

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

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Lifford Community Hospital
Centre ID:	0621
Centre address:	Lifford
	County Donegal
Telephone number:	071 - 985 1303
Email address:	marya.clarke1@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Mary Clarke
Date of inspection:	5 November 2012
Time inspection took place:	Start: 10:30 hrs Completion: 18:15 hrs
Lead inspector:	Siobhan Kennedy
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

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 their 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
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, and fire safety records.

The matter identified at the previous inspection of the centre for action related to fire certification. This was forwarded to the Authority and subsequently the centre was registered to accommodate up to 11 residents.

Many of the residents, due to their deteriorating health condition were unable to communicate with the inspector and express their views of the service provision. Those residents who shared their opinions with the inspector were satisfied with the services received and in particular with the meals provided.

Residents' healthcare needs were assessed and reviewed on an ongoing basis, within a care planning process. Emphasis was placed on health promotion and the GP visited the centre twice during the inspection to attend to residents who had an infection. The inspector found that medicines were not administered in accordance with the centre's policies/procedures.

Management had put measures in place to protect residents from abuse including the training of staff. However, risk management policy/procedure had not been implemented throughout the centre as a number of risks have been identified by the inspector.

The inspector observed that some practices which did not reflect a person-centred philosophy of care.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Regulations and the Authority's Standards. These primarily related to the environment.

Section 41(1)(c) 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) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the statement of purpose and found that it was non-compliant in the following areas by not stating/including:

- the current professional registration, relevant qualifications and experience of the registered provider
- the experience of the person in charge
- any conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007
- the maximum number of residents who can be accommodated in the designated centre
- the maximum number of residents who will be accommodated at the designated centre in accordance with the information provided by the applicant under the Regulations
- the total staffing compliment, in numbers of staff for the designated centre
- the age range and sex of the residents for whom it is intended that accommodation should be provided.
- the range of needs that the designated centre is intended to meet
- the type of nursing care to be provided
- any criteria used for admission to the designated centre, including the designated centre' s policy and procedures (if any) for emergency admissions
- emergency procedures
- the arrangements made for dealing with complaints.

The above matters were discussed with the person in charge and they agreed to amend the statement of purpose.

Outcome 3

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider on behalf of the Health Service Executive (HSE) is Kieran Doherty. He is assisted by Gwen Mooney, who is the acting service manager for Older Persons Services in Donegal.

The person in charge/acting director of nursing is Mary Clarke. She is a registered general nurse and registered midwife. Her working experience has been primarily with older people and has been working in Lifford Community Hospital since 1979 initially as a staff nurse and clinical nurse manager level two. In December 2010 she took up her

current position. She has been keeping her knowledge up to date by attending courses, for example, venapuncture and hopes to commence a course palliative care in January 2013. She is assisted by a clinical nurse manager level two, who deputises in her absence. The care and support staff report to the clinical nurse manager and the person in charge. In discussions with the inspector, a staff member was clear about the organisational structure, roles and responsibilities and reporting systems. The directors of nursing for the community hospital meet on a monthly basis via teleconference calls.

Outcome 4

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:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A record in relation to monitoring a resident's form of restraint was not maintained accurately. A record had been compiled, which necessitated a staff member observing that the bedrails on a resident's bed were satisfactorily in place. A staff member completed this record in the affirmative for a time slot which had not been observed by any staff member.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Management had put measures in place to protect residents from abuse. Staff of the centre use the HSE's corporate policy and procedure for the protection of residents from abuse.

During 2010 and 2011, all staff had participated in training in elder abuse. This included the use of "Open Your Eyes" video.

A person working at the centre shared the information and knowledge obtained from participating in the training with the inspector. This was comprehensive and detailed. Other staff members spoken with were knowledgeable about types of abuse, reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

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

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The Chief Inspector received written confirmation from a competent person that all the requirements of the statutory fire authority had been implemented prior to the registration of the centre with the Authority.

