Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Lifford Community Hospital
Centre ID:	OSV-0000621
Centre address:	Lifford, Donegal.
Telephone number:	074 914 1033
Email address:	marya.clarke1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Geraldine Jolley
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	7

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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
12 May 2015 10:00	12 May 2015 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was announced and took place over one day. The purpose of this inspection was to inform a decision regarding the renewal of registration following an application made by the provider. The person in charge stated that she was committed to ensuring the centre was in compliance with current legislation and that residents were safe and well cared for however she was aware that the premises layout and the ongoing use of communal bedrooms was a non compliance . The inspectors were told that that there has been a gradual reduction in the number of residents accommodated on a long term basis due to these premises deficits. The centre is registered for eleven residents but the number currently accommodated on a long term basis is four and the remaining sixteen places are allocated to residents admitted for periods of respite, convalescence or rehabilitation.

Prior to the inspection the inspectors reviewed the documentation submitted by the provider for the purposes of renewal of registration. Care practices were observed and documentation such as care plans, medical records, accident reports, policies and procedures and staff files were reviewed while on-site. The inspectors met with residents and staff members and talked to them about their experiences of living and working in the service. Both the person in charge and the staff team were able to provide requested information to the inspectors in a timely way and they conveyed a commitment to ensuring that residents were cared for in a way that met their needs and ensured that they remained as independent as they could be for as long as possible. Relatives completed a pre-inspection questionnaire on their experiences and satisfaction with the service provided. Overall, feedback was generally complimentary with relatives indicating that health care needs are assessed well and treatment initiated however some comments indicated that more staff were required to ensure that residents could go outside in fine weather. Relatives and residents were complimentary of the staff. Comments included "we are well looked after, the staff take good care of us" and "the bedside manner when staff approach is lovely, I couldn't find fault with the staff and they work hard to keep me well".

The inspectors found there were areas of non compliance in relation to the governance and management of the centre and in the premises layout. There was an inadequate system to support the person in charge particularly when senior nurses with the delegated responsibility to take charge were on leave. There were inadequate staff supervision arrangements as the inspectors found that some staff were not carrying out their duties in a way that reflected the policies and procedures set out for the service. The design and layout of the premises is not appropriate for long term care and the arrangements made to improve the facilities for residents such as the creation of additional sitting and dining space was found to be largely unused with the result that some areas in regular use were overcrowded and noisy. The inspectors concluded that the layout required review to ensure that the available communal areas were used to the best advantage in accordance with the needs of residents. The way that multiple occupancy bedroom areas were used also required review as the inspectors found the legislative requirement to protect and promote the privacy and dignity of residents was not met. In addition to problems associated with multiple occupancy rooms such as inadequate storage space for a reasonable amount of personal possessions, privacy standards were seriously compromised by the location of male bedroom areas adjacent to female bedroom areas where it was possible to walk directly from one area to another. Since the inspection the person in charge has informed the inspectors that arrangements are being made for the four residents living in the centre long term to be accommodated in two single and one double room and that the layout of the other areas is being revised to ensure more appropriate levels of privacy.

Training for staff relevant to their roles and responsibilities was provided and a training schedule was in place however mandatory training in fire safety and in moving and handling was not up to date for all staff.

The inspectors found that the health needs of residents were met and there was appropriate access to medical and allied health care services.
The last inspection of the centre took place on July 23 2014 and was an

unannounced thematic inspection. Three areas required review post this inspection. Two of these areas had been addressed. One remained as it was at the time of the last inspection - this related to the multi occupancy rooms. Current areas for improvement identified included, completion of an annual review of the quality and safety of care delivered to residents, development of an accessible residents guide and review of the contract of care, compliance with the national standards with regard to the premises post July 2015 and review of complaints management. The supervision of staff also required improvement to ensure that staff adhered to established policies and procedures. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

The Action Plan at the end of this report identifies where mandatory improvements are required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
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.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose has been updated since the last inspection. It describes the services provided in the centre and the information outlined in schedule one of the Health Act 2007 (Care and welfare of Residents in Designated Centres for Older People) Regulations 2009 (as Amended) and included the conditions outlined on the centres registration certificate displayed in the centre.

The inspector has requested that a further update is completed to describe the revised arrangements for private and communal space to be made to ensure that more appropriate standards of privacy and dignity can be achieved.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors found there were insufficient organisation of resources to ensure the effective operation of the service in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and

