



**Health  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Ramelton Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Back Road, Ramelton, Donegal
Type of inspection:	Unannounced
Date of inspection:	11 October 2024
Centre ID:	OSV-0000615
Fieldwork ID:	MON-0044854

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Ramelton Community Hospital is a designated centre registered to provide health and social care to 30 male and female residents, primarily over the age of 65. It is a single-storey building a short drive from the shops and business premises in the town. Accommodation for residents is provided in single and double rooms, and there are several communal areas where residents can spend time during the day.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	28
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 11 October 2024	11:10hrs to 16:40hrs	Nikhil Sureshkumar	Lead
Friday 11 October 2024	11:10hrs to 16:40hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

The centre is well-established in the local community and many of the residents were able to enjoy remaining close to family and friends in Ramelton. Residents told the inspectors that they were well supported by staff and were able to enjoy good quality of life in the designated centre. Residents and visitors gave very positive feedback regarding the staff and the care and services provided to them. Overall, this inspection validated the residents' feedback; however, the limited space in 14 single-occupancy bedrooms meant that only residents who were independently mobile or needed the assistance of one person were able to be accommodated in these bedrooms. Inspectors found that admissions to these bedrooms were well managed so that the size and layout of the rooms were taken into account before any new resident was admitted to them.

The inspectors spoke with four residents and one visitor during this inspection. The residents' comments were that "the food was nice", "my room is comfortable, and I have enough space in my wardrobes", "I can walk around freely here", "staff are really great, and they help me at all times".

The designated centre is in a single-storey building located on a campus shared with community health services and close to local amenities in the nearby town of Ramelton. Accommodation is provided in a mixture of single and twin bedrooms. The designated centre had benefited from a recent refurbishment programme and both the private and communal spaces were clean and bright and nicely set out for the residents. Residents said that they were comfortable and their needs were met, although two residents said that they would prefer a larger bedroom and more space to store their belongings.

The inspectors met with the person in charge, and following a brief introductory meeting, the inspectors went for a walk around the centre. There were 28 residents accommodated in this centre on the day of inspection. The centre's corridors were well maintained and had handrails to support residents to move around safely. There were a number of communal rooms throughout the centre where residents could sit and rest or enjoy some time in their own company. The communal rooms were well-arranged to create a warm and welcoming atmosphere. Some residents expressed a preference for the television room, while a few others were observed relaxing in the quiet seating area in the connecting glass corridor. This was a very pleasant sunny area with a lovely view to the courtyard garden. The residents were able to access the various parts of the centre, such as reception, internal gardens and courtyards, without any restrictions, and the inspectors observed that the improvements found during the previous inspection had been sustained.

The inspectors reviewed the care records for all of the residents accommodated in the 14 single-bedded rooms numbered 18 to 21 and 47 to 58. They also spoke with some of these residents and observed others going about their daily routines. Inspectors found that residents accommodated in these bedrooms were either

independently mobile or needed the assistance of one staff member. There were no residents accommodated in these bedrooms who required assistive equipment such as portable hoists or large-sized wheelchairs. This was because although these rooms met the minimum size requirements of the regulations, they did not provide sufficient space for the use of mobility equipment. Generally, the residents who spoke with the inspectors were pleased with the level of comfort offered in these rooms. However, some residents did not have room for the bedside locker beside their bed because of the location of the entrance door in the bedroom. The provider had sourced alternative equipment to resolve the issue, but it had not been delivered at the time of the inspection.

The inspectors observed interactions with staff and residents during the inspection and saw that staff provided care in a respectful and dignified manner. It was evident that staff were aware of residents' preferences in relation to their appearance and how they liked to spend their day. Inspectors observed that staff members were flexible in work schedules to facilitate residents' preferences.

The centre's dining room was found to be well-laid out, and there was sufficient seating available for residents to sit and enjoy their meals. The food served appeared wholesome and nutritious, and the residents spoken with were highly complimentary about the food and the menu choices that they were offered. There was a variety of options for lunchtime and evening meals, and a daily menu was clearly displayed on each table in the dining room. Overall, the feedback from residents indicated a high level of satisfaction regarding the quality and quantity of food available at this centre. Additionally, residents were found enjoying the company of other residents during meal times, and some of the residents who spoke with the inspectors described the dining experience as an unhurried and enjoyable social occasion..

Residents and visitors were found spending time together in various communal areas, and some visitors who spoke with the inspectors said that the centre had a welcoming ambience and that the staff were very supportive of the residents' needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was a well-managed centre for the benefit of the residents living there. The ethos of person-centred care was evident in staff practices and staff interactions with residents. The management team knew the residents well and was familiar with their needs and their preferences for care and support. The admissions procedure was well-managed to ensure that the centre was able to meet the person's assessed needs and that a good client home fit was achieved prior to admission.

