

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Lifford Community Hospital
Centre ID:	621
Centre address:	Lifford
	Donegal
Telephone number:	071-9851303
Fax number:	074- 9141603
Email address:	
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Kieran Doherty
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Mary Clarke
Date of inspection:	27 June 2011 – (fit person interview complete 20 September 2011)
Time inspection took place:	Start: 10:00 hrs Completion: 17:15 hrs
Lead inspector:	Damien Woods
Support inspector(s):	Jude O'Neill (fit person interview)
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Lifford Community Hospital is located on the outskirts of the town in the old county hospital with 20 beds operational at the time of inspection, 11 of which were long stay residential. The centre has well maintained grounds overlooking the river Foyle. An ancillary health services clinic is adjoining the centre. Lifford Community Hospital provides long stay residential, respite, rehabilitation and palliative care services in the Lifford area. It has operated as health facility since the 1775.

Date centre was first established:			1775	
Number of residents on the date of inspection:			11	
Number of vacancies on the date of inspection:			0	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	9	1	1	0
Gender of residents			Male (✓)	Female (✓)
			3	8

Management structure

The provider is Kieran Doherty who is the general manager of HSE PCCC for Donegal. He is assisted by Gwen Mooney who acting service manager for older persons services in Donegal.

The Person in Charge/Director of Nursing is Mary Clarke and she reports to HSE local management as outlined above. She is assisted by Clinical Nurse Manager II Margaret Gallagher, who deputises in her absence. All staff in the centre report to the Person in Charge and the Clinical Nurse Manager II.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives, and staff members over the inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The inspector was pleased to note the substantial and positive changes to the centre since being there on a previous inspection in May 2010. The action plan from that inspection had been substantially addressed by the provider and person in charge. The overall reduction in bed numbers had resulted in a more appropriate and homely environment being provided for residents and the centre was now more compliant with the regulatory standards as they apply to existing designated centres at present. In addition to the residential care the centre provides respite accommodation on a regular basis to local families.

The care delivered to both residents and respite admissions was of a high standard and responsive to the needs of all. There are appropriate and suitable supports for activities of daily living and to deal with any medical issues that may arise. A high standard of evidence-based nursing care was noted by the inspector. All residents and relatives who were spoken to or who returned questionnaires stated they were very happy with the centre and in particular, with its staff.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose is clear, well laid out and accurately describes the centre and services provided. It follows the schedule and is in accordance with the requirements of standard and regulation.

Outcome 2

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

References:

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

Inspection findings

The centre uses computerised recording system for all patient records that can be interrogated easily to review care and health related issues. There is regular review and recording of indicators such as weight and falls. Review of falls assessment for one resident showed positive changes arising had minimised risk.

The centre uses adapted HSE policies in the areas of health and safety and quality reviews for the centre. They had completed the local HSE audit for small centres. These were found to be satisfactory. This had been an action required at previous inspection.

The most obvious evidence of the commitment to quality improvement was the substantial changes evident to the inspector in the organisation and operation of the centre since the previous inspection. The changes in both the numbers and accommodation of residents have had a beneficial effect on the quality of life for the residents of the centre. In particular, the provision where by residents with complex needs are now accommodated in single rooms.

Outcome 3

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

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

The centre has a clear and documented complaints policy. It is on display at the entrance and throughout the centre. As with other HSE centres in Donegal, there is a robust and accountable system through its consumer affairs section for further review and investigation of a complaint if the complainant is not satisfied.

All residents spoken to said that they knew whom to make a complaint to. The centre also had available a list of independent advocates should a resident request such assistance.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

The centre has a policy and procedure on the prevention and detection of abuse. All staff had received appropriate training in these prevention and detection of elder abuse. This had been an action from the previous inspection. Staff spoken to could clearly explain how they would identify and what they would do if they suspected abuse. Residents said to the inspector they felt safe and secure in the centre. There were no incidents of suspected or confirmed abuse recorded or brought to the attention of the person in charge or provider.

The centre follows and adheres to HSE process for the management of resident accounts. Small sums are maintained in the centre for use by residents and these are managed by clerical staff. Where substantial funds are managed on behalf of residents these are maintained centrally by the HSE in Tullamore. There were no issues of concern identified on inspection.

Outcome 5

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The health and safety policy had been updated and revised since the last inspection. All relevant daily fire checks were recorded in the centre.

A care attendant spoken to on the day of inspection could clearly demonstrate the procedure and practice if a fire was detected in that area and the evacuation route for residents. At the time of inspection the centre was awaiting a visit from a consultant to examine the compliance of the structure of the centre with fire regulations. Servicing of fire alarms and equipment was in line with recommended practice. Staff received regular fire drill training.

Staff in the centre had undergone mandatory manual handling training. Cleaning and laundry staff spoken to have undergone relevant training in the use of chemicals and safety information sheets were available. There were appropriate infection control procedures in place and emphasis was placed on hand hygiene throughout the centre. Legionella control checks were also regularly carried out.

