

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Centre address:	Ramelton, Letterkenny, Donegal.
Telephone number:	074 915 1049
Email address:	philomenak.gallagher@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Damien Woods
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	8

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: 25 May 2015 09:30 To: 25 May 2015 16:30

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

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

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. Documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspectors met with residents, relatives and varied members of the staff team during the inspection.

Residents and relatives returned questionnaires to the Authority and on review these indicated a high level of satisfaction with the service particularly the dedication and commitment of staff to provide good standards of care. Residents were positive in their feedback about the centre and their care there. The centre is also the location for a day hospital and ancillary health services in the Ramelton area. Some residents had come into long term care in the centre having been attendees at the day hospital. The centre was clean, warm, homely and well organised.

The person in charge and the clinical nurse managers demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire-fighting equipment and the actions they were required to take should the fire alarm be activated. A number of non compliances with the regulations, primarily related to the premises, were identified on this inspection and these are detailed in the body of the report and the action plan at the end.

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:

There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided.

Judgment:

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):

Findings:

There were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. The provider nominee had a good knowledge of the service and an understanding of the regulations and standards. He was supported in his role by the service manager for older persons, who has worked with the service for many years.

The person in charge has been the person in charge since the commencement of the regulatory process. The centre had adequate staffing and additional staff had recently been recruited negating the need to access agency staff and provided a continuity of care for residents in the centre. There were appropriate deputising arrangements in place when the PIC was absent. There were systems in place to review the quality and safety of care as well as satisfaction with the service provided. The centre had good auditing systems in place and there was evidence of actions identified in audit findings being implemented.

Judgment:

Compliant

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):

Findings:

The centre has a clear, informative and comprehensive residents guide. All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed sample of contracts of care, 5, were signed by relevant parties. No additional expenses are incurred by residents.

Judgment:

Compliant

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):

Findings:

The person in charge commenced working in the centre in 1985 and has been Director of Nursing since 18th May 2009. She was well known by residents and had good knowledge of residents care needs. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She discussed in detail proposals and plans to enhance the physical and care environment on the community hospital.

Her mandatory training in Adult protection and fire safety were up to date Her professional registration was current with an Bord Altranais agus Cnáimhseachais na Éireann (Nursing and Midwifery Board of Ireland) (ABA).

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):**Findings:**

All the policies required under Schedule 5 of the Regulations were in place, as well as a range of additional guidance for staff. The policies reviewed reflected the centre's practice and were adapted from the local health office policies provided for designated centres for the elderly in Donegal.

Records were kept securely, while also being easily retrievable. The inspector viewed a sample of files of residents with a range of needs and found that the care plans were informative and had sufficient detail to guide staff in the delivery of care. The directory of residents was updated as required and contained all relevant information. The centre had adequate insurance in place.

Judgment:

Compliant

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):

Findings:

The provider and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There were appropriate arrangements in place to manage any such absence. There was a clinical nurse manager who deputised for the person in charge in her absence.

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):

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. Staff had received training in adult protection to safeguard residents. Staff spoken with knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported.

There were no active incidents, allegations, or suspicions of abuse under investigation. There was controlled access via electronic doors to the centre and visitors attendances were recorded in a visitors log at entry. Residents finances were examined by the

inspector and the safeguarding systems were found to be robust. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and were in line with national policy.

Judgment:

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):

Findings:

The provider and person in charge had put measures in place to protect the safety of residents, staff and visitors to the centre. The inspector reviewed fire safety procedures and associated records. Fire evacuation notices were prominently displayed and fire exits were unobstructed. Training records showed that all staff had up-to-date training in fire safety and evacuation and staff who spoke with the inspector were knowledgeable with regard to the procedures to follow in the event of fire. The inspector reviewed the servicing records of fire safety equipment which showed that up to date servicing by external consultants of the fire detection and alarm system and of fire fighting equipment had been undertaken. A system of daily checks on fire exits was also in place.

Staff had received up to date training in moving and handling and this was confirmed by training records. . There was appropriate assistive equipment available such as hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Records indicated that hoists and other equipment had been regularly serviced and maintained.

There was a health and safety statement, a risk management policy and a risk register which included the management of clinical and environmental risks and included the precautions in place to control all specified risks as required by the Regulations.

Judgment:

Compliant

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):**Findings:**

There were safe systems in place for the management of medication. All nursing staff had completed medication management training. Staff were well informed about the medication in use and residents' medication regimes. The inspector found that each resident's medication was reviewed every three months. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Audits were undertaken on a regular basis with a sample of medication records are reviewed during each audit. Areas that are checked include the prescription sheet, that all the appropriate information such as the resident's name and address, any allergies, a photo of the resident is included and that drugs that require special precautions are appropriately identified.