accountability. The person in charge reports to the service manager for older people, Gwen Mooney who in turn reports to the nominated person for the Health Service Executive (HSE) Kieran Woods. Since the last inspection, there had been a change to the provider nominee. The current provider nominee had deputised for the previous post holder when he was unavailable. The person in charge has been in this role since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and commitment to addressing actions arising from all inspections.
This centre is one of eleven designated centres operated by the Health Service Executive in Co Donegal. There is a generic audit system in place. This involves the collection of statistical information on areas such as the environment, medication management, admission and discharge planning, nursing assessments and documentation and restraint monitoring. Consultation with residents forms part of the audit programme.
The information gathered was reviewed and the inspectors noted that this audit system requires review to ensure that it is centre specific and that deficits in the service are being detected. For example the inspectors found that the allocation of staff resources and the roles of staff required review. While there was a nurse nominated to take charge in the absence of the person in charge this arrangement was found to be inadequate as the person in charge did not have an established support system when the nurse was off for extended periods. Other staff did not have any defined responsibility to support the person in charge or her deputy. As an example staff meetings did not take place regularly and supervision of ancillary staff as documented later in this report was inadequate.
The inspectors concluded that the roles of nurses should be clearly outlined to ensure effective support for the person in charge, to ensure appropriate and consistent supervision for all staff and to ensure the aims and objectives of the statement of purpose are achieved. While the audit system identified deficits and poor compliance for example discharge procedures achieved a poor level of compliance in some audits however there was no evidence of what remedial action was put in place. The audit results had not been compiled into an annual report of the quality and safety of care delivered to residents in accordance with regulation 23-Governance and Management. Additionally, the regular audit reports did not reflect all quality and safety aspects relevant to the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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.

Theme:
Governance, Leadership and Management

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

Findings:
This outcome was not satisfactorily met. All residents had been issued with a contract that described the services to be provided, the fee to be charged and any additional charges for services were clearly outlined. All residents' contracts were signed and dated. However, the contracts of care reviewed did not reference the 30 days care that applied for residents in receipt of respite care or the cost of transport to appointments. No additional fees were payable for allied health professional input or social care activities.

A resident's guide was available that described the services to be provided however the inspectors noted that this was very lengthy and was not available in an accessible format to meet the communication needs of residents accommodated in this centre. For example an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired or who had problems related to stroke or brain injury.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge Mary Clarke was present during this inspection. She is an experienced nurse and manager and is actively involved on a day to day basis in the organisation and management of the service as required by regulation 14-Persons in charge. She works full time.
The person in charge demonstrated that she had good knowledge of the legislation and standards throughout the inspection and was aware of the areas that needed improvement to fully comply with legislative requirements. She was familiar with

residents care needs including the specialist needs and preferences of residents.
She demonstrated that procedures were in place to ensure the effective provision of clinical care and that the general welfare and protection of residents was a priority for staff however as described earlier this was hindered by the lack of an established system suitable to support the role and function of the person in charge.
The person in charge had been engaged in ongoing professional development and had attended statutory training in fire safety and adult protection. She had also attended courses on open disclosure and a three day training course on achieving excellence in the care of older people which covered clinical matters and regulation.
The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for residents.
Residents and relatives were familiar with the person in charge and said they approach her if they had matters to discuss.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were no actions required from the previous inspection. The inspectors reviewed a range of documents, including residents' records, the directory of residents, staff files, policies and procedures and maintenance records. While all the required records were available there were improvements required in some areas such as the maintenance of staff records and the directory of residents.
Schedule 3 records were complete in respect of residents files reviewed. Schedule 5 policies reviewed were found to be comprehensive, provided guidance to staff and were accessible to them when required. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.
There was a visitor's record located at the entrance and this was completed when visitors entered and left the building.
The areas that were noted to require improvement included:
• The directory of residents was up to date and included all recent admissions however details such as the cause of death and location when death occurred was not available

for some residents.
• Staff files contained a range of information however some of the required schedule 2 information was not available and the layout of files made information difficult to access. For example a full employment history or current registration status for nurses could not be located in all the files examined
• All fire safety checks such as the daily check that the fire panel was fully operational and that fire exits were unobstructed were not recorded

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge and senior HSE managers were aware of the information that had to be provided to the Authority, deputising requirements and the time limits that applied if a notification for the absence of the person in charge had to be made.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspectors found that there were measures in place to protect residents from harm and to respond to allegations of abuse. Training records confirmed that all staff had been trained in the protection of vulnerable adults. Staff that the inspectors talked to and the person in charge could describe aspects of the adult protection procedures and were clear about the procedures in place for the detection and response to any

allegation or suspicion of abuse. There a policy to guide staff on prevention, detection and response to elder abuse.
There had been one allegation of abuse notified to the Authority In October 2014. This had been investigated extensively and all the required notifications to statutory personnel had been completed. A full investigation had taken place and the allegation had not been supported however there was no summary of the events, the decisions made or the conclusion. The inspectors found that the record maintained lacked information on the judgements made and concluded that to ensure that staff were clear about the outcome and to inform future learning from serious and untoward events that a summary of all the related actions should be described as part of the record.
The inspectors reviewed the measures that were in place to safeguard residents' money and found that systems were in place to protect residents' finances. The arrangements are controlled by the Health Service Executive financial procedures. All residents had a relative or a significant other person to help them manage their affairs. Invoices and receipts were maintained for all transactions made on behalf of residents. Each item of expenditure was numbered and had an associated receipt that reflected the transaction. Clear arrangements were in place for the management of residents' finances in accordance with HSE policy and procedures. Administration staff could outline the way residents' money was safeguarded. All lodgements and withdrawals could be identified and where practical transactions were by the resident or their representative.
Residents that the inspectors spoke to said that they felt safe and protected by staff. They were aware that there was a key pad system in place to ensure the units were secure and that people could not get in to the residential areas of the building.
A policy was in place to guide staff and staff had been trained in the use of bedrails and restraint measures. Risks associated with the use of bed rails had been undertaken and the risks associated with the use or non use of bed rails were evaluated prior to their use. There was evidence that less restrictive measures such as the use of tactile alarm mats and low-low beds were considered. The inspectors reviewed the use and management of restraint and found that it was well assessed and monitored.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The health and safety of residents, visitors and staff was promoted in this centre however there were some areas that required improvement. These included improvements to the records of fire safety checks carried out to confirm that all checks are maintained, work required to the uneven surfaces around the exterior of the premises which presented trip hazards and the poor condition of paintwork in some