This was an unannounced inspection carried out over one day to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to review the representation that the provider had submitted to a recent notice of proposed decision requiring the provider to cease admissions to 14 single-occupancy bedrooms until these bedrooms were reconfigured to meet the needs of the residents. The inspectors found that although these single bedrooms met the minimum requirements for 7.4 square metres of floor space for the resident, the layout and limited space available would not support the needs of residents who required the assistance of two staff or who used large items of mobility equipment such as hoists. Furthermore, some of these bedrooms did not have sufficient storage space for residents, and this finding was validated in the feedback from some residents on the day.

Overall, the centre had systems to ensure that the care provided to the residents was safe, appropriate and of good quality. This included an effective admissions procedure and regular care plan reviews to ensure the limitations of the 14 single-occupancy bedrooms did not negatively impact on the residents accommodated in them. There were plans to extend the designated centre in the future and improve the size and layout of these bedrooms going forward; however, at the time of this inspection, there was no date for this work to commence. The provider had also recently completed a satisfaction survey of residents accommodated in the 14 single-occupancy bedrooms. Inspectors reviewed the survey results, which recorded that residents were satisfied and comfortable in their bedrooms. However, the inspectors noted that this area of the lived environment was not included in the general resident questionnaires that informed the annual review, which meant that the annual reviews did not include residents' feedback about this important aspect of their lives in the centre.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology. The provider is represented by the local services manager, who was in attendance on the day of the inspection. The person in charge and the clinical nurse manager facilitated the inspection on the day. The person in charge is an experienced nurse manager who works full-time in the centre and is well-known to staff and residents. They have day-to-day responsibility for the operations of the designated centre, including admissions.

There were sufficient staff on duty on the day to ensure that residents' needs were met and that residents did not wait for staff to attend to them. Residents and their visitors said that they had no concerns about staffing and that there was always enough staff available. Staff were clear about their roles and responsibilities and demonstrated accountability for their work.

## Regulation 23: Governance and management

The provider had not made available sufficient resources to ensure that the planned improvements to the designated centre to address the limitations of the 14 single-occupancy bedrooms were carried out in a timely manner and ensure that all residents had access to comfortable bedrooms with sufficient space to meet their mobility needs if they changed and ensure they had enough storage space for their personal belongings. As a result, residents accommodated in those bedrooms were required to change bedrooms if their mobility needs deteriorated.

The oversight of the management systems in managing the risk of falls was not adequate. This was evidenced by:

- There were clear fall risk strategies in place, and residents' records showed that these were being consistently implemented; however, the risk associated with managing a resident who had a fall in one of the 14 single-occupancy bedrooms with limited circulatory space was not identified on the centre's risk register. As a result, the inspectors were not fully assured that the potential hazards associated with the layout of these bedrooms, particularly for residents assessed as being at high risk of falls, had been recognised, and appropriate control measures to mitigate these risks had been put into place.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspectors found that the nursing and healthcare needs of residents were met to a high standard. Inspectors observed that the care delivery was person-centred and daily routines were flexible to facilitate residents to spend their days as they wished. Significant improvements had been made to the residents' lived environment, and the benefits for the residents were clear. Notwithstanding the improvements that had been achieved, the personal space available in 14 single-occupancy bedrooms discussed earlier in the report did not promote the comfort and dignity of the residents, many of whom did not have enough storage space for their personal belongings.

The inspectors observed that the medical and nursing needs of residents were well-met, and there was evidence of good access to medical practitioners through residents' own general practitioner (GP) and out-of-hours services. Residents also had access to health and social care specialists in line with their needs. Health screening and health promotion opportunities were made available for those residents who wished to participate.

The inspectors measured the floor space available for residents in 14 single-occupancy rooms and found that these bedrooms were meeting the minimum 7.4 square metre requirement set out in Schedule 6 of the regulations. However, the

layout of these rooms did not promote residents' comfort and did not ensure the residents had enough storage space to store and easily access their personal belongings. This was a repeated non-compliance finding.

Residents' views were sought on the running of the centre through regular residents' meetings and surveys.

## Regulation 12: Personal possessions

The inspectors observed that there was not enough space between the bed and the door in a number of the smaller single-occupancy bedrooms for a bedside cabinet. As a result, the bedside cabinets were found placed at the foot end of the bed in these bedrooms. This arrangement hindered residents' ability to easily reach for their personal belongings when resting in bed.

