of fire safety, moving and handling and adult protection/elder abuse. Training had been provided on a wide range of topics that included person centred care, dementia, open disclosure and hand hygiene. Nurses had received training on medicines management, the use of specialist equipment including syringe drivers, their preceptorship role for student nurses and the audit system.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Donegal Community Hospital
Centre ID:	OSV-0000617
Date of inspection:	01/11/2017
Date of response:	30/11/2017

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The layout of staff personnel records required review to ensure that the required schedule 2 records were readily accessible.

1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Please state the actions you have taken or are planning to take:
Schedule 2 records are now being held in a separate file to allow for easy access.

Proposed Timescale: 30/11/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

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

Staff facilities required attention to address the risk identified in relation to effective infection control management.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

HSE Estates and Infection Control have reviewed and are putting a Business Case forward for refurbishment.

Proposed Timescale: 31/12/2018

Theme:
Safe care and support

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

There was a delay in updating the fire register with the most up to date information and the inspector formed the view that the records should be updated contemporaneously in the register when the activity was completed.

3. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The fire register is now being updated weekly

Proposed Timescale: 30/11/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The medicine storage area had no ventilation and was very warm.

4. 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:

Maintenance have reviewed the situation and put forward a proposed solution. Funding has been applied for to complete the work.

Proposed Timescale: 31/12/2017