areas created an infection control risk.
A comprehensive risk management policy was in place. There was a process for hazard identification and associated controls to reduce risk were outlined in the risk register. A range of matters had been identified and included:
• Inadequate provision of car parking spaces
• Needle stick injury
• The use of restraint and
• Infection control measures.
The areas identified had a date on which the problem was identified and some had review dates and details on progress made to remedy the issue. For example the car parking problem was described as having improved and this was attributed to the reduction in residents accommodated over the last few years and less activity.
The provider has contracts in place for the regular servicing of all equipment such as specialist beds, wheelchairs and mattresses that are provided in accordance with residents' needs. Equipment in use was noted to be in good condition.
Falls Prevention:
The inspectors saw that areas of risk associated with care practice such as moving and handling procedures, risk of falls and the management of resident restraint including the use of bedrails were identified with measures in place to mitigate risks. All residents moving and handling requirements were individually assessed, reviewed at three month intervals or more frequently if their care needs changed. Staff had moving and handling training however the records available did not confirm that all staff had received training within the required 3 year interval. There had been a specific emphasis on falls prevention and an evidence based falls prevention programme was in place. This provided staff with information on the individual risk factors for each resident and there was a visible indicator in the form of a coloured leaf to alert staff to the status of each resident and where additional supervision was required.
There was an emergency plan that took into account a variety of emergency situations. There were arrangements in place to evacuate residents to safe locations if required and staff were familiar with the locations, how the emergency should be managed and who to call for assistance.
Fire Safety:
The inspectors viewed the fire safety arrangements. These had been upgraded recently. New fire doors and emergency lighting had been installed. The fire register used to record fire safety checks and maintenance was noted to have commenced in 2015. Fire training records and records of the maintenance of the fire fighting and fire alert equipment were examined. Fire training was noted to have taken place in April and September 2014 and in March 2015. While the number of staff who attended was recorded it was difficult to determine from the record if all staff working in the centre had attended a fire training session and the inspectors noted that since the recent upgrade of the fire arrangements that staff had not had training to ensure that they were familiar with the changes that had been made. The floor plans also needed to be updated to reflect the new fire compartments in place to control the spread of fire. All staff were familiar with the actions they were expected to take in the event of a fire and regular fire drills were carried out including one in September 2014 when a simulated evacuation of a night time scenario was undertaken. However, fire drill records did not demonstrate what had occurred, where the fire alarm had been activated, whether there were any obstacles to safe evacuation or how long the fire drill took. The inspectors concluded that the fire drill exercises required improvement to ensure that any learning

was identified to ensure the procedures were adequate. The inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly and the last service was completed on 12 March 2015. The emergency lighting was serviced on a contract basis and had been renewed in 2015. Fire fighting equipment was serviced annually and was last serviced in June 2014. The inspectors found that all internal fire exits were clear and unobstructed during the inspection. As described records required improvement and floor plans needed to be updated to reflect the accurate layout.
Infection Control:
The inspectors found that there were measures in place to control and prevent infection. The environment was observed to be clean. Staff who spoke with the inspectors were knowledgeable about the control of infection and there were appropriate supplies of gloves, disposable aprons and alcohol hand gels available which the inspectors observed were used appropriately by staff when moving from one area to another and from one activity to another. All staff had attended hand hygiene training and there was an infection control link nurse on the staff team.
However, the laundry area was noted to be in an unclean condition with cobwebs visible around some windows and evidence of staff smoking within the area which was a breach of the centre's smoking policy and health and safety guidelines. These matters were subsequently dealt with following the inspection according to information supplied to the inspectors. There were also several areas where paint was chipped and needed repair to ensure an impervious surface for good infection control management.
Security
The security of the residential areas had been improved and there was now a key pad system in place to ensure that people could not walk through these areas when accessing other services provided in the hospital. It was no longer possible to walk directly from the reception area into the units and there was a record of visitors at reception.
There were arrangements in place for recording and investigating untoward incidents and accidents. Information recorded included factual details of the accident/incident, the date the event occurred, details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspectors found that nursing staff were knowledgeable about the medication prescribed for residents and adhered to the good practice standards described in the

centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. The arrangements for the management of medication were compliant with legislative requirements.
Medication that required specific precautions such as controlled drugs (MDA) were checked twice daily by two nurses and a record of this was maintained. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident to assist with safe administration. The inspectors noted that medication records had been reviewed recently. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Instances where medication needed to be crushed were specified. This had been described for action in the thematic inspection conducted in 2014. The maximum amount of PRN (as required medication) to be given in a 24 hour period was recorded on charts reviewed.
There were appropriate secure storage arrangements available and these were adhered to by staff. Training records indicated that six nurses had attended training on medication management in 2015.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
Compliance with this outcome was achieved. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events, as recorded in the incident book and all quarterly notifications had been supplied to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

