

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Donegal Community Hospital
Centre ID:	0617
Centre address:	Lifford Road
	Donegal Town
	Co. Donegal
Telephone number:	074 9740600
Fax number:	074 9723279
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 in charge:	Susan Rose
Date of inspection:	13 March 2012
Time inspection took place:	Start: 10:15 hrs Completion: 17:00 hrs
Lead inspector:	Marie Matthews
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Donegal Community Hospital is a two-storey building that was established in 1978. The residential part of the hospital is a 29 bed 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.

Location

Donegal Community Hospital is located on the outskirts of Donegal Town and is within walking distance of all local amenities.

Date centre was first established:	1978
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	8	10	8	2

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.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4	3	4	2	3	0

Background

This centre had its' registration inspection on 23 June 2011. The report for previous inspection can be found on www.hiqa.ie.

On the registration inspection, the provider and person in charge were found to have met the needs of residents and the requirements of the the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in a significant number of areas. Overall, the inspector found that residents received a high standard of care. However, work was needed to adapt a draft risk management policy and the timing of residents' evening meal required review. Other improvements included the need to establish a mechanism to review and report on the quality of life of residents and the provision of a structured meaningful programme of activities for the long term residents at the centre.

Summary of findings from this inspection

This focus of this follow up inspection was to confirm the progress on the action plan from the previous registration inspection. The inspector found that five of the nine previous Actions had been addressed in full. A further two had been partially addressed but required further work and two actions had not been complied with.

The inspector met with the person in charge to discuss the progress made in addressing the improvements required. The inspector also walked around the centre and met with a small number of residents to assess the quality of care to residents.

Overall the findings were positive and reflected the commitment of the provider and the person in charge to provide a good quality of life to the residents. The inspector observed a number of areas where the provider was not in compliance with the regulations. This included the provision of meaningful activity for residents and facilitation of an established residents committee. Areas of non compliance are described in the body of the report and related actions are set out in the Action Plan at the end of this report.

Issues covered on inspection

Fire Safety

Fire drills were held at regular intervals and a record of fire drills was maintained. Fire evacuation sheets were fitted to all beds. Records confirmed all staff had received fire safety and evacuation training. A review of the fire register confirmed that all fire safety equipment, including the fire alarm had been serviced at appropriate intervals. A fault had been detected in the emergency lighting during a routine test and a quote had been obtained for its repair which had been sent to the general manager for approval.

An external company has completed a fire risk assessment since the last inspection and high risk areas were prioritised for immediate completion. The person in charge advised that this work has been costed and the priority work identified in the risk assessment will be completed by the end of April 2012. Written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for dependent people will be issued once this work is complete.

Elder Abuse

All staff had received training on identifying and responding to elder abuse. The person in charge confirmed that there were no allegations of abuse currently under investigation.

Complaints

The complaints procedure was prominently posted near the nurse's station and the inspector saw that it was also described in the Residents' Guide and the statement of purpose. There were no complaints recorded so far this year. The inspector established that there was an emphasis by all staff on resolving issues as soon as possible and more minor issues which could be actioned easily by staff were not always recorded. The inspector discussed the benefit of logging the less serious complaints to assist with the identification of any patterns which might be indicative of a larger problem that needed to be addressed.

Care Planning

The inspector examined three care plans and found documentation to be comprehensive and person-centered. A computer based programme was used which also facilitated on going audit. Assessments for moving and handling, falls, nutrition, risk of pressure ulcers and cognitive functioning were carried out. There was evidence of three monthly reviews in two care plans however in one care plan an assessment for the use of a restraint had not been reviewed in the last three months.

Residents Committee

Good interactions between staff and residents were evident. The inspector spoke with the family of one resident who described easy access to staff and the person in charge and said she could openly discuss any concerns with any of the staff. However, the inspector saw that the established residents committee had not met since July 2011 due to a reduction in staffing levels due to illness.

Staffing Levels

There were only four residents receiving long-term care at the time of the inspection. The majority of residents were admitted for short-term or respite care. There had been 264 admissions and 257 discharges in the previous year. Although staffing levels and the skill-mix appear satisfactory, there was a need to review how these staff were deployed as there were deficient's in areas such as the provision of activities for the long stay residents and the facilitation of a residents committees.

Actions reviewed on inspection:

1. Action required from previous inspection:

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.

