

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

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



Centre name:	St. Joseph's Community Hospital
Centre ID:	0625
Centre address:	Mullinadrait Stranorlar, Co. Donegal
Telephone number:	074-9131038
Email address:	paul.hume@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:	Paul Hume
Date of inspection:	21 August 2012
Time inspection took place:	Start: 10:05 hrs Completion: 18:30 hrs
Lead inspector:	Siobhan Kennedy
Support inspector:	Sonia McCague
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

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 12 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 checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input 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 checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" 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 inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspectors met with a number of residents and relatives who were complimentary of the care provided.

Five non-compliant matters were identified during the previous inspection on 6 March 2012. Of these, two were fully addressed. The matters outstanding are restated in this inspection report. These relate to providing opportunities for residents to participate in activities appropriate to their interests and capacities, ensuring that all staff members are trained in the moving and handling of residents, reviewing the decor and layout of the centre particularly multi-occupied bedrooms to ensure that it meets the needs of residents and separating sluice, cleaning rooms.

During this inspection, inspectors found that the provider and person in charge of the centre were non-compliant with regard to a number of matters. These included the following:

- having a statement of purpose, which reflects the provision of services and facilities and meets the requirements of the Regulations
- agreeing the contract of care with each resident within a month of admission
- protecting residents from being harmed,
- implementing a comprehensive risk management policy/procedure throughout the centre
- maintaining records and operating policies and procedures in accordance with the Regulations
- notification of incidents to the Chief Inspector
- assessment of residents' and care planning
- the physical environment
- training, staff development and provision for volunteers

The person in charge assured the inspectors that all the issues would be addressed in order to fully comply with the requirements of the Health Act, 2007 and 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*.

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 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

While there was written statement of purpose, it did not contain sufficient information regarding all the matters listed as per Schedule 1 of the Regulations. Primarily those matters related to the following:

- the current professional registration and experience of the registered provider
- the experience of the person in charge
- the registration number, date of registration and expiry date
- any conditions attached by the Chief Inspector to the designated centre's registration
- the total staffing compliment, in whole time equivalents, for the designated centre with the management of nursing compliment given by grade
- the organisational structure of the designated centre
- the age range of residents for whom accommodation shall be provided
- the range of needs that the designated centre is intended to meet
- any criteria used for admission to the designated centre, including the designated centres policy and procedure (if any) for emergency admissions
- emergency procedures in the designated centre
- the arrangements made for dealing with complaints
- the arrangements made for dealing with reviews of the resident's assessment and care plan
- the number and size of rooms in the designated centre
- any separate facilities for day care.

Outcome 2

Each resident has an agreed written contract which includes 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 1: Information; Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The person in charge informed the inspectors that currently no resident has an agreed written contract of care, which includes details of the services to be provided and the fees to be charged. However, a nationally prepared contract on behalf of the HSE has been forwarded to the person in charge for agreement with each resident being accommodated.

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

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

General Records (Schedule 4)

Substantial compliance

Improvements required *

The inspectors examined a record in respect of money and other valuables deposited by a resident for safekeeping. The records listed the date on which the money or valuables were deposited/received by the centre but did not state the date and written acknowledgement of the valuables being returned to residents.

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

The inspectors were informed that all the policies as per Schedule 5 of the Regulations were available in the centre. However, the policy and procedures in relation to behaviour management was not yet finalised but was in draft form.

The policy/procedure in respect of medication, complaints, management of resident's personal possessions and admission to the centre were not specific and reflective of practices operating in the centre. See Outcome 8 and Outcome 13.

Staffing Records

Substantial compliance

Improvements required *

The person in charge informed the inspectors that in relation to the matters listed in Schedule 2 of the Regulations in respect of all persons employed at the designated centre the records were incomplete in that there is no evidence of Garda Síochána vetting.

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

Inspection findings

There was a policy and procedure in place for the prevention, detection and response to abuse. Some staff with whom the inspectors spoke with confirmed that they had received training in understanding elder abuse and were knowledgeable of implementing the centre's policy on responding to any suspicion, allegation or disclosure of abuse. However, from discussions with the person in charge and an examination of the training records the inspectors found that although staff had participated in training between 2008 and 2012 the majority of staff have not participated in up-to-date training.