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

Findings:
There were seventeen residents accommodated in the centre during this inspection and there was a formal assessment of dependency levels completed to inform care practice and guide staff deployment. The four long term residents had been assessed as having maximum care needs. Ten residents were assessed as having high or medium care needs and three were in the low care needs category. Eight residents were assessed as having problems associated with dementia.
Assessment records, care plans and daily progress notes were maintained on a computerised system. The inspectors found that the standard of care planning was satisfactory and that evidence based needs assessment tools informed care plans. Assessments were utilised to assess each resident's risk of falls and pressure related skin breakdown which informed appropriate risk reduction actions including the use of specialist equipment and care regimes. Assessments were also completed to inform the management of areas such as continence, cognitive wellbeing, nutrition and day to day personal care.
Overall, inspectors found that residents' physical healthcare needs were met. Residents had access to general practitioner (GP) services, to a range of other allied health professional services and to some social opportunities. There was good linkage between assessments of needs and care plans; however some improvement was required to ensure that all aspects of daily life were assessed and addressed. For example there was a deficit in the information recorded in relation to social care and it was not assessed as a need in the care records examined. It was not evident what activity a resident had attended or how they had enjoyed or participated in the activity. The activity programme is undertaken by a health care assistant however the inspectors found that there was no consistent commitment to the provision of a social care programme every day that met the needs of all residents. For example on the day of inspection the designated staff had to accompany a resident to an outpatient appointment and no one was deployed to undertake the planned activity with residents in her absence.

The contribution of allied health professionals including assessments and recommendations were available however there was no ongoing record completed to inform nursing staff of the impact of interventions carried out such as passive exercises for example.
Instances of wound care problems were noted to be appropriately assessed and managed and there was no pressure related wounds being treated at the time of inspection. The documentation related to a wound currently in receipt of attention was reviewed. There were appropriate wound care plans in place that included the care of the wound and the dressings to be applied. Additional care that included enhanced nutrition and daily monitoring of food and fluid intake was in place to aid healing. The inspectors saw that wound care plans in residents files included photographs of wounds however in some cases these were not dated and could not provide an accurate indication of progress over time.
Residents who had mental health problems were reviewed regularly by the community

psychiatric services who attended the centre routinely and on referral. Their care needs and responses to treatment were documented in care records.
The inspectors noted that assessments and care plans were reviewed regularly and that residents and/or their relatives had been consulted about their care and treatment and there was ongoing dialogue with families to keep them updated with resident's progress and treatments. Residents confirmed that staff discussed their care and progress with them regularly and said that plans for discharge and future respite care were outlined.

Residents told inspectors that they keep up to date by reading local and national newspapers and by watching television and listening to the local radio station. Some residents had radios in their rooms and there was access to television in the sitting/ding area and in bedrooms. There were several local papers available and residents said that staff talk to them about local news and events which also keeps them up to date. There were rooms available where residents could meet their visitors in private if they wished. Residents were facilitated to practice their religion and there was access to clergy from different denominations/faiths when required. Clergy from differing faiths visited the centre and could be contacted to visit in response to residents' requests.
The inspectors found that staff knew residents well and had a detailed understanding of their care needs and how they wished their care to be delivered. They were for example aware of where residents wished to be in the centre and who would benefit from single rooms for example when these were available. Residents told inspectors in one to one conversations with them during the inspection that they valued the staff who cared for them and described areas of individual care activities that meant a lot to them including being able to get up late in the mornings and getting assistance with using the toilet during the night. Residents said that when they were up and about they could move freely around the centre and sit in the communal areas of their choice.
Residents were observed to be adequately supervised by staff when in bedroom areas and in communal rooms.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Lifford Community Hospital was founded in 1775 and it is one of 11 designated centres