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

This action was addressed. A system was in place to audit information related to accidents, hygiene, medication, restraints, hand hygiene and care planning and the inspector saw where improvements had been carried out arising out of this work. For example, new integrated beds had been purchased as a result of the review of restraints and staff had been allocated responsibility for a number of care plans as a result of the review of care planning. The person in charge had written a report which listed the audits carried out and included some dialogue on the audit findings as well as giving feedback from the consumer panel and the residents committee held earlier in 2011. However, the system for quality assurance and continuous improvement required further development. For example, to include a review of activity provision and a more comprehensive analysis of audits carried out to inform future improvements for residents. The quality reviews did not provide for consultation with residents and their representatives.

2. Action required from previous inspection:

Implement the draft risk management policy.

This action was partially addressed. The inspector was shown the risk management policy which was implemented in August 2011. However, the document was a generic HSE policy which specified that 'each community hospital should develop their own specific procedures and flow charts' and this had not yet taken place. The policy addressed the areas prescribed in the regulations but needed work to reflect the practices in this centre and there was no evidence that the policy had been disseminated to staff for implementation.

3. Action required from previous inspection:

Ensure all signatures prescribing medication are included in the centre signature bank.

This action was addressed and the inspector saw that signatures of all general practitioners (GPs) prescribing medication were included in the centre signature bank.

4. Action required from previous inspection:

Provide a programme of meaningful activity which fully meets the needs of all residents.

This action was not addressed. The post of the centre's activity coordinator was still vacant due to illness and there was no staff member allocated to this function. A number of activities were taking place at the centre which included listening to music and taking part in simple exercises, nail painting and watching DVDs. However, a structured programme of meaningful activity was still not in place. The person in charge was aware of this issue and acknowledged the need to provide more structured activity. She had had been successful in securing a FAS worker to assist with ground works outside the centre and was hopeful of securing a second person to assist with activities. A member of nursing staff was redeployed and is going to develop a meaningful activities programme for all residents.

5. Action required from previous inspection:

Ensure pre-admission data is comprehensive for first time admissions.

This action was addressed. The person in charge had done some work with Letterkenny General Hospital to improve the clinical data collected on admission. The inspector reviewed the care plans of a recent admission and saw that detailed information had been taken.

6. Action required from previous inspection:

Ensure evening meals are served at appropriate times.

This action was addressed. The inspector saw that a satisfaction survey was carried out with residents which concluded that residents were satisfied with their meal times. One resident had asked for his tea to be served later and this wish had been accommodated.

7. Action required from previous inspection:

Ensure all fluid balance charts are updated as required relevant to the clinical needs of the resident.

The inspector was informed that the practice of recording catheter output on fluid balance charts for residents with catheters has been discontinued. The inspector observed residents being offered a variety of drinks throughout the day. Jugs of water were available in communal areas and in residents' rooms and staff regularly offered drinks to residents.

8. Action required from previous inspection:

Repair the floor covering beside the nurses' station and outside the treatment room.

This action was not addressed. The inspector saw evidence that a quote had been obtained to complete this work which has arisen as a result of leaking pipes under the floor which have caused the floor to warp. A new floor covering had been purchased and the person in charge said that although the plumbing system had been repaired, moisture levels in the floor were still high. These were initially recorded at 95%, the levels had reduced to 93%. However, she had been advised that moisture levels need to fall below 83% before the new floor could be put in place to prevent a re-occurrence of the original problem.

9. Action required from previous inspection:

Ensure the mortuary is maintained in a clean and proper manner.

This action was addressed. The mortuary floor was maintained in a clean condition and the inspector saw that a rota was now in place to ensure regular cleaning takes place.

Report compiled by:

Marie Matthews

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

28 March 2012

Chronology of previous HIQA inspections

Date of previous inspection:	Type of inspection:
23 June 2012	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Donegal Community Hospital
Centre ID:	0617
Date of inspection:	13 March 2012
Date of response:	18 April 2012

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. 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.

Action required:

Provide a programme of meaningful activity which fully meets the needs of all residents.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Regulation 10: Residents' Rights Dignity and Consultation
Standard 18: Routines and Expectations

* 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 with timescales:	Timescale:
Provider's response: A programme of activity will be in place by the end of May 2012.	End May 2012

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The risk management policy was not reflective of practice at the centre.</p>
<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</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:
Provider's response: The generic risk management policy will be reviewed and made centre-specific for the centre.	End June 2012

<p>3. 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>Provide safe floor covering at the nurses' station and outside the treatment room.</p>

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The floor covering is due to commence on 24 April 2012.	End May 2012.

4. The provider has failed to comply with a regulatory requirement in the following respect: There was no active forum to facilitate residents' consultation and participation in the organisation of the designated centre for residents.	
Action required: Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A meeting of the residents group has been organised and will be ongoing.	Immediately

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Kieran Doherty

Date: 18th April 2012