The inspector examined the risk management policy/procedure. The specified precautions in place to control the risks listed in the regulations was evident. There was a recording system in place to identify risks in relation to residents' personal care within the care planning process and environmental risks were highlighted, and referred to the HSE maintenance department for action. There is a system for escalating to senior management identified risks for which the staff and person in charge are unable to address.

Appropriate action was taken in order to prevent/minimise risks of residents' falling or having an accident. For example, one resident's bed had been lowered to the floor. The inspector observed that staff made sure that the footplates of wheelchairs were in place for residents before transporting them.

The following risks were identified on inspection:

- a student on work experience was unaware of the location of the fire alarm panel
- two residents' bedroom doors and the door to the hairdressing room were propped open
- during the mid-morning a number of items were left on the corridor obstructing it and the handrail for use by residents. The items included a floor cleaner, wet floor caution sign and a chair
- although there was a key pad lock on the sluice room door it was propped open
- the sluice room contained cleaning items, for example, mops, floor cleaner head and wipes.
- the health and safety statement was not up to date for the year 2012
- with the exception of three staff members, staff had not participated in up-to-date refresher training in manual handling since September 2010
- there was open access to residents' bedrooms from the entrance of Foyle Ward (long-term nursing unit) and Mourne Ward (respite care unit)
- a trolley containing clean items including continence products, sheets, protective clothing and a hoist sling were left throughout the inspection in a bedroom accommodating four residents.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a policy to manage the ordering, prescribing, storing and administration of medication. There was evidence that GPs reviewed residents' medicines on a three-monthly basis. Medication audits were carried out and good arrangements were in place with the pharmacist.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained.

The medication trolley contained individually named plastic boxes which stored residents' medicines. The name of each resident was located on the plastic box. The prescription sheet identified the name of the resident, medication and the GP's signature. The inspector noted that the photograph of the residents were not up-to-date.

The staff nurse administering medicines did not follow the centre's policies/procedures nor good practice guidelines in the following aspects:

- a resident's medicines were pre-dispensed in that they were crushed and left in a plastic vial on the resident's lunchtime meal tray for 20 minutes prior to being administered to the resident
- the staff nurse asked a resident if the resident wanted pain relief. However, the GP had not prescribed pain relief as an "as required" (PRN) medicine
- the utensils used for crushing medicines were not cleaned between uses with two residents
- prescribed cream had not been discontinued when no longer required for a resident's use.

Outcome 9

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 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was aware of her responsibility to notify the Chief Inspector of incidents, in accordance with the Regulations. However, many of these were in respect of the respite service and did not relate to the residents accommodated in the designated centre.

The inspector highlighted the need for the person in charge to ensure that a written report is provided to the Chief Inspector at the end of each quarter in the event of the occurrence in the designated centre of any of the following:

- any recurring pattern of theft or reported burglary
- any fire, or loss of power, heating or water
- any incident where evacuation of the designated centre took place
- any change in the trading name.

In the event that none of the above occurred it is necessary to complete and forward to the Authority a nil return.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector observed staff delivering care and supporting residents and saw that a staff member promptly answered the resident alarm call bell in a toilet facility activated by the inspector. However, the inspector also observed that the serving of the mid-morning refreshment/tea did not take account of residents' abilities.

In one instance a beaker of the tea was left on the over-bed table for a resident who was unable to independently drink, 25 minutes later a staff member assisted the resident to have the drink. In another instance a beaker of tea was left on the over-bed table for a resident who was unable to independently drink. No staff member assisted the resident to have the drink. The resident's fluid intake was being monitored. The

record had not been completed during a period of two and half hours yet there were half a beaker of orange juice and three quarters of a beaker of tea on the resident's over bed table.

Another resident was given a beaker of tea. Fifteen minutes later a staff member approached the resident and removed the beaker of tea which had been untouched by the resident.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her 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 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Ten residents (eight females and two males) were being accommodated at the time of inspection. They were all assessed as having maximal dependency. One resident was under 65 years of age.