providing nursing care to older people in Donegal.
The premises is a two storey building but the ground floor is primarily for residents' use, as access to the first floor is only by a stair way. Residents are accommodated in two wards, Mourne and Foyle. Residents' accommodation consists mainly of communal bedrooms.
The other amenities on site include a day hospital, dental clinic, physiotherapy department, out patients' clinic, chapel, offices, kitchen, laundry, hairdressing facilities, a combined dining/sitting area, a separate dining and sitting room and a visitors / family room. There is a combined assisted bath and shower room. The second floor is used for administration purposes.
The centre accommodates up to 20 residents. At present there are four residents in receipt of long term care and the remaining places are allocated to residents who require periods of short term care such as assessment, respite, convalescence and/or palliative care. Seven residents had resided in the centre for longer than 30 days. The inspectors were aware that the future plans for Lifford Community Hospital do not include the provision of long term care. There have been no new admissions for long term care for some time and the number of long term residents has reduced from 11 at the time of the initial registration to four when this inspection was conducted.
Despite significant challenges posed by the physical structure and layout of this ancient building the centre was found to be clean and well maintained. Staff have made significant efforts to ensure the centre is homely and tried to protect the dignity and privacy of residents. Screening curtains were in place in all shared rooms. There were four multiple occupancy bedrooms. Three rooms accommodate between three and five residents and the remaining room accommodated six residents. There are three single bedrooms and one double room. The physical design and layout of the premises did not meet the needs of residents and seriously compromised the ability of staff to provide care in a person centred way that promoted and protected the privacy and dignity of residents. This was evident in a number of ways that include:
• Accommodation is provided mainly in shared bedrooms and although the areas were large there was inadequate storage for personal possessions for residents living in the centre long term
• There are no hallways between bedroom areas and consequently staff and residents have to walk through one bedroom area to get to another which impacts on the privacy of residents and created ongoing disruption
• The inspectors noted that it a female bedroom area and a male bedroom area were adjacent and did not have any separation which seriously compromised privacy and concluded that this was not an acceptable arrangement and should be revised
• The communal areas were domestic in character but were not appropriately used for residents benefit. All residents used the larger dining/sitting are throughout the day however this area could not accommodate residents in comfort. Residents who wished to watch television could not do this as the dining tables had to be laid several times a day and residents had to be assisted in and out for meals. There were separate sitting and dining rooms available that had been created to provide appropriate space for long term residents however both these areas were largely unused although both areas were well furnished and attractively decorated.
• There were inadequate bathroom and shower facilities for residents with one bathroom and one shower available for the 20 residents accommodated
• The provision of wash hand basins in communal bedrooms was inadequate and did not meet the Authority's premises specifications that require one wash hand basin for every

two residents.
• The majority of residents could not exercise choice in respect of locking their bedroom doors as they shared the accommodation with a number of other residents. Each resident did not have individual locked facilities to securely store personal possessions. The inspectors concluded that a review of the communal bedroom layouts was required to ensure that the privacy and dignity of residents could be suitably protected and that the use of all communal areas should be revised and arrangements made to use the available space for the benefit of residents. The person in charge told inspectors that it was her intention to move long term residents into the double and single rooms to provide them with improved standards of privacy.
Residents had been encouraged to personalise their space and many had availed of this opportunity. There were photographs and personal items on display around beds and residents said they liked having some personal items with them while staying here.
There were external gardens that had been cultivated and provided a secure outdoor space however the paths and grounds were uneven in some places and this prohibited the use of the garden where residents had mobility problems.
There were single rooms for residents who required palliative care which enabled family and friends to be present to support residents at end of life.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspectors found that improvements were required to the way complaints were recorded. The complaints procedure was displayed in the centre. The complaints policy was reviewed by the inspectors. Complaints are initially dealt with by the Person in Charge and an overview of complaints was provided by the service manager for older people as required by regulation 34-Complaints Procedure to ensure complaints were appropriately responded to and the required records were maintained. There were no complaints being investigated at the time of the inspection.
The inspectors noted that some matters that could be interpreted as complaints were raised by residents during residents' meetings. These matters were recorded in the meeting record but were not highlighted as complaints or recorded for appropriate attention and management. For example residents had expressed concern about a resident who was confused and noisy and the length of time it took to resolve the issue. It was difficult to determine what actions had been taken to address the issues raised and the inspectors concluded that complaints management required review to fully

comply with the requirements of regulation 34 that requires that "all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint, are fully and properly recorded and such records shall be in addition to and distinct from the residents care plan". An action plan in the last report also required that improvements were made to the way complaints were recorded. The role of the Authority also needed to be clarified in the complaints information issued as the Authority does not have a role in the investigation of individual complaints and is not a resource for the complainant if they are not satisfied with the outcome however information on matters that impact on the care and welfare of residents can be sent to the Authority.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
This outcome was inspected in detail in July 2014 as part of the thematic inspection. There had been no actions in respect of end of life care from that inspection.
In the sample of residents' records reviewed the inspectors found that end-of-life preferences had been documented. There were arrangements in place to ensure that family members could remain with residents when they were very ill and refreshments were provided to contribute to their comfort. The centre had information from the hospice foundation on end of life care and the hospice symbol was used to alert staff and visitors that end of life care was in progress.
There was a policy available to guide staff on end of life care practice and this was updated during 2014. Thirteen staff were noted to have completed training on end of life care.

Judgment:
Compliant

Outcome 15: Food and Nutrition
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.

Theme:
Person-centred care and support

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

Findings:
This outcome was also inspected in July 2014 as part of the thematic inspection. The inspector found that a nutritious and varied diet was offered to residents, that choices were available at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. During this inspection the findings were similar. Residents were satisfied with the catering arrangements and told an inspector that "meals are lovely and there is lots of variety".