It was not evident from the recordings in care plans and incident reports that appropriate measures/monitoring were put in place to protect residents from being harmed and appropriate action taken to protect residents following information of suspected abuse. For example, the person in charge had identified in an audited report of incidents a number of assaults inflicted on residents by another resident. However, neither the incident report, nor the care plans for each of the particular residents involved detailed the protective measures put in place, precautions/measures taken to prevent reoccurrences, or any investigation or learning from the serious incidents.

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

Outstanding action required from previous inspection:

Not all staff had been trained in moving and handling. However, the timescale for completion was 31 December 2012.

Inspection findings

While there are policies and procedures relating to risk management and it was evident that some risks had been identified, assessed and managed or in progress, inspectors found that it was not up to date and implemented throughout the centre as the following risks were identified:

- there is open public access to the centre from a number of areas in the building. For example, out-patient dental facilities are located on either side of the main entrance of the centre, an unlocked door leads to accommodation for residents with intellectual disability, out-patient Allied Health Professional (AHPs) services are located on the corridor leading to a residential unit comprising the designated centre and a stairway is available to exit the building from the lower ground floor
- the clinical room was unlocked
- hazardous substances and cleaning liquids were stored in toilets

- toiletries and razors and were stored in unlocked cabinets in bathrooms
- two staff members who had participated in moving and handling training were observed by the inspectors moving a resident inappropriately
- the hairdresser transported a resident in a wheelchair without the use of footplates
- although the domestic cleaning store has a keypad lock, this was not operational and the door was unlocked. Cleaning liquids and hazardous substances were available on the trolley and in the cupboard which was unlocked
- the hinge of the top door of a wardrobe in a resident' s bedroom was broken on one side
- while the majority of staff had participated in fire safety training this was outstanding for some staff members and some staff including night staff had not participated in fire drills/evacuation training
- some staff members were not aware of the number of residents being accommodated in the designated area where they were working
- some residents' alarm call bells were not with in their reach
- paint was chipped off handrails which were secured to the floor in toilet areas and
- clean continence products and towels were placed in bathrooms/toilets.

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

Inspection findings

Inspectors found that the administration of medicines to residents was carried out in accordance with guidelines and that there were written operational policies and procedures for medication management. However, from an examination of the documents inspectors found that the policy/procedure was not reflective of the practices in the centre. The procedure with regard to crushing medicines was not clear, the maximum dosage for a particular medication was not identified, in some instances there was no breakdown of the route of medication and no guidance for staff regarding medication errors.

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

Inspection findings

Inspectors found that while the person in charge had maintained a record of incidents occurring in the centre he had not given notice to the Chief Inspector within three days of the occurrence of any serious injury to residents and any allegation, suspected or confirmed abuse of any resident. Such incidents included a number of assaults/altercations between residents, medication errors, injuries which necessitated medical intervention and a resident with a pressure sore.

While the Authority had received the quarterly report for the first quarter of 2012 the person in charge did not provide to the Chief Inspector at the end of the second quarter of 2012 of the following:

- any recurring pattern of theft or reported burglary
- any incident
- any fire or
- or loss of power
- heating or water
- any other incident that the Chief Inspector may prescribe.

The person in charge did inform the Authority of two incidents involving loss of a resident's personal possessions and reported the loss to the Garda Síochána for formal investigation. In order to assist the Garda in their enquiries, he provided them with the information/records gathered in relation to the internal investigation but did not retain a copy of these records, which in accordance with the Regulations, should be kept for a period of not less than seven years.

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 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

Outstanding action required from previous inspection:

Opportunities had not been provided for each resident to participate in activities appropriate to his or her interests and capacities.

Inspection findings

Each resident has a care plan. However, there was no evidence that care plans were agreed with the residents and or their relatives. The assessments of residents' needs were not up to date with the result the objectives of care identified in the care plans were not specific and personal to each individual. While there was a review date on the care planning documentation, there was no information regarding what had been reviewed, level of deterioration or improvement and any necessity for change in the treatment plan.