The centre had sufficient general practitioner (GP) cover. The GP attended the centre twice during the inspection as a couple of residents had a chest infection. Entries in residents' care plans showed that residents had access to allied health professional services, including the physiotherapist, occupational therapist, optician and chiropodist who provided their services to residents. There was evidence of communication and input from the dietician in the development of menus for residents with special dietary needs.

Residents' care plan is maintained electronically. The care documentation contained details of the assessments of the resident's dependency, needs on admission, and subsequently physical, social and mental health needs. Objectives of care, treatment plans and nursing interventions were recorded. During conversations with the inspector, staff were knowledgeable and familiar with care plans and residents' needs and preferences.

Risk assessments had been carried out in relation to a number of healthcare issues, for example, continence, nutrition, swallowing, accidents and falls. Staff adopted validated tools to risk rate residents. For example, the Braden scale was used to identify the risk of developing pressure sores. At the time of this inspection, there were no residents with pressure ulcers. Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example referral had been made to the dietician.

There was a policy and procedure on the use of any form of restraint. Staff were familiar with the systems and practices regarding these including the involvement of the resident and his representatives, consultation with appropriate professionals and review of the form of restraint.

An activity coordinator is employed four hours a day, five days a week. The inspector observed the staff member working with some residents making Christmas cards. The health condition of the majority of residents who were in bed during the day of the inspection prevented them from being involved in any activities apart from those associated with basic care.

Outcome 12

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The designated centre referred to as Foyle Ward has been registered to accommodate 11 residents. The main entrance to the centre is shared with the outpatient section of the hospital. The centre can be accessed from two points within the hospital, a corridor leading directly to the facilities and from the entrance to Mourne Ward, which is the respite unit.

A small oratory, hairdressing area and treatment room are located on the main corridor of the centre. The hairdressing room had been used to store cleaning equipment.

Residents' bedroom accommodation consists of two single bedrooms, two bedrooms with two beds and one bedroom with four beds. Up until recently a resident was accommodated in Mourne Ward. Some residents had personalised their bedroom space but overall this was limited.

The main communal room (sitting and dining) can only be accessed by walking through two residents' bedrooms (one with four beds and the other with two beds). The communal rooms were homely furnished and welcoming. Bathrooms, toilet and sluice facilities were located close to the main communal sitting dining room. A toilet facility was used for storing commodes. The first floor of the centre has been designated for staff use and accommodation consists of offices, staff changing and dining facilities.

Wardrobes with hanging and shelf space were available for residents' personal possessions. Curtain screening was in place in the multi-occupied bedrooms in order to provide privacy for residents as staff attended to their personal care.

The centre was well maintained and clean. A multitask worker informed the inspector of the systems and practices in place with regard to cleaning residents' bedrooms and communal areas with a view to preventing and controlling infection.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15
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

Action(s) required from previous inspection:
No actions were required from the previous inspection.

Inspection findings

The inspector observed the lunchtime meal. This consisted of a choice of braised steak or roast pork served with a variety of vegetables. The cook informed the inspector that the lunchtime and evening tea menus are provided to residents in advance so that they can choose their preferred option. The evening meal consisted of haddock

pie served with chips and peas. The cook stated that "there was always a choice of milky puddings and fruit". The inspector saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Residents who communicated with the inspector were complimentary of the food provided.

Staff were seen sitting and or standing, when necessitated by the resident's condition, with residents while assisting them to have their meals.

Outcome 16

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 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that each resident's privacy and dignity had not been fully respected. Document sheets on clipboards containing residents' personal information were hanging from the rail at the bottom of some residents' beds.

The inspector observed two visitors to the centre walk through the centre of two residents' bedrooms to access communal facilities in the centre. One bedroom contained four beds and three residents were in bed and the other bedroom contained two beds with a resident in one of the beds.

The inspector observed two male care attendants provide care to a female resident. The person in charge informed the inspector that this was contrary to the centre's policy/ procedures in respect of ensuring residents rights, privacy and dignity.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is supported in her role by a clinical nurse manager level two, who was on annual leave on the day of the inspection. The inspector found that the levels and skill mix of staff were sufficient to meet the needs of residents. The inspector checked the staff rota and found that it was well maintained with all staff who work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered. Residents interviewed were complimentary of the staff team.