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and speech and language therapist when required and recommendations were recorded in residents' files and reflected in the care plans. There were three residents where nutritional status was being monitored daily and food and fluid records were being maintained. These records were noted to be fully complete and accurately described the food and fluid quantities consumed. For example the size of portions and liquid quantity was outlined and the requirement for the maintenance of food records in accordance with schedule 4 was met.

An example of good practice in nutrition was noted by the inspectors. A resident who had an artificial nutrition system in place had been able to have this removed and was now able to eat normally with appropriate nutrition being provided through a modified diet. Staff were very satisfied with this positive outcome for the resident and for care practice and continued to monitor the situation closely.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The inspectors observed that staff interactions with residents were friendly and cheerful.

Residents said that they enjoyed the company of staff and talked to them about local events and news in the area which kept them up to date. The inspectors observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress.
There was screening around beds in all shared rooms and the inspectors noted that curtains were fully closed when personal care was in progress. However, the layout and the high proportion of large communal rooms as described earlier impacts significantly on residents' privacy and dignity.
Residents had some opportunities to participate in activities however as described earlier there was an inconsistent approach to ensuring that activities took place daily and were meaningful and purposeful to residents and met their needs, interests and capacities. Many of the residents stated they enjoyed the activities that took place and there was evidence available in the minutes of residents meetings that activities were discussed. Feedback from residents was encouraged and there were examples where suggestions from residents had been auctioned. As the majority of residents are now admitted for short periods and require rehabilitation and convalescent care the inspectors concluded that the activity schedule should reflect the diverse needs of the resident group and be provided on a regular and consistent basis.
The staff had commenced the completion of "life story" records for residents. This was at an early stage and had been completed for three of the four long term residents. The information recorded included background histories, likes and dislikes and was to be used to inform the person centred approach to care practice.
As described under previous outcomes residents were positive about their care and treatment. Two residents described the impact of the respite care periods they were able to avail of and said it provided them and their families with a much needed break. They particularly valued being able to have their health care needs addressed and said they always felt better following their admissions. Residents said that staff gave them choices in their daily routines and said that they could get up and go to bed when they would like to and could also have visitors when they wished.
Residents had access to religious services, Mass was celebrated weekly and clergy from all denominations were welcomed to see residents the inspectors were told..
There were regular residents meetings and these were usually held monthly. The inspector reviewed the minutes of three meetings that took place in 2015. The records available demonstrated that these were managed in a manner so as to elicit feedback and suggestions from the residents. They were usually attended by 10-12 residents and were facilitated by health care staff including the staff member responsible for activities. Items discussed included dining arrangements, social activities and discharge arrangements.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

Findings:
There was a policy on the management of residents clothing and possessions and a record was kept of each resident's personal property. Finances and personal money was managed in accordance with the Health Service Executive procedures and had a clear system in place to account for any money held on behalf of residents.

Residents clothing was laundered on site in a building separate to the centre. Residents said there had been no problems with the laundry service and that clothing was returned safely to them. However, as described earlier there were significant problems with the management of the laundry area. Clothing was clearly labelled but was not individually sorted when laundered and the evidence of cigarette smoking in the area meant that laundry was contaminated by smoke. The person in charge told the inspector that this matter was dealt with immediately following the inspection.
The layout of bedrooms meant that residents had small capacity for storage and could only have a small amount of personal possessions nearby.

Judgment:
Non Compliant - Minor

Outcome 18: Suitable Staffing
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspectors found that there were adequate numbers of staff scheduled to be on duty during the day and night to meet the needs of the 20 residents accommodated. There were two nurses and three health care assistants on duty during the morning and two nurses and two carers on duty during the afternoon and evening period. One nurse and one health care assistant were on duty at night. The person in charge was on the rota in addition during the day from 9 to 17.00 hours. In addition there were 2 catering staff , a laundry, administrative and home maker staff on duty each day .

The person in charge told the inspectors that the staff numbers fluctuated due to illness absence and the non replacement of staff who had retired or were on maternity leave. There were two staff on long term illness leave. The inspectors found that while the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre the absences and shortfalls meant that staff availability was unpredictable. There was evidence that support to the person in charge required improvement as the nominated nurse to take charge in her absence was on illness leave and while other nurses took charge there were no arrangements for the delegation of duties or shared responsibility for the management of the service. This was demonstrated by poor supervision of ancillary staff as described in this report, a lack of regular staff meetings and delays to changes that had been decided were for the benefit of residents that had not been enacted such as changes to the layout and use of rooms. It is a requirement of this report that staff are appropriately supervised according to their roles and responsibilities.
Residents and staff spoken with expressed no concerns with regard to staffing levels. The inspectors observed that call-bells were answered in a timely fashion, staff were available to assist residents and residents were supervised in the dining/sitting room throughout meal times and at other times of the day.
The inspectors reviewed the training record and found that the mandatory training for manual handling had not been achieved within the required timeframes for all staff and fire safety was not up to date taking in to account the new fire safety arrangements and new layouts. Adult protection had been undertaken by all staff as documented under Outcome 7. Additional training in food hygiene, end of life care, falls prevention programme, achieving excellence in care of the older person, dementia and nutritional care, had been undertaken by staff throughout 2014.