At ward level, there were two written operational policies and procedures in respect of restraint, which provided conflicting guidance for staff. In one of the guidance documents, it was highlighted that in the event that the resident could not consent the next of kin would be the person to be consulted. However, documentation showed that other siblings were involved in these decisions.

Inspectors observed a resident who was in bed put her foot and leg through the raised bedrails on two occasions. When the inspectors examined the resident's care plan there was no evidence that alternative methods of restraint were considered and that this particular method of restraint used (bedrails) was the best option for the resident.

In the main, each resident did not have opportunities to participate in meaningful activity, appropriate to his or her interests and preferences. This matter has been highlighted in previous inspection reports. The designated activity coordinator was off on sick leave and other staff were not seen to be involved in providing for residents' social care needs. The inspectors observed some low-key activities. For example, the hairdressing provided a service for some residents and service users of the day hospital, some residents watched television and received visitors and others walked in the internal courtyard and visited the chapel. One resident played games on the computer.

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

Outstanding actions required from previous inspection:

Provide a report on the proposed long-term use and occupancy of all multi occupied bedrooms in the centre.

Separate the sluice and cleaning areas in the Finn View ward.

Inspection findings

St. Joseph's Community Hospital is located on a large site approximately 1 kilometre from the centre of the twin towns of Stranorlar and Ballybofey. The centre is located on the first floor of a two-storey building. The ground floor contained administration offices, but currently is largely unused. The person in charge informed inspectors that it is due to be refurbished to provide office accommodation for the HSE.

The residential centre comprises of three units, Woodville, primarily for the care of residents with dementia, Barnes View and Finn View.

There are two gardens, which are well maintained.

In the main, the centre was clean and suitably decorated. However, there were areas, which were untidy such as the assessment room where slings from the hoists were lying on the floor and one was tied to the handle of the door in order to keep it open. Protective items of clothing such as blue plastic gloves were seen lying on the floor in the corridor and sluice room and items, which should have been stored, was sitting on windowsills.

The person in charge informed inspectors of the substantial redecoration programme, carried out last year. However, there were areas such as L wing Ward 1 and 2 and the front door, which required painting. There was no signage on some of the doors to multi-occupied bedrooms. However, inspectors were informed that new signage has been made available and will be fixed to the doors when painted.

Floor tiles were missing in some of the bathrooms.

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 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints procedures
Standard 6: Complaints

Inspection findings

The inspectors examined the written operational policy and procedure for the management of complaints. It contained general information with regard to the procedure/protocol however, it did not outline the specific process or persons within the centre who would acknowledge a complaint, carry out an investigation or who would be responsible in the event that the outcome was appealed by the complainant.

The inspectors examined the record of complaints. In all instances, this was not fully maintained as per the regulations in that the date of one complaint was omitted and in another it stated "investigation to be held". However, it did not detail the investigation and outcome.

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

Inspection findings

The activity coordinator has set up a forum/meetings in order to provide opportunities for residents to be consulted and share their views of the centre. Questionnaires have been devised seeking feedback from residents. Those examined were positive.

Resident's privacy and dignity was not fully respected in that there was no locking device on one of the toilet doors.

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

Inspection findings

The inspectors examined the staff duty roster and communicated with residents and staff. The person in charge and some staff informed inspectors that due to staff taking annual leave, some staff members were working additional hours.

Residents and relatives who communicated with the inspectors were satisfied with staffing levels and were complimentary of the provision of quality of care.

Inspectors examined the staff duty roster and with the exception of the person in charge, this identified the hours staff worked in the centre.

From an examination of the staff training records and discussions with staff it was found that all staff had not participated in training commensurate with their roles and responsibilities. For example, food hygiene, first aid, hand hygiene and challenging behaviour.