The centre had completed the local assessment tool for small residential units and identified areas for improvement in January 2011. The tool is clear and user friendly. The main actions arising had been dealt with or been scheduled for attention at the time of inspection.

Outcome 6

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

References:

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

Inspection findings

A comprehensive policy on medication management, which included ordering, prescribing, storing and administration of medication, was available.

The inspector found that the processes in place for the handling of medicines, were safe, secure and in accordance with professional guidelines and legislation. Resident photos were present on the administration records. It was noted on records checked that GPs had reviewed the medication of residents when required and at least on three monthly basis. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

An audit conducted by external HSE staff in 2010 found that all medication management was in accordance with requirements. A medication error identified had been appropriately dealt with. The inspector also reviewed an internal centre audit form January 2011 indicated continued compliance.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded twice daily, by two nurses and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. An internal audit was carried out in June 2011 and this showed that the centre was adhering to best practice and legal requirements.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

The numbers of staff to residents permit a high standard of care to be delivered. Review of care plans showed that the elements of the plan were agreed with the residents or relatives input. All areas of health care were covered as were activities of daily living. The computerised system could be interrogated to access elements of the plan simply and clearly. Records in respect of decisions around the use of restraint were clear and signed consents were in place. Medication reviews take place every three months or as requested by the nursing staff. Staff spoken to while reviewing the care plans could inform the inspector how they were involved on a case by case basis with the development and review of same. Many of the residents had been in the centre for some time and this allows staff to have a well informed and responsive attitude to their care and welfare. Any changes to the care plans are readily identified on the computerised record.

GP's attend as required and on a rostered basis from a local practice. The residents have access in the centre to allied health services such as physiotherapy. Occupational therapy service is by referral. The centre has clear discharge notes provided when a resident requires treatment in hospital or is discharged home or to another centre. There are good links in place with the services provided by the community psychiatric service.

Outcome 8

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

The centre has a detailed end of life policy in place. Residents in multi-occupancy rooms can be facilitated in a single room and the centre has a palliative care room that is operated in conjunction with the local hospice. The centre's oratory is used for removals of remains to churches. The person in charge explained how relatives can be facilitated to stay and a small visitors' room is available to them if they wish to stay with a loved one. The inspector was satisfied that end of life care as evidenced to him was dignified and appropriate to the needs of residents.

The centre is visited by local clergy of all faiths on a regular basis and the residents are facilitated to maintain their religious faith.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Inspection findings

The inspector spoke with catering staff and reviewed menus for the residents and was satisfied that there was a choice of wholesome and nutritious food available. Staff were knowledgeable about the residents who specific dietary requirements. The menus for the centre ran on three week cycle and all food was freshly prepared on the day. The kitchen had been required to undergo some works by HSE environmental health officer at a recent inspection and these were all complete.

The residents had access to drinks and snacks as they wished throughout the day. The dining room is tastefully finished and had adequate space for residents for lunch. The inspector observed residents having a relaxed meal with good interaction between staff and residents. Assistance when required and was given in a respectful and patient manner. Residents spoken to said they liked the food and were happy with the variety on offer. The centre monitors nutritional intake, regularly weighs residents and has access to dietician if required.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The residents guide was a clear and comprehensive and reflected the services and life in the centre. A contract for care was in place which was in accordance with the requirements of the regulations and standards. All relevant fees were clearly stated.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

The centre has an activities co-ordinator who was observed conducting a reminiscence session with residents in one of the living rooms. The residents present were engaged by the discussion around what particular objects were and their uses.

Time was taken to ensure that each of the residents present had an opportunity to participate. A daily list of activities such as quizzes, board games and art was displayed on a notice board in the premises. Newspapers and in particular, the local papers are provided to residents and there are televisions and radios available in the communal and living areas for their use. There are very strong links to the local community and a local support group, Friends of Lifford Hospital fund raise for the centre. They also organise music and other activities for residents to participate in. A monthly consumer/resident meeting is held and minuted. However actions arising are not recorded as completed when done. Residents and relatives spoken to said they were happy with the centres activities. The centre has an open door policy for visitors and the inspector noted relatives and friends freely coming and going throughout the day. Personal space is suitably screened in the multi occupancy rooms. There is a small visitors room available to residents in the multi occupancy rooms should they wish to have a more private visit or have more confidential matters to discuss.

Outcome 12

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.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

The centre accommodates the majority of its residents in multi occupancy rooms. Even so it was noted that residents had personalised the areas around their beds with pictures and mementoes evident.

Newly provided wardrobes and lockers allowed them store their clothing and possessions in an appropriate manner. Suitable screening was in place to allow personal care be conducted privately.

Resident's personal property records were up to date. There are suitable procedures in place for laundering residents clothing. No issues were identified in respect of lost or missing laundry.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The person in charge was found to be competent, professional and skilled in their work. She evidenced to inspectors both in her fit person interview and during inspection that she was aware of her duty to residents to ensure they were safe and well cared for. There was openness on her part to discuss what was working well and what was challenging in the management of the centre.