Judgment:
Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Lifford Community Hospital
Centre ID:	OSV-0000621
Date of inspection:	12/05/2015
Date of response:	20/08/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required revision to reflect the changes to be made to provide more appropriate private and communal space for residents.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

Please state the actions you have taken or are planning to take:
The statement of purpose has been revised to reflect the changes made to provide more appropriate private and communal space for residents.

Proposed Timescale: 20/08/2015

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The support system for the person in charge was inadequate and poorly defined particularly when the nurse nominated to take charge in the absence of the person in charge was also absent.

Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
There is an additional staff member in an Acting Clinical Nurse Manager 2 position, reporting to and supporting the Director of Nursing, who will remain in place until she or another individual are appointed permanently to the post, following a national recruitment campaign.
Staff Meetings have resumed on a quarterly basis and ward meetings are scheduled monthly.

Proposed Timescale: 20/08/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was evidence that the service was not effectively monitored. Ancillary staff were not supervised effectively to ensure that they undertook their duties in accordance with the centre's established procedures.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
With the CNM 2 in place, staff are supervised and have been made aware of the

centre's established policies and procedures.

Proposed Timescale: 20/08/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an audit process in place however the findings of audits had not been compiled in to an annual review of the quality and safety of care in accordance with this regulation.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
All audits will have a named person responsible for a remedial action plan. This will be time framed and reviewed. A quarterly newsletter is available to residents and the public. An annual report of Quality and Safety of Care will be completed in accordance with regulations.

Proposed Timescale: 21/12/2015

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents' guide was not available in a format that was accessible to the residents accommodated in the centre.

Action Required:
Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

Please state the actions you have taken or are planning to take:
The residents guide will be made available in a format that is accessible to the residents accommodated in the centre.

Proposed Timescale: 30/11/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract available did not provide full information in relation to respite care and periods of care not subject to charge.

Action Required:
Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

Please state the actions you have taken or are planning to take:
The contract of care has been amended to reflect the 30 days free care annually that applies to residents in receipt of respite care and the cost of transport to appointments. The new contract has been offered to residents and their relatives.

Proposed Timescale: 20/08/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents was up to date and included all recent admissions however details such as the cause of death and location when death occurred was not available for some residents.

Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
The cause of death and location will be recorded in the Directory of Residents.

Proposed Timescale: 20/08/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The organisation and layout of staff files made it difficult to access the required information and the inspectors concluded that records were not kept in a manner as to be safe and accessible.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
Files will be reviewed to ensure safety and ease of access.

Proposed Timescale: 30/11/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff files contained a range of information however some of the required schedule 2 information was not available. For example a full employment history or current registration status for nurses could not be located in all the files examined

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Files will be reviewed and the missing details, as outlined in the report, such as full employment history and current registration status will be included. At the time of the report, all nurses within the centre were registered with NMBI. Copies of the registration, previously held in a separate file, will now be included in the individual's personnel file.

Proposed Timescale: 30/11/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All fire safety checks such as the daily check that the fire panel was fully operational and that fire exits were unobstructed were not recorded.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Daily fire checks are now recorded and maintained in a file in the nurses' office.

Proposed Timescale: 20/08/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an incomplete record of the investigation of an allegation of abuse. The record maintained lacked information on the judgements made and concluded that to ensure that staff were clear about the outcome and to inform future learning from serious and untoward events that a summary of all the related actions should be described as part of the record.

Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
In future, all investigations of allegations of abuse will result in a report to ensure that staff are clear on the outcome and any changes in practice. This report should also inform future learning as part of the record.

Proposed Timescale: 20/08/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The potential hazard created by staff not having moving and handling training within the required three year time frame and the non adherence of staff to established policies such as no smoking policy except in designated areas had not been identified.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All staff are currently trained in Manual Handling and all staff have been made aware of the No Smoking policy in operation within the centre.

Proposed Timescale: 20/08/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
There were several areas where paint was chipped and needed repair to ensure an impervious surface for good infection control management.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
All surfaces will be reviewed to ensure compliance with Infection Prevention and Control Standards.

Proposed Timescale: 30/04/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The floor plans of the building needed to be updated to reflect the new fire compartments in place to control the spread of fire.

Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
The current floor plan has been amended to reflect the changes and compartmentalisation.

Proposed Timescale: 20/08/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a record of staff who had attended fire training but it was difficult to determine from the record if all staff working in the centre had attended a fire training session and the inspectors noted that since the recent upgrade of the fire arrangements that staff had not had training to ensure that they were familiar with the changes that had been made.The record of fire drill exercises required improvement to ensure that any learning was identified and to assess if the procedures were adequate.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Staff Fire Training now includes training on the new compartmentalisation, new fire doors, new lighting, location of fire alarm call points, evacuation procedures, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.
Two mandatory fire training sessions have taken place since inspection and the in-house fire officer continues his monthly training sessions.