Two residents had a number of bags and small cases on the floor or on their bedside cabinets in which they were storing their belongings because there was not enough room in the wardrobes in their bedroom.

Judgment: Not compliant

## Regulation 17: Premises

The layout of 14 single-occupancy rooms was not suitable for meeting the residents' needs. For example:

- Additionally, the location of the bed, chair, hand wash basin and bedside cabinet in these single rooms reduced the overall circulating space in these rooms, which did not facilitate the safe manoeuvring of specialist assistive equipment, such as a zimmer frame and hoists and was unsuitable for residents with higher dependency levels who needed to use these type of equipment. This was evidenced by:
  - The inspectors observed staff manoeuvring a full body hoist for a simulated resident in these rooms and found that the layout of these rooms did not facilitate the use of a full body hoist and that these rooms were unsuitable for the needs of residents with higher dependency needs who required such devices. There were no residents accommodated in these rooms on the day of the inspection who required a hoist.
  - The inspectors found that the layout limited residents from safely using assistive equipment, such as a rollator zimmer frame in these rooms and also posed a trip hazard while accessing the wardrobes, hand wash basin or bedside cabinet. As a result, the rooms were not suitable for residents who were at high risk of falls. Additionally, if a

fall were to occur within these single rooms, the inspectors were not assured that the staff could respond effectively and operate a full-body hoist to lift a resident from the floor safely, particularly in line with the provider's own procedures.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents were provided with opportunities to participate in activities in accordance with their interests and capacities. There was a schedule of activities, available seven days a week, that were facilitated by the centre's own staff. The centre's activities programme was led by dedicated staff, who ensured they were both enjoyable and meaningful for the residents.

Residents had access to advocacy services in this centre. Residents were able to participate in the running of the designated centre through resident meetings and resident feedback questionnaires.

Residents were supported to make choices about how and where they spent their days. There were no restrictions on residents' access to any resident areas of the centre, including their gardens.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ramelton Community Hospital OSV-0000615

Inspection ID: MON-0044854

Date of inspection: 11/10/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The register provider will ensure compliance with Regulation 23 Governance and Management by ensuring the following:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge has updated the centres risk register which outlines the manual handling practices to take place if a resident should fall in an area within the designated centre that cannot be accessabile by a hoist.</li> <li>2. All residents prior to admission have a pre assessment completed. As part of this assessment residents are assessed for falls. This pre assessment allows for the management team to allocate a specific bedroom to the resident which can cater for their needs.</li> <li>3. At four monthly intervals if not before, the management team with the resident and there family (if appropriate) will review all residents care plans and the residents lived experience within the centre. If at these reviews that the residents condition is deteriorating or they are assessed as being a higher falls risk, pre planning can take place which will ensure that residents are appropriately cared for in a bedroom which is suitable to there needs. Full consultation will have taken place with residents at all stages to ensure that the residents views and preferences are taken into account</li> <li>4. All staff are trained in Manual Handling within the centre. Staff are aware that if a resident should fall in an area which cannot be accessed by a mobile hoist that methods and aids such as PAT slides, sliding sheets are to be utilised as outlined in the centres manual handling training.</li> </ol> <p>Following recent refurbishment works in other Designated Centres in Donegal, and HIQA acceptance of those design principles. The HSE will now issue a brief for a Design Team based on the principles used in the other Designated Centres in Donegal, whereby two single rooms will be combined into one single room with an ensuite facility. The Design team will be appointed in 2025 with initial designs progressed for presentation to HIQA in 2026. The project is on the HSE Capital Plan</p>	

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The person in charge will ensure compliance with Regulation 12: Personal possessions by ensuring the following:

1. A review of the bedroom furniture within the bedrooms has taken place in consultation with the residents this ensures that as reasonably practical, residents have access and control over their personal possessions
2. Residents have now been provided with a new locker which also ensures that the residents have access and control of their personal possessions

Following recent refurbishment works in other Designated Centres in Donegal, and HIQA acceptance of those design principles. The HSE will now issue a brief for a Design Team based on the principles used in the other Designated Centres in Donegal, whereby two single rooms will be combined into one single room with an ensuite facility. The Design team will be appointed in 2025 with initial designs progressed for presentation to HIQA in 2026. The project is on the HSE Capital Plan

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider will ensure compliance with Regulation 17: Premises by ensuring the following:

1. Approval has been obtained for tracking hoists for a number of the single rooms. These hoists will be installed on a phased basis. With the introduction of this system residents whose mobility changes and following clinical assessments if appropriate will be able to remain in their bedroom.
2. A review of the bedroom furniture within the bedrooms has taken place in consultation with the residents this ensures that as reasonably practical residents have access and