Her interaction with both residents and relatives as observed was similarly open and she was familiar with all residents needs. She showed a commitment to the centre and its ongoing improvement. The completion of action plans from the previous inspection in both operational and environmental issues was notable and evidenced clearly this commitment.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

There are adequate staffing arrangements in place for the centre during daytime shifts. However, as the centre provides a respite and palliative care services in addition to the long stay residential service, the provision of one nurse and one carer at night may need review to ensure that it is adequate. The inspector was concerned that given the layout of the centre and the differing care requirements of the client group it could potentially have a negative impact on resident care.

Staff have completed mandatory training in elder abuse, manual handling and fire safety. Nursing and care staff had attended additional training in areas such as end of life care, challenging behaviour, medication management and dementia care.

There was a positive and encouraging attitude on the part of management towards the facilitation of ongoing training by staff in the centre.

Supervision of staff is by the person in charge and clinical nurse manager. Staff spoken to evidenced a good knowledge of the regulations and standards and their responsibilities. Recruitment of staff if required is by central HSE recruitment. There were individual copies of staff files for some staff held in the centre and these contained all required documentation. Other staff records were kept at the HR department for the HSE in Manorhamilton and the person in charge said copies were being prepared for the centre. All nursing staff had up to date registrations and accompanying PIN numbers.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The premises are old and its layout and structure poses challenges to the delivery of care. However, at present it meets the regulations in terms of the provision of service to its long stay residents. The reduction in numbers and the clear demarcation of respite and long stay accommodation assist in this regard.

As previously mentioned the majority of residents are accommodated in multi-occupancy rooms. The rooms are well maintained and kept as homely as possible for residents, as are the single and double rooms. The living rooms and dining room are nicely furnished and welcoming. There are adequate bath room and toilet facilities provided. There are offices and staff changing and dining rooms provided on the first floor. The external grounds are well maintained. The entrance to the centre via the clinic section does detract from the desire to make the centre more domestic in its appearance it is decorated with artwork by local children. There is a small oratory for residents, hairdressing area and treatment room.

The premises were noted to be clean and there were appropriate infection control measures in place. Cleaning staff spoken to could explain practices where there were specific infection control issues. The actions requested from the previous inspection in respect of providing wash-hand basin in the sluice and repair of defective wall/ceiling finishes had been attended to and rooms had been painted in brighter colours.

All maintenance records and checks were up to date for assistive equipment and fire safety equipment. There was however, no up to date fire certification for the building though consultants were to complete an inspection in the coming months.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

- Regulation 21: Provision of Information to Residents
- Regulation 22: Maintenance of Records
- Regulation 23: Directory of Residents
- Regulation 24: Staffing Records
- Regulation 25: Medical Records
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

Inspection findings

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

Resident's guide

Substantial compliance Improvements required*

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required*

General records (Schedule 4)

Substantial compliance Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

The centre maintains the directory electronically and it was compliant with regulatory requirements

Staffing records

Substantial compliance

Improvements required*

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

The centre is covered under state indemnity scheme for relevant risks

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

All notifications were submitted correctly and in time to the Chief Inspector. This had been identified as requiring attention in the previous inspection report. The person in charge and other key senior manager knew the requirements when questioned and the relevant timescales for submission of notifications. These included a notification of the death of a person under 70 in the centre the previous autumn.

Outcome 18

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

The person in charge was aware and clear about the requirements for such notifications. The key senior manager who deputises, Mary Gallagher was clear about her role and duties when acting in place of the person in charge when spoken to by the inspector.

Closing the visit

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

Acknowledgements

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

Report compiled by:

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

9 November 2011

Action Plan

Provider's response to inspection report*

Centre:	Lifford Community Hospital
Centre ID:	621
Date of inspection:	27 June 2011 and 20 September 2011
Date of response:	30 November 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 14: Suitable staffing

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

The staffing at night needs to be reviewed to ensure it is adequate for then needs of residents and respite admissions given the layout of the centre.

Action required:

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

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:

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

Provider's response: On auditing the falls risks and near misses monthly, there has been no increase in accidents, falls or near misses at night. As the audit is a monthly one your concerns is constantly under review.	Monthly
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Outcome 15: Safe and suitable premises

15. The provider is failing to comply with a regulatory requirement in the following respect: No certificate of fire safety was submitted with the application to register	
Action required: Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Lifford Community Hospital is to be reviewed for fire safety compliance and as agreed with the Health Information and Quality Authority (The Authority). Same will be submitted to the Authority when available.	July 2012

Outcome 16: Records and documentation to be kept at a designated centre

16. The provider is failing to comply with a regulatory requirement in the following respect: Copies of staff files with required documentation for all staff were not available in the centre	
Action required: Maintain, in a safe and accessible place, a record of the name, date of birth and details of position and dates of employment at the designated centre of each member of the nursing and ancillary staff.	

Reference: Health Act, 2007 Regulation 24: Staffing Records Standard 22: Recruitment Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: On the day of inspection 3 complete files where available as agreed with the Authority and the HSE. All other staff files are retained centrally.	Ongoing

Any comments the provider may wish to make:

Provider's response:

Provider's name: Kieran Doherty

Date: 30 November 2011