

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Lifford Community Hospital
<b>Centre ID:</b>	0621
<b>Centre address:</b>	Lifford
	Co Donegal
<b>Telephone number:</b>	071-9851303
<b>Fax number:</b>	074- 9141603
<b>Email address:</b>	kieran.doherty@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	Kieran Doherty
<b>Person in charge:</b>	Mary Clarke
<b>Date of inspection:</b>	6 March 2012
<b>Time inspection took place:</b>	<b>Start:</b> 10:00 hrs <b>Completion:</b> 13:00 hrs
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<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

Lifford Community Hospital is the old county hospital with 18 beds operational at the time of inspection, 11 of which were for long-stay residential use. The other seven beds are respite/rehabilitation beds and not subject to inspection at this time. It has well maintained grounds overlooking the river Foyle. An ancillary health services clinic is located adjacent to the centre. It provides long stay residential, respite, rehabilitation and palliative care services in the Lifford area.

<b>Date centre was first established:</b>	1775
<b>Number of residents on the date of inspection:</b>	11
<b>Number of vacancies on the date of inspection:</b>	0

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	10	1	0	0

### Management structure

The Provider is Kieran Doherty who is the general manager of HSE PCCC for Donegal. He is assisted by Gwen Mooney who is acting service manager for older persons' services in Donegal. The Person in Charge/Director of Nursing is Mary Clarke and she reports to HSE local management as outlined above. She is assisted by a Clinical Nurse Manager grade two who deputises in her absence. All staff in the centre report to them.

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

## Background

This inspection was the fourth inspection of this centre by the Health Information and Quality Authority's Social Services Inspectorate. The purpose was to follow up on the actions outlined in the registration inspection report and ensure that the centre had progressed same.

## Summary of findings from this inspection

The provider had addressed two of the actions arising from the previous inspection in full and was awaiting a visit from an engineer contracted by the HSE to progress the fire certification. As on previous inspections, the centre was well organised and delivering a good standard of care to the residents it cares for. Residents spoken to were happy with their care and the centre. The person in charge and staff were noted to be helpful and attentive to residents needs and facilitated the inspection in an efficient manner.

## Issues covered on inspection

### Staffing

As detailed in the action plan review, there was adequate staff in place in the centre and staff files had been updated as required. On the day of inspection staff were noted to be unhurried and attentive to their tasks and engaging with residents in a respectful manner. The recent retirements in adjacent HSE facilities meant some care staff from Lifford worked in those centres as required. This was not adversely impacting on the centre at the time of inspection.

### Resident Consultation

Consumer group minutes were reviewed by the inspector. The consumer group is the name given to the residents' forum in the centre. It is facilitated by a member of staff and has detailed actions arising and responses recorded in addition to the matters raised recorded in the minutes. It was noted that residents raised a variety of matters from the choice of TV viewing, the meals in the centre and their preferences for assistance when being helped by staff with daily needs.

### Notifications

Notifications received, including the most recent quarterly notifications, were reviewed with the person in charge. The centre has in place recording of accidents and incidents maintained electronically in the centre. A falls audit had identified the number and times of occurrence of falls in the centre in the preceding months.

The person in charge was able to describe in detail actions taken as a result of notified falls to prevent reoccurrence or minimise the risk of reoccurrence including ensuring call bells to and the use of low to floor beds.

## Care Plans and Restraint

Care plans reviewed were comprehensive and up to date. Dependencies were assessed using accredited tools. Regular blood samples from residents were submitted for analysis to the local hospital in conjunction with the three-monthly reviews by the resident's general practitioner (GP). Where restraints were in place, such as bedrails, the requirement and consents for use were documented in the care plan with daily checks recorded.

### Actions reviewed on inspection:

#### 1. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action was completed in full

The person in charge had reviewed staffing arrangements in respect of the centre. There is provision in place where need arises for extra night time staff in particular. This was verified on review of rosters where such a need had arisen due to the needs of a recent respite resident in the centre who required extra attention.

#### 2. Action required from previous inspection:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

The provider has yet to submit appropriate fire certification as required for registration.

The centre has an upgraded fire alarm system in place since 2009 that covers all areas of the centre. Fire safety equipment had been serviced as required. The fire register and safety checks were up to date and the centre had completed required staff training. The centre was awaiting a visit from the HSE fire consultants to assess compliance requirements/works for submission of the required building certification.

#### 3. Action required from previous inspection:

Copies of staff files with required documentation for all staff were not available in the centre.

This action was complete and verified on files checked on inspection for three staff in the centre.

***Report compiled by:***

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

2 June 2012

**Provider's response to inspection report \***

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<b>Date of response:</b>	No response received

**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 has failed to comply with a regulatory requirement in the following respect:**

No certificate of fire safety was submitted with the application to register.

**Action required:**

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

**Reference:**

Health Act, 2007  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety

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

**Timescale:**

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

Provider's response: No response received.	
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**Any comments the provider may wish to make:**

**Provider's response:**

None received.