A number of students were on work placement in the centre. Those who communicated with the inspector confirmed that they received supervision and support and had been vetted appropriately. However, their roles and responsibilities had not been set out in a written agreement between the designated centre and the individual.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Siobhan Kennedy

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

23 August 2012

Health Information and Quality Authority Social Services Inspectorate

Action Plan



Provider's response to inspection report *

Centre Name:	St. Joseph's Community Hospital
Centre ID:	0625
Date of inspection:	21 August 2012
Date of response:	4 September 2012

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 written statement of purpose did not accurately describes the service that is provided in the centre nor contain insufficient detail all the matters listed as per Schedule 1 of the Regulations as follows:

- the current professional registration and experience of the registered provider
- the experience of the person in charge
- the registration number, date of registration and expiry date
- any conditions attached by the Chief Inspector to the designated centre's registration
- the total staffing compliment, in whole time equivalents, for the designated centre with the management of nursing compliment given by grade

* 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 organisational structure of the designated centre ▪ the age range of residents for whom accommodation shall be provided ▪ the range of needs that the designated centre is intended to meet ▪ any criteria used for admission to the designated centre, including the designated centres policy and procedure (if any) for emergency admissions ▪ emergency procedures in the designated centre ▪ the arrangements made for dealing with complaints ▪ the arrangements made for dealing with reviews of the resident's assessment and care plan ▪ the number and size of rooms in the designated centre ▪ any separate facilities for day care. 	
<p>Action required:</p> <p>Ensure that the written statement of purpose accurately describes the service that is provided in the centre and contains in sufficient detail all the matters listed as per Schedule 1 of the Regulations as above.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: 28: Contract for the Provision of Services Standard: 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of purpose has been updated to comply with Schedule 1 of the Regulations and accurately describes the services provided.</p>	<p>Completed and forwarded 02/09/2012</p>

Outcome 2: Contract for the provision of services

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Each resident did not have an agreed written contract, which includes details of the services to be provided for that resident and the fees to be charged.</p>
<p>Action required:</p> <p>Ensure that each resident has an agreed written contract within one month of admission to the centre, which includes details of the services to be provided for that resident and the fees to be charged.</p>

Reference: Health Act, 2007 Regulation: Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The national contract of care was issued on 3 August 2012. Contracts of care have been completed for all 27 residents in long-term residential care in this unit. A contract of care for any resident in care over 28 days will be put in place within the next four weeks.	Completed 31/10/2012

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>Records in respect of money and other valuables deposited by a resident for safekeeping were not being maintained in accordance with Schedule 4 of the Regulations, as the records did not state the date and written acknowledgement of valuables being returned to residents.</p> <p>The written operational policy and procedure in relation to behaviour management was not yet finalised and implemented. The policy/procedure in respect of medication, complaints, management of residents' personal possessions and admission to the centre were not specific and reflective of practices operating in the centre.</p> <p>Not all matters listed in Schedule 2 of the Regulations in respect of all persons employed at the designated centre had been obtained for example Garda Síochána vetting.</p>
<p>Action required:</p> <p>Ensure that records in respect of money and other valuables deposited by a resident for safekeeping are maintained in accordance with schedule 4 for example identify the date and written acknowledgement of the valuables being returned to residents.</p>

Action required:	
Ensure that the written operational policy and procedure in relation to behaviour management is finalised and implemented.	
Action required:	
Ensure that all matters listed in Schedule 2 of the Regulations are obtained in respect of all persons employed at the designated centre.	
Reference:	
Health Act, 2007 Regulation: 21-25: The records to be kept in a designated centre Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All monies/valuables deposited for residents in this unit are maintained in accordance with Schedule 4 of the Regulations. Procedures have been amended to include a written record of property/valuables being returned to the resident. The existing draft operational policy on behaviour management will be finalised and implemented. In accordance with a national agreement three fully compliant staff files were available for inspection at the centre on the day of inspection. All staff will have personnel records which will comply with the Regulations.	Completed October 2012 January 2013 Ongoing

Theme: Safe care and support

Outcome 6: Safeguarding and safety

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Not all staff had participated in training or other measures, which are aimed at preventing residents from being harmed or suffering abuse.</p> <p>Recorded incidences of altercations between residents did not highlight the action taken to prevent further occurrences.</p>	
<p>Action required:</p> <p>Ensure that all staff have opportunities to participate in training or other measures, which are aimed at preventing residents from being harmed or suffering abuse.</p>	
<p>Action required:</p> <p>Take appropriate action where a resident is harmed or suffers abuse.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation: 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances</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>All staff within the centre have received training in elder abuse since 2008 and an ongoing programme of training is in place. All staff will have attended an update in elder abuse training by the end of 2012.</p> <p>All care plans are updated to reflect all action taken by staff to prevent altercations between residents on a daily basis.</p>	<p>December 2012</p> <p>Ongoing</p>

