

**Health Information and Quality Authority
Social Services Inspectorate**

**Registration Inspection report
Designated Centres under Health Act 2007**



Centre name:	Donegal Community Hospital
Centre ID:	617
Centre address:	Lifford Road
	Donegal Town
	Co. Donegal
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Email address:	susan.rose@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider	Health Service Executive
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Susan Rose
Date of inspection:	23 June 2011
Time inspection took place:	Start time: 08:00 hrs Completion 17:00 hrs
Lead inspector:	John Farrelly
Type of inspection:	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Donegal Community Hospital is located on the outskirts of Donegal Town and is within walking distance of all local amenities. It is a two-storey building that was established in 1978. The residential part of the hospital is a 29-bedded unit located on the ground floor, which provides palliative care, respite care, convalescence, rehabilitation, assessment and some continuing care.

Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple occupancy bedrooms, each accommodating between three and five residents. Communal facilities include a lounge/sitting room, a dining room and an oratory. There are also a treatment room, staff facilities and a main kitchen.

In addition to in-patient facilities, the hospital also provides day hospital services, out patient clinics, child dental services, mental health services and a range of allied health professional services.

Car parking is available to the front and side of the hospital.

Date centre was first established:				1978	
Number of residents on the date of inspection				25	
Number of vacancies on the date of inspection				4	
Dependency level of current residents		Max	High	Medium	Low
Number of residents		8	9	7	1
Gender of residents				Male (✓)	Female (✓)
				2	23

Management structure

Donegal Community Hospital is operated by the Health Service Executive (HSE). On behalf of the HSE, the designated provider is Kieran Doherty. On a day to day basis, the Person in Charge is Susan Rose, Acting Director of Nursing who reports to Gwen Mooney, Service Manager, Older People Services. A clinical nurse manager, staff nurses, multi-task attendants, administrative and other ancillary staff report directly to the Person in Charge.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland* and any other relevant enactments.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

The inspector met with residents, relatives, and staff members. He observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Fit person interviews were carried out with the provider, the director of nursing and the acting person in charge, all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by the inspector, along with all the information provided in the registration application form and supporting documentation.

Overall, the inspector found that residents received a high standard of care. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents. The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was reflected in the positive outcomes for residents evidenced throughout the inspection and confirmed by residents and relatives.

Residents received dignified and respectful care, were protected from abuse, and received a high standard of evidence-based nursing, medical and allied health care. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the building. Residents were facilitated to exercise choice and personal autonomy and their views were sought and listened to. The physical environment was suitable for its stated purpose. Whilst clinical in nature attempts were made to ensure the centre was homely, comfortable, and well maintained. Recruitment practices were robust, staff were knowledgeable well trained and the standard of food for residents was good.

Systems and practices were in place in relation to the health and safety of residents, quality improvement and the management of risk. However, there was no overarching risk management policy in place and the timing of residents' evening meal required review. Seven other improvements were required to enhance the many findings of good practice. These are described under the outcome statements and related actions are set out in the action plan under the relevant outcomes.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland* and any other relevant enactments.

1. Statement of Purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

The statement of purpose accurately described the service that is provided in the centre. The inspector observed that the centre's capacity to meet the needs of residents, as stated in the statement of purpose, was reflected in practice.

Outcome 2

There is a system in place for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre. This system demonstrably informs learning and practice development.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

A system was in place to gather and audit information related to accidents, hygiene, medication and care planning. Health and safety was addressed via meetings between the person in charge, the clinical nurse manager and the health and safety representative. The inspector noted good infection control procedures. An infection control manual was located in the office and readily accessible by staff. Anti-bacterial gels were strategically placed throughout the centre and staff were observed to wash their hands before and after assisting residents.

However, there was no system established pursuant to regulation 35 specifically in relation to quality of life of residents.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon.

References:

Regulation 39: Complaints procedures

Standard 6: Complaints

Inspection findings

There was a low level of complaints in the centre. Residents and their relatives reported to the inspector that they had easy access to nursing and management and they could openly report any concerns which were addressed in a timely manner. A complaints policy was in place.

The complaints procedure was prominently posted in all units. It was also described in the residents' guide and the statement of purpose. Policy and practice encouraged open communication between staff and residents and an emphasis was placed on resolving any possible issues nearest to the point of care. An appeals process was available via the HSE, Head of Consumer Affairs. The director of nursing was identified as the named complaints officer.