There was evidence that staff had access to some education and training. From February to June 2012, 27 staff members had participated in hand hygiene training. The inspector observed caring staff routinely washing their hands prior to carrying out tasks with residents. There was evidence that opportunities for staff to participate in fire safety training had been provided and availed of by staff members. Nine staff members had participated in CPR training during September and October 2012.

The inspector was informed by the person in charge that a staff meeting is planned for 13 November 2012. The inspector examined the registration status of the eight nurses employed at the centre. These were found to be up to date.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, person in charge and staff during the inspection.

Report compiled by:

Siobhan Kennedy

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

13 November 2012

Provider's response to inspection report *

Centre Name:	Lifford Community Hospital
Centre ID:	0621
Date of inspection:	5 November 2012
Date of response:	15 January 2013

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*.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose was non-compliant in the following areas in not stating/ including:

- the current professional registration, relevant qualifications and experience of the registered provider
- the experience of the person in charge
- any conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007
- the maximum number of residents who can be accommodated in the designated centre
- the maximum number of residents who will be accommodated at the designated centre in accordance with the information provided by the applicant under the Regulations
- the total staffing compliment, in numbers of staff for the designated centre

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

<ul style="list-style-type: none"> ▪ the age range and sex of the residents for whom it is intended that accommodation should be provided. ▪ the range of needs that the designated centre is intended to meet ▪ the type of nursing care to be provided ▪ any criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions ▪ emergency procedures ▪ the arrangements made for dealing with complaints. 	
<p>Action required:</p> <p>Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>References:</p> <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Statement of purpose completed and forwarded to the Authority.</p>	<p>Completed</p>

Outcome 4: Records and documentation to be kept at a designated centre

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A record in relation to monitoring a resident's form of restraint was not maintained accurately. A record had been compiled, which necessitated a staff member observing that the bed rails on a resident's bed were satisfactorily in place. A staff member completed this record in the affirmative for a time slot which had not been observed by any staff member.</p>	
<p>Action required:</p> <p>Maintain the records listed under Schedule 3 (records in relation to residents) of the Regulations in a manner so to ensure accuracy.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Staff advised re maintenance of records. All Schedule 3 records maintained.	Completed

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

The risk management policy/procedure had not been implemented throughout the centre as the following risks were identified on inspection:

- a student on work experience was unaware of the location of the fire alarm panel
- two resident's bedroom doors and the door to the hairdressing room were propped open
- during the mid-morning, a number of items were left on the corridor obstructing it and the handrail for use by residents. The items included a floor cleaner, wet floor caution, and a chair
- although there was a key pad lock on the sluice room door this was propped open
- the sluice room contained clean items, for example, mops, floor cleaner head and wipes
- the health and safety statement was not up to date for the year 2012
- with the exception of three staff members staff had not participated in up-to-date refresher training in manual handling since September 2010.
- there was open access to residents' bedrooms from the entrance of Foyle Ward (long-term nursing unit) and Mourne Ward (respite care unit)
- a trolley containing clean items including continence products, sheets, protective clothing and a hoist sling were left throughout the inspection in a bedroom accommodating four residents.

Action required:

Ensure that the risk management policy/procedure is implemented throughout the designated centre and addresses the risks identified above.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Standard 26: Health and Safety
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Induction of staff has been updated to include fire safety. The risk register has been updated to include identified risks and staff have made aware of the identified risks and how to deal with them.	Completed Completed

Outcome 8: Medication management

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

Medication management was not carried out in accordance with the centre's policy/procedure and good practice guide as the following matters were identified on inspection:

- a resident's medicines were pre-dispensed in that they were crushed and left in a plastic vial on the resident's lunchtime meal tray for 20 minutes prior to being administered to the resident
- the staff nurse asked a resident if the resident wanted pain relief. However, the GP had not prescribed pain relief as an "as required" (PRN) medicine
- the utensils used for crushing medicines were not cleaned between uses with two residents
- prescribed cream had not been discontinued when no longer required for a resident's use
- the photographs of the residents on the prescription sheet were not up to date.