Outcome 7: Health and safety and risk management

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

The health and safety of residents, visitors and staff is promoted and protected. as the following risks were identified:

- there is open public access to the centre from a number of areas in the building. For example, out-patient dental facilities are located on either side of the main entrance of the centre, an unlocked door leads to accommodation for residents with intellectual disability, out-patient Allied Health Professional (AHPs) services are located on the corridor leading to a residential unit comprising the designated centre and a stairway is available to exit the building from the lower ground floor
- the clinical room was unlocked
- hazardous substances and cleaning liquids were stored in toilets
- toiletries and razors and were stored in unlocked cabinets in bathrooms
- two staff members who had participated in moving and handling training were observed by the inspectors moving a resident inappropriately
- the hairdresser transported a resident in a wheelchair without the use of footplates
- although the domestic cleaning store has a keypad lock, this was not operational and the door was unlocked. Cleaning liquids and hazardous substances were available on the trolley and in the cupboard which was unlocked
- the hinge of the top door of a wardrobe in a resident' s bedroom was broken on one side
- while the majority of staff had participated in fire safety training this was outstanding for some staff members and some staff including night staff had not participated in fire drills/evacuation training
- some staff members were not aware of the number of residents being accommodated in the designated area where they were working
- some residents' alarm call bells were not with in their reach
- paint was chipped off handrails which were secured to the floor in toilet areas and
- clean continence products and towels were placed in bathrooms/toilets.

Action required:

Ensure that all staff have opportunities to participate in moving and handling training and that the move residents in accordance with best practice guidance.

Action required:

Implement the risk management policy throughout the centre by ensuring that all the above risks are addressed.

Action required:	
Make sure that the risk management policy/procedure is kept up to date by identifying, assessing and managing any risks highlighted in order to control them/minimise their impact.	
Reference:	
Health Act, 2007 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	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Plans have been drawn up to address the relocation of the allied professionals and will be included in minor capital funding in 2013. All staff participate in an ongoing schedule/programme of training in manual handling and utilise best practise at all times. There are hoists, slings, sliding sheets, profiling beds available to assist staff with safe, good practise manual handling practises. The following dates are being provided for manual handling training - 10 October, 7 November, 28 November and 4 December 2012. Staff are trained by qualified manual handling instructors and are supervised on a daily basis by a ward manager. The risk management policy will ensure all the above risks are addressed and will be updated on an ongoing basis and the centres risk register will be updated accordingly and escalated as required. The clinic room door has been fixed to allow it to lock and all staff have been advised re locking shampoos, razors, cleaning materials etc away after use. The CNMs will monitor this. The wheelchair in question has been fixed. The person in charge met with an estates representative on site on 21 September 2012 regarding security measures. The door leading to the unit for ID services has been secured. The door leading to the stairs will be secured by keypad when the renovations downstairs start (November 2012).	Ongoing December 2012 Immediate and ongoing Completed and ongoing Completed November 2012

<p>The access from dental department cannot be restricted because it is the main entrance to the hospital and other services (i.e. Physiotherapy). However, it is monitored by CCTV and access to ward areas are protected by double doors at the entrance to each ward.</p> <p>All risks identified by the Authority under Outcome 7 will be addressed by 31 October 2012.</p>	<p>31/10/2012</p>
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Outcome 8: Medication management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Each resident was not protected by the designated centres' policies and procedures for medication management in the following areas:</p> <ul style="list-style-type: none"> ▪ the procedure with regard to crushing medicines was not clear ▪ there was no guidance regarding medication errors. <p>In some instances, the route of medication was not detailed and the maximum dosage for a particular medication (PRN) was not identified.</p>	
<p>Action required:</p> <p>Ensure that the policies and procedures for medication management are reviewed and updated to provide appropriate guidance for staff in the procedures for crushing medicines and the management of medication errors.</p>	
<p>Action required:</p> <p>Make sure that the route of medication and maximum dosage for PRN medication is detailed.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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>The Nursing Home Ireland/HSE/Boots policy on the administration of medicines has been adopted by the directors of nursing Donegal Community Hospitals gives specific advice on the crushing of medications. This policy is available at ward level.</p> <p>The route of medication and maximum dosage for PRN medication has been reviewed by the GP and any Kardexs requiring review have been reviewed.</p>	<p>November 2012</p> <p>Completed</p>
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Outcome 9: Notification of incidents