2. Safeguarding and safety**Outcome 4**

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse.

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. All staff spoken with, including night staff, displayed good knowledge of the different forms of elder abuse and all were clear on reporting procedures. Residents spoken with confirmed to the inspector that they felt safe in the centre.

Robust procedures were in place to ensure the residents finances were handled in a transparent manner. If required, money could be held in individual accounts by the finance department.

At the time of inspection there were no recorded incidents or allegations of abuse.

Outcome 5

The health and safety of residents, visitors and staff is maintained and promoted by the implementation and monitoring of effective risk management systems. Adequate precautions are taken against the risk of fire.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety; Standard 29: Management Systems

Inspection findings

Practice in relation to the health and safety of residents and the management of risk promoted and ensured the safety of residents, staff and visitors.

Measures were in place to prevent accidents and facilitate residents' mobility, including hand rails which were provided on both sides of the corridor to promote independence. Staff could describe good practice in moving and handling residents. The inspector observed nurses assisting a number of residents in a proper manner. All staff had received training in moving and handling.

There was a documented emergency plan with clear direction to staff on what to do if the centre had to be evacuated. Staff spoken with could articulate the requirements of the plan. Review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. All staff had received fire safety and evacuation training. Fire drills were held at regular intervals and a record of fire drills was maintained.

All hoists, beds and assistive equipment were serviced on a regular basis. The inspector viewed evidence of recent service and maintenance reports.

There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. The inspector spoke to a staff member who showed him how the cleaning system was applied in practice. All staff had received training in infection control. Staff had access to supplies of latex gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre. Staff spoken with by the inspector could detail policy and practice in relation to infection control.

There was a low level of falls and accidents in the centre. A number of structures and processes were in place to mitigate and manage risk. All incidents and accidents were logged and risk assessed. All risks were mitigated promptly. All risks identified were subject to audit and review by a regional quality and risk manager. However, while all of the structures and processes were in place and there was a draft risk management policy, this had not been signed off on and disseminated to staff for implementation.

Outcome 6

There are effective processes in place for the safe and secure handling of medicines, including controlled drugs, in accordance with current guidelines and legislation.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The processes in place for the handling of medicines, including controlled drugs, were safe, secure and in accordance with current guidelines and legislation. Nursing staff demonstrated an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. A process was in place where the nurse dispensing medication wore a red bib which indicated that she was carrying out the medication round and should not be disturbed.

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

A list of the names and a copy of the signatures of all nurses involved in administration of medication was available. However, the prescribing doctors' names and signatures were not included on the list.

3. Health and social care needs**Outcome 7**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents have opportunities to participate in meaningful activities, appropriate to their interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents

Standard 10: Assessment; Standard 11: The Resident's Care Plan; Standard 13: Healthcare;
Standard 15: Medication Monitoring and Review

Inspection findings

The inspector found a high standard of evidence-based nursing, medical and allied health care including onsite occupational therapy and physiotherapy. The centre was

managed by qualified staff with considerable experience in the care of older people. A good knowledge of the legislation and the standards was demonstrated and staff spoken with displayed a desire to ensure that residents received high quality health care.

A high standard of medical cover was provided by a number of local general practitioners (GP). A GP out-of-hours service was also provided. A review of residents' medical notes showed that GPs visited the centre on a daily basis and as required. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals. A palliative care consultant provided input into the care of a number of residents with palliative care needs.

The inspector examined four care plans and found documentation to be comprehensive and person-centred. A computer based programme was used which also facilitated on going audit. The plans were based on a recognized model of nursing which examines all of the residents needs from a holistic perspective. Recognised assessment tools were used to promote health and address health issues. These included standardised assessments for risk of pressure ulcers, nutrition, falls, moving and handling and cognitive functioning. Where required, appropriate measures were put in place to manage and prevent risk. Residents and relatives spoken with confirmed that they had been involved in the initial assessment and ongoing reviews.

A number of residents had bedrails and lap belts in place. The centre's policy on the use of restraint included a direction to consider all other alternative interventions. The inspector reviewed the documentation of a number of residents who had bed rails in place and found that other options had been considered before implementing this practice. There was evidence that the use of bed rails was subject to assessment, and on-going review. Risk assessments were undertaken before introducing bed rails.