Proposed Timescale: 20/08/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The social care needs of residents were not assessed fully and there was an inadequate arrangement in place for the provision of a social care programme that met the needs of all residents.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
There is a homemaker in place, who provides a comprehensive range of activities and who works daily with the residents. The homemaker, on occasions, escorts residents on outings and to appointments and on the day of inspection was accompanying a resident to an appointment in the Acute Hospital.
All staff have now been advised, that on occasions of the homemaker's absence, a staff member on duty will be designated to fulfil her role.

Proposed Timescale: 20/08/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Wound care problems were identified, assessed and managed appropriately however some records such as photographs of wounds were not dated and could not indicate progress/change over time in accordnace with evidenced based practice.

Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared

under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
All staff have been advised to include dates and times on photographs of wounds to maintain a record of progress.

Proposed Timescale: 20/08/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical design and layout of the premises did not meet the needs of residents and seriously compromised the ability of staff to provide care in a person centred way that promoted and protected the privacy and dignity of residents. This was evident in a number of ways that include:
• Accommodation is provided mainly in shared bedrooms and although the areas were large there was inadequate storage for personal possessions for residents living in the centre long term
• There are no hallways between bedroom areas and consequently staff and residents have to walk through one bedroom area to get to another which impacts on the privacy of residents and created ongoing disruption
• The inspectors noted that it a female bedroom area and a male bedroom area were adjacent and did not have any separation which seriously compromised privacy and concluded that this was not an acceptable arrangement and should be revised

Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
The 4 long stay residents, following consultation, have been relocated to a two bedded ward and 2 single rooms on the Foyle/Residential Unit.
The accommodation has been reconfigured and all male residents are now accommodated on the Mourne Unit on one side of the building and all female residents are accommodated in the Foyle/Residential Unit on the other side of the building.
Additional storage will be provided for the personal possessions of the residents.

Proposed Timescale: 30/12/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The use of the available communal spaces required review as some areas were not used to maximum benefit. For example although the main dining/sitting area was cramped there were other areas that were available and fully furnished that were not in regular use.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The long stay residents sitting room and dining room have now been made available to all residents within the centre.

Proposed Timescale: 20/08/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
• There were inadequate bathroom and shower facilities for residents with one bathroom and one shower available for the 20 residents accommodated
• The provision of wash hand basins in communal bedrooms was inadequate and did not meet the Authority's premises specifications that require one wash hand basin for every two residents.
• The majority of residents could not exercise choice in respect of locking their bedroom doors as they shared the accommodation with a number of other residents.

There were external gardens that had been cultivated and provided a secure outdoor space however the paths and grounds were uneven in some places and this prohibited the use of the garden where residents had mobility problems.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
HSE maintenance team have been asked to review the accommodation to provide an additional shower room and additional wash hand basins throughout the premises.
The long stay residents have been moved to a double and 2 single rooms to maximise privacy.
The external gardens will be resurfaced.

Proposed Timescale: 31/12/2016

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure required review to specify the appeals process and the role of the Authority required clarification as it does not have a role in the investigation of individual complaints.

Action Required:
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:
The complaints procedure notice has been reviewed to outline the appeals process and the role of the Authority.

Proposed Timescale: 20/08/2015

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were matters raised in residents meetings that could be interpreted as complaints and these matters were not recorded as such. It was unclear from the information available how the issues raised by were addressed or the time frame for their resolution.

Action Required:
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

Please state the actions you have taken or are planning to take:
All matters raised in Residents Meetings that could be interpreted as complaints will be recorded as such, including outcomes.

Proposed Timescale: 20/08/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an inconsistent approach to the provision of activities and staff were not always available to ensure the planned activities took place.

Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
Activities have been reviewed and in the absence of the homemaker, a staff member is now delegated to provide activities.

Proposed Timescale: 20/08/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The space available around residents beds did not facilitate residents having control over their personal possessions.

Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

Please state the actions you have taken or are planning to take:
A review of storage will be undertaken, with a view to providing additional storage for personal possessions.

Proposed Timescale: 30/12/2015

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The laundry arrangements and methods of managing laundry did not meet good practice standards as cigarette smoke contaminated laundry and there was no system to ensure residents cloths were kept separate.

Action Required:
Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
The laundry service has been outsourced to a private provider since July 2015.

Proposed Timescale: 20/08/2015

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The inspectors reviewed the training record and found that the mandatory training for manual handling had not been achieved within the required timeframes for all staff and fire safety was not up to date taking in to account the new fire safety arrangements and new layouts. **Action Required:** Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training. **Please state the actions you have taken or are planning to take:** All staff member's Manual Handling Training is current and within the 3 year mandatory timeframe. All staff have undergone training in Fire Safety, evacuation procedures and have been updated on new fire doors and compartmentalisation of the building.
Proposed Timescale: 20/08/2015
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** There was evidence of poor supervision of ancillary staff as described in this report, there was a lack of regular staff meetings and there were delays to changes that had been decided were for the benefit of residents that had not been enacted such as changes to the layout and use of rooms. **Action Required:** Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised. **Please state the actions you have taken or are planning to take:** The Clinical Nurse Manager's post is currently being filled by an Acting CNM2 and will continue to be so until the post is filled on a permanent basis by the said individual or another candidate following a National Recruitment Campaign.
Proposed Timescale: 20/08/2015