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):**Findings:**

The inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the person in charge adhered to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:

Compliant

<p>Outcome 11: Health and Social Care Needs <i>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.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: There were 22 residents in the centre during the inspection. There were 8 residents who were assessed as maximum dependency, 9 residents as high dependency, 4 as medium dependency and one as low dependency. The inspector found that care plans reviewed provided direction to staff in the delivery of safe person centred care. The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.</p> <p>Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. The inspector reviewed aspects of residents care plans. Issues reviewed included nutritional care, wound care, challenging behaviour, and falls management. There was good linkage between the risk assessments completed the care plans in place. The centre evidenced good linkage with the local GP's and allied health professionals in relation to care. Physiotherapist and dietician were recorded on care plans as having inputs in residents care.</p> <p>There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.</p>
<p>Judgment: Compliant</p>

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:

The centre is a single storey building in the environs of Ramelton. It also accommodates some community health services.

All residents are accommodated in either single or double rooms. There is a pleasant dining room and both day rooms were suitably furnished and decorated. There was small oratory and a reminiscence room as well for use by residents. There were appropriate equipment available, which was maintained according to records reviewed, to support residents and staff in their activities and care. Handrails were provided in circulation areas. Grab rails were provided in the shower and toilet areas. A functioning call bell system was in place and at each resident's bed. There were an adequate number of toilets and bathrooms that were readily accessible for residents to use. New fire doors had been provide throughout the centre.

Corridors and some bathrooms in the centre required redecorating. The laundry also required refurbishment as shelving was worn as were floor and wall surfaces and there was inadequate space to properly segregate and sort laundry. The mechanical ventilation in the en-suite in room 30 required repair.

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):

Findings:

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints. A comprehensive policy which outlined the time frames to acknowledge a complaint, investigate and respond to the complainant was outlined. There was an independent appeals process if the complainant was not satisfied with the outcome of their complaint.

Residents and relatives were clear in their interactions with inspectors and in questionnaires submitted that they were aware of the complaints process and who to engage with.

Judgment:

Compliant

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):**Findings:**

This outcome was the focus of a themed inspection in 2014 and was found to be compliant. The centre continued to follow the practices and procedures as found on that inspection and deliver holistic, person centred and caring, end of life care to residents.

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):

Findings:

This outcome was the focus of a themed inspection in 2014 and was found to be compliant. The centre continued to follow the practices and procedures as found on that inspection as observed on the day of inspection and provided a good standard of food and nutritional care.

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):**Findings:**

There was a phone available for residents to make or receive phone calls in private and a room was available for residents to meet with visitors in private. Televisions and radios were available in sitting rooms and bedrooms. Newspapers were provided and the inspector observed some residents reading daily newspapers and discussing news items in one of the day rooms. An advocacy service was available for residents and there was variety of information on other support provided. A resident focus group was in place but had not met since autumn 2014. The centre was developing the home-maker role in common with other Donegal Community Hospitals and a care attendant had attended recent meetings on the role with other home-makers. There was a residents satisfaction survey completed in July 2014 and that found residents happy with the standard of care and assistance provided. Residents spoken with on inspection, and in questionnaires returned expressed happiness with the care they were receiving.

Judgment:

Compliant

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):

Findings:

Residents' laundry was carried out in the centre and there was a system for the identification of items of clothing to ensure that residents' own clothes were returned to them. There were property lists in place for residents which were updated as required. There was a policy on residents' personal property and possessions and residents had adequate storage in for their belongings. The centre maintained a order service with a local shop where residents could purchase items and pay on a 6 monthly basis or pay periodically. Pensions were administered in accordance with HSE national policy and practice.

Judgment:

Compliant

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):

Findings:

The staff files reviewed had the information required in accordance with the schedule to the regulations.

There are appropriate. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster

detailed their position and full name. The inspectors noted that the planned staff rota matched the staffing levels staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. All staff are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. All nursing staff had up to date registration. Staff observed on inspection interacted with residents in a patient and caring way.

Judgment:

Compliant

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:

Damien Woods
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Ramelton Community Hospital
Centre ID:	OSV-0000615
Date of inspection:	25/05/2015
Date of response:	14/10/2015

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 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:

Corridors and some bathrooms in the centre required redecorating.
The laundry also required refurbishment as shelving was worn as were floor and wall surfaces and there was inadequate space to properly segregate and sort laundry.
The mechanical ventilation in the en-suite in room 30 required repair.

1. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated

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

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 improvement outlined in the report will be completed by March 2016.

Proposed Timescale: 31/03/2016