A number of activities took place such as listening to music and exercise. However, a comprehensive and structured programme of meaningful activity was not in place. A number of residents stated that they would welcome more activities. Staff and management acknowledged the need to provide more structured activity.

An admissions policy was in place. The majority of residents entered the centre for planned respite care. The computer system held detailed clinical data on each client. However, for first time admissions, there was no structured, clinical assessment form to advise staff of the needs of residents prior to admission.

The inspector noted that a number of residents had fluid balance charts in place. The residents appeared well hydrated and were taking fluids well. However the fluid balance chart was not updated on a regular basis.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy. The wishes and needs of family and friends are accommodated.

References:

Regulation 14: End of Life Care

Inspection findings

A policy was in place for caring for residents at end of life. On site specialist care and advice was also provided by a palliative care clinical nurse specialist. A palliative care consultant also visited once a week.

Care plans indicated that residents' wishes regarding end of life care were discussed, and staff members spoken with were knowledgeable about the residents' preferred religious practices, and their wishes in relation to whom they wished to spend time with, including other residents and family members.

The inspector spoke to one resident who was receiving palliative care. He was content with his care as were his relatives. The resident's care plan and medical notes indicated that all of the residents needs were addressed in a professional and compassionate manner.

Outcome 9

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

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

The food provided to residents was of a good standard. Residents received a nutritious and varied diet that offered choice.

The menu was a monthly rolling menu and the inspector observed staff discussing the menu options for the following day with a number of residents. They were given a choice and asked what meal they would like and also where they would like it served. A number of residents chose to have their food in their rooms. Residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Pureed vegetables were presented in the shape of the particular vegetable. The majority of residents chose to eat in their rooms. In the communal dining area table settings were pleasant and included condiments, matching sugar bowls and milk jugs and appropriate place settings with napkins for all residents. However, the residents' teatime meal was provided at 16:30. There was no resident centred rationale underpinning the provision of meals at this time.

Documentation indicated that each resident's weight was checked on monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk of malnutrition.

The inspector observed residents being offered a variety of snacks and drinks throughout the day. Jugs of water were available in common areas and in residents' rooms and staff regularly offered drinks to residents.

The inspector met the catering staff who could discuss the process for ensuring the special dietary requirements of individual residents were catered for. Kitchen staff had also received mandatory training in food hygiene. A copy of the latest Environmental Health report was available and evidenced that the kitchen was in substantial compliance with all statutory requirements.

4. Respecting and involving residents

Outcome 10

Each resident has a agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The person in charge provided the inspector with a copy of the contracts of care which had been given to residents. The contract set out the overall care and services provided to the residents and the fees charged, including any additional fees charged.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits

Standard 1: Information; Standard 2: Consultation and Participation; Standard 4: Privacy and Dignity; Standard 17: Autonomy and Independence; Standard 20: Social Contacts

Inspection findings

The majority of residents were receiving short term or respite care which was provided in a dignified and respectful way. Residents and visitors told the inspector that the staff were always available to help them and ensure they were attended to. The inspector observed good interactions between staff and residents. The inspector tested the call bell system and found that the staff response was prompt.

Residents meetings are held once a month and relatives meetings every two months. The inspector examined minutes of both meetings which indicated that both residents and relatives were afforded the opportunity to feed into the management of the centre and that their feedback was listened to and acted upon. A simple example was that a

resident had indicated that some of the sinks had no plugs. This was passed on to maintenance who resolved the issue. Feedback is also encouraged through a suggestion box in the main lobby and through the use of questionnaires.

All residents interviewed indicated that they were satisfied with the level of privacy achieved in all aspects of personal care. The inspector observed that residents were addressed by staff in an appropriate and respectful way. Staff knocked before entering individual residents' bedrooms and waited for permission before entering. In multi bedded rooms bedside curtains were used to ensure that privacy and dignity was maintained.

Contact with family members was encouraged and residents could meet with their visitors as they wished. The inspector observed that relatives and visitors had a strong presence in the centre. The inspector spoke to nine relatives all of whom expressed the respect and admiration they had for staff. They all indicated that the centre was an exceptional community service which provided very good care to their relative.

The centre had a dedicated chaplain who visited the centre on a regular basis. Mass was generally celebrated in the centre every week. All religious denominations were visited by their ministers, as required.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity; Standard 17: Autonomy and Independence

Inspection findings

There was a well-equipped laundry room. Residents and relatives were happy with the laundry system in place. The inspector observed that all residents' clothes were folded and returned to the resident's wardrobes by the care staff following laundering. All residents appeared well groomed and cared for.