Action required:

Put in place appropriate and suitable practices relating to the administration of medicines to residents and ensure that staff are familiar with these.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: 10 out of the 13 nursing staff have received medication management training on 27 November 2012. Remaining staff	Completed

will receive training on return from leave.	
All resident photographs have been updated.	Completed

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:

Notifiable incidents were in respect of the respite service and not applicable to the designated centre.

A written report was not provided to the Chief Inspector at the end of each quarter in the event of the occurrence in the designated centre of any of the following:

- any recurring pattern of theft or reported burglary
- any fire, or loss of power, heating or water
- any incident where evacuation of the designated centre took place

In the event that none of the above occurred it is necessary to complete and forward to the Authority a nil return.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Action required:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any recurring pattern of theft or reported burglary.

Action required:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any fire, or loss of power, heating or water.

Action required:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any incident where evacuation of the designated centre took place.

Reference:

- Health Act, 2007
- Regulation 36: Notification of Incidents
- Standard 29: Management Systems
- Standard 30: Quality Assurance and Continuous Improvement
- Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The person in charge has submitted all required documentation since inspection and will continue to do so.	Completed

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

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

Systems were not in place for improving the quality of care and quality of life of residents in the centre as the serving of the mid-morning refreshment/tea did not take account of residents' abilities. Staff were not available to assist residents who were not independent to have their mid-morning refreshment.

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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:
Provider's response: The morning work schedule has been re organised to facilitate assisting residents to have their mid morning refreshments.	Completed

Outcome 12: Safe and suitable premises

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

Suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose was not appropriate to the needs of residents in the following manner:

- the main communal room (sitting and dining) can only be accessed by walking through two residents' bedrooms (one with four beds and the other with two beds)

<ul style="list-style-type: none"> ▪ the designated hairdressing room had been used to store cleaning equipment ▪ a toilet facility was used for storing commodes ▪ there was limited personalisation of residents' bedroom space. 	
<p>Action required:</p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose by addressing the above matters.</p>	
<p>Action required:</p> <p>Ensure suitable provision for storage of equipment in the designated centre.</p>	
<p>Action required:</p> <p>Provide adequate private accommodation for residents.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">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>All cleaning equipment has been relocated.</p> <p>The overall campus of designated centre will be reviewed by estates and a plan will be submitted.</p> <p>Sitting room has been converted to a dining room for the benefit of the residents. All non residents will have alternative dining / sitting room accommodation.</p>	<p>Completed</p> <p>July 2013</p> <p>Completed</p>

Theme: Person-centred care and support

Outcome 16: Residents' rights, dignity and consultation

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Resident's privacy and dignity had not been fully respected, with regard to the following matters:</p> <ul style="list-style-type: none"> ▪ the inspector observed two male care attendants provide care to a female resident ▪ two visitors to the centre walked through the centre of two residents' bedrooms to access communal facilities in the centre. One bedroom

<p>contained four beds and three residents were in their beds and the other bedroom contained two beds with a resident in one of the beds</p> <ul style="list-style-type: none"> document sheets on clipboards containing residents' personal information were hanging on the rail at the bottom of some residents' beds. 	
<p>Action required:</p> <p>Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.</p>	
<p>Action required:</p> <p>Put in place arrangements to facilitate residents in the exercise of their civil rights.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 5: Civil, Political and Religious Rights</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Arrangements are in place to review and upgrade security for the residential unit.</p> <p>The dignity and civil rights of the residents have been addressed through staff meetings.</p>	<p>June 2013</p> <p>Completed</p>

Any comments the provider may wish to make¹:

Provider's response:

The management and staff would like to thank the inspector for her courtesy during the inspection and the constructive feedback given.

Provider's name: Kieran Doherty

Date: 21 December 2012

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