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

Notice was not given to the Chief Inspector within three days of the occurrence of any serious injury to residents and any allegation, suspected or confirmed abuse of any resident. Such incidents included a number of assaults/altercations between residents, medication errors, injuries which necessitated medical intervention and a resident with a pressure sore.

The Chief Inspector was not provided with the quarterly returns for the second quarter of 2012 of the following matters:

- any recurring pattern of theft or reported burglary
- any incident
- any fire, or loss of power, heating or water
- any other incident that the Chief Inspector may prescribe.

Action required:

Notify the Chief Inspector within three days of the occurrence of any serious injury to residents and any allegation, suspected or confirmed abuse of any resident.

Action required:

Retrospectively notify the Chief Inspector of the incidents, which have occurred since the previous inspection, which necessitated notification.

Action required:

Provide the Chief Inspector with the quarterly returns for the second quarter of 2012 of the following matters:

- any recurring pattern of theft or reported burglary
- any incident
- any fire or, or loss of power

<ul style="list-style-type: none"> ▪ heating or water ▪ any other incident that the Chief Inspector may prescribe. 	
<p>Action required:</p> <p>Retrieve and retain in the centre a copy of the information/records gathered in relation to an internal investigation into the loss of a resident's personal property/possessions in accordance with the regulation for a period of not less than seven years.</p>	
<p>Action required:</p> <p>Forward a copy of the internal investigation to the Authority.</p>	
<p>Action required:</p> <p>On behalf of the resident make contact with the Garda Síochána and find out the progress in relation to the Garda investigation.</p>	
<p>Reference:</p> <p>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</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Person in charge's response:</p> <p>The person in charge will notify the chief inspector of all notifiable incidents as outlined in the Regulations.</p> <p>The person in charge will retrospectively notify the chief inspector of any incidents since the last inspection.</p> <p>The quarterly returns for the second quarter of 2012 have completed and forwarded to the Chief Inspector.</p> <p>The person in charge has made contact with the Garda to retrieve any relevant documentation and will forward same to the Authority on receipt. This documentation will be retained for the required seven years. A written response from the Garda in relation to the case has already been forwarded to the Authority.</p>	<p>Immediate</p> <p>30/09/2012</p> <p>Completed</p> <p>31/10/2012</p>

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider and the person in charge are failing to comply with a regulatory requirement in the following respect:

Residents' needs were not fully assessed, reflecting his/her interests and capabilities and set out in the care plans.

There was no evidence that care plans were drawn up with the involvement of the resident and/or their family members and reflecting his/her changing needs and circumstances.

Each resident did not have opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Action required:

Ensure that each resident's needs are fully assessed and set out in the care plan, which should be developed and agreed with each resident.

Action required:

Keep the residents care plan under formal review as required by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.

Action required:

Revise the residents care plan, after consultation with them, unless it is impracticable to carry out such consultation and notify the resident of any review.