The facility was built to function as a local hospital. The furnishings, fittings, curtains and décor in the communal areas went some way to creating a homely person centred environment. Whilst single rooms were decorated with photographs and personal belongings of residents, multi occupancy rooms were clinical in nature. In general efforts had been made to provide space for photographs, pictures and other personal belongings. However, particularly in the four bedded room for long term residents there was a lack of adequate storage space for clothes and personal possessions and the bedside lockers were clinical in nature.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in charge
Standard 27: Operational Management

Inspection findings

The person in charge works on a full time basis and was a registered nurse with the required experience in the area of nursing of older people as well as relevant post graduate qualifications and training. The inspector observed that she had provided good leadership and was very resident orientated. All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to the inspector during the fit person's interview.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. A Clinical Nurse Manager was in place to run the centre when the person in charge was off. He displayed a high level of competence and leadership as well as a concise knowledge of resident needs.

Outcome 14

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. There is a nurse on duty at all times. 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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers

Standard 22: Recruitment; Standard 23: Staffing Levels and Qualifications; Standard 24: Training and Supervision

Inspection findings

The inspector found that the levels and skills mix of staff were sufficient to meet the needs of residents on the days of inspection and a review of staffing rotas indicated that these were the usual arrangements. The inspector also spoke to night staff who displayed a good understanding of resident needs. The inspector observed that handovers between night and day staff were well organised and ensured the effective communication of residents needs from one shift to another. Staff were observed to be

skilled, compassionate and motivated. Additional onsite expertise was available for residents with palliative care needs.

All staff spoken with displayed a satisfactory understanding of the regulations and the standards and confirmed that these documents had been made available to them. They were clear about their roles and responsibilities and were able to explain these to the inspector.

All staff had received adequate professional development. The centre also has access to the centre for nursing/midwifery education in Letterkenny and a number of staff had attended courses in dementia care and phlebotomy. All care staff had been trained or were in the process of training to Further Education and Training Awards Council (FETAC) Level 5 or equivalent.

A robust policy for the recruitment, selection and vetting of staff was in place. A review of three personnel files found that all documentation as required by the regulations was in place.

Staff meetings were held on a regular basis. The inspector examined the minutes of meetings which took place in January, March and June 2011.

6. Safe and suitable premises

Outcome 15

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The premises were very clean and well maintained. Despite the clinical setting, staff had made efforts to make some bedrooms and the communal area more homelike by the use of coordinated curtains and bed clothing. Attractively coloured blankets were draped across each bed and the walls were decorated with pictures.

Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple occupancy bedrooms, each accommodating between three and five residents. Communal facilities include a lounge/sitting room, a dining room and an oratory. There are also a treatment room, staff facilities and a main kitchen.

Good sluice facilities were centrally located so they could be accessed from both sides of the centre. A separate cleaning room was provided. Cleaning schedules were in use throughout and the inspector noted these had been completed and were up to date. The kitchen had separate cleaning facilities, a HACCP system was in place and the records inspected were found to be in order.

The floor covering was damaged in a number of areas and presented a potential trip hazard. However, staff spoke to were very aware of this and the person in charge

indicated that the piping system under the floor had recently been repaired. New flooring had been ordered but the technician advised that the levels of moisture in the floor needed time to recede prior to putting down the new covering.

An onsite mortuary was available to maintain the remains of any deceased resident. However, the inspector observed that the floor was not cleaned to an adequate standard.

7. Records and documentation to kept at a designated centre

Outcome 16

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

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:

Resident's guide

Substantial compliance

Improvements required

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required

General Records (Schedule 4)

Substantial compliance

Improvements required

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required

Directory of Residents

Substantial compliance

Improvements required

Staffing Records

Substantial compliance

Improvements required

Medical Records

Substantial compliance

Improvements required

Insurance Cover

Substantial compliance

Improvements required

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of incidents

Standard 8: Protection; Standard 29: Management Systems; Standard 30: Quality Assurance and Continuous Improvement; Standard 32: Register and Residents' Records

Inspection findings

Practice in relation to notifications of incidents was satisfactory.

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre.

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre.

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The CNM was a competent and experienced manager. The inspector was informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with all of the management and staff to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

John Farrelly

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

29 June 2011

Provider's response to inspection report

Centre:	Donegal Community Hospital
Centre ID as provided by the Authority:	617
Date of inspection:	23 June 2011
Date of response:	14 July 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 2: Reviewing and improving the quality and safety of care

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no overarching mechanism or system for reviewing and improving the quality of care.

Action required:

Establish and maintain a system for reviewing the quality of life for residents in the designated centre. The system should provide for consultation with residents and their representatives.

Action required:

Make a report in respect of any review conducted and furnish a copy of the report to the Authority by the end of 2011.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We will consult with nursing practice development unit to develop an audit tool which measures the quality of life and the quality of care for our residents. This will be developed in consultation with residents, carers and their families and will furnish the Authority with a report by the end of 2011.</p>	December 2011

Outcome 5: Health and safety and risk management

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no overarching risk management policy.</p>	
<p>Action required:</p> <p>Implement the draft risk management policy.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The risk management policy will be implemented once signed off by the quality risk and safety group.</p>	October 2011

Outcome 6: Medication management

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Signatures for the prescribing of medication were not included in the centre signature bank.</p>	
<p>Action required:</p> <p>Ensure all signatures prescribing medication are included in the centre signature bank.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response: Doctors signature book being compiled at present.	31 July 2011
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Outcome 7: Health and social care needs

<p>4. The provider is failing to comply with a regulatory requirement in the following respect: There were limited opportunities for dependent residents or those with cognitive impairment to participate in meaningful activity.</p>	
<p>Action required: Provide a programme of meaningful activity which fully meets the needs of all residents.</p>	
<p>Reference: Health Act 2007 Regulation 6: General Welfare and Protection Regulation 10: Residents' Rights Dignity and Consultation Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: We have contacted FAS to identify worker to assist with activities. Their allocation comes out in September. We have a member of nursing staff being redeployed and is going to develop a meaningful activities programme for all residents. She will require training in this. Our current activity person has been off sick since October and hopes to return to work in next month. This will allow us to re-instate the previous level of activities.</p>	<p>November 2011</p>

<p>5. The provider is failing to comply with a regulatory requirement in the following respect: Pre admission clinical data was limited.</p>	
<p>Action required: Ensure pre admission data is comprehensive for first time admissions.</p>	
<p>Reference: Health Act, 2007 Regulation 9: Health care Standard 13: Healthcare</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Letterkenny General and Sligo General hospitals to ensure request for services have more information included to give hospital staff a better knowledge of the resident prior to admission. We will develop a local template to use when taking information from other units, GPs, etc – so that necessary information is obtained prior to admission.</p>	<p>Immediate</p>

Outcome 9: Food and nutrition

<p>6. The provider is failing to comply with a regulatory requirement in the following respect: The timing of evening meals is not based on resident needs.</p>	
<p>Action required: Ensure evening meals are served at appropriate times.</p>	
<p>Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Mealtimes to be discussed at next resident meeting in August and we will do a meal satisfaction survey and audit. Staff rosters to be reviewed then to facilitate meal times.</p>	<p>December 2011</p>

<p>7. The person in charge is failing to comply with a regulatory requirement in the following respect: Some fluid balance charts were not updated on a regular basis.</p>	
<p>Action required: Ensure all fluid balance charts are updated as required relevant to the clinical needs of the resident.</p>	
<p>Reference: Health Act, 2007 Regulation 9: Health care Standard 13: Healthcare</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>It was practise here to record catheter output on fluid balance charts on all residents with catheters. This practise had now been discontinued.</p>	Immediate

Outcome 15: Safe and suitable premises

<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The floor covering beside the nurses' station and outside the treatment room was lifting and created a potential trip hazard.</p>	
<p>Action required:</p> <p>Repair the floor covering beside the nurses' station and outside the treatment room.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have received approval from general manager to proceed with floor covering, however, the contractor will not commence work until he is satisfied that floor conditions are suitable for application of material.</p>	Ongoing

<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The mortuary floor required cleaning.</p>	
<p>Action required:</p> <p>Ensure the mortuary is maintained in a clean and proper manner.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

Provider's response: A rota has been put into place to ensure regular cleaning takes place.	Immediate
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Any comments the provider may wish to make:

Provider's response:

(No response received).

Provider's name: Kieran Doherty

Date: 14 July 2011