Action required:

Provide opportunities for residents to participate in activities appropriate to his or her interests and capacities.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Standard:3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents' needs are fully assessed and care plans are drawn up in consultation with the residents and these care plans are reviewed regularly with the residents and revised as required.</p> <p>An activities coordinator ensures that opportunities are provided for residents to participate in activities appropriate to their needs and interests on an ongoing basis through a formal programme of activities.</p>	<p>Ongoing</p> <p>Ongoing</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The design and layout of the centre was not fully suitable for its stated purpose.</p>
<p>Action required:</p> <p>Provide a report on the proposed long-term use and occupancy of all multi-occupied bedrooms in the centre.</p>
<p>Action required:</p> <p>Separate the sluice and cleaning areas in the Finn View ward.</p>
<p>Action required:</p> <p>Keep the centre tidy.</p>
<p>Action required:</p> <p>Keep all parts of the centre or suitably decorated for example L Wing Ward 1, 2, and the front door.</p>
<p>Action required:</p> <p>Provide appropriate signage throughout the centre and on the doors of various facilities.</p>
<p>Action required:</p> <p>Replace missing floor tiles in bathrooms.</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: A report will be provided through the HSE estates department on the proposed long-term use of multiple occupancy rooms. The person in charge is currently seeking costings to separate the sluice and cleaning areas in the Finn View ward and this will be listed as a matter for action on the 2013 minor capital programme. The wards identified as requiring painting are being painted next week. The outlined issues around décor, tidiness, maintenance and signage will be actioned with immediate effect.	March 2013 2013 Minor Capital Programme 31/11/2012 Immediate

Theme: Person-centred care and support

Outcome 13: Complaints procedures

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The written operational policy and procedure for the management of complaints did not outline the specific process or persons within the centre who would acknowledge a complaint, carry out an investigation or who would be responsible in the event that the outcome was appealed by the complainant.</p> <p>In all instances, the record of complaints was not fully maintained as per the Regulations in that the date of one complaint was omitted and in another it stated "investigation to be held". However, it did not detail the investigation and outcome.</p>
<p>Action required:</p> <p>Ensure that the written operational policy and procedure for the management of complaints outlines the specific process and identifies the persons within the centre who will acknowledge a complaint, carry out an investigation and be responsible in the event that complainant is dissatisfied with the outcome of the investigation and wishes to appeal the matter.</p>

Action required:	
Ensure that the record of complaints is fully maintained as per the Regulations detailing the date of the complaint, the investigation, outcome and level of satisfaction of complainant.	
Reference:	
Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The policy and procedure for the management of complaints would be reviewed to include the above items.	Immediate
The complaints log will be fully maintained as per regulations	Ongoing

Outcome 16: Residents' rights, dignity and consultation

The provider and is failing to comply with a regulatory requirement in the following respect:	
Resident's privacy and dignity was not fully respected in that there was no locking device on one of the toilets.	
Action required:	
Ensure that residents are provided with privacy, in so far as is reasonably practicable, to the extent that the residents are able to undertake personal activities in private.	
Reference:	
Health Act, 2007 Regulation: 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All toilet doors have locking devices that are fully operational.	31/08/2012

Theme: Workforce

Outcome 18: Suitable staffing

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

The majority of staff did not have not up-to training commensurate with their roles and responsibilities. For example, food hygiene, first aid, hand hygiene and challenging behaviour and access to education and training to meet the needs of residents.

The roles and responsibilities of volunteers working in the centre had not been set out in a written agreement between the designated centre and the individual.

Action required:

Ensure that staff members had access to education and training and to enable them to provide care in accordance with contemporary evidence-based practice.

Action required:

Ensure that volunteers working in the centre have their roles and responsibilities set out in a written agreement between the designated centre and the individual.

Reference:

- Health Act, 2007
- Regulation 17: Training and Staff Development
- Regulation 34: Volunteers
- Standard 24: Training and Supervision

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

Timescale:

Person in charge 's response:

All staff have access to ongoing education and training to enable them to provide the highest level of evidence based practise and care.

Staff have access to further manual handling training.

25 September and 30 October have been identified to complete the fire training for staff.

Ongoing

Dates as outlined in the actions for Outcome 7

30/10/2012

The person in charge has requested training dates in respect of food hygiene from the environmental health department.	Seeking dates for training
Staff nurses in each ward provide ongoing in-house first aid training for care staff members.	Ongoing
Staff nurses in each ward provide ongoing, hand hygiene training.	Ongoing
The person in charge is currently sourcing training in challenging behaviour for staff.	Seeking training/dates
Any future volunteers will have a written agreement in place as per draft volunteer policy.	Ongoing

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Kieran Doherty

Date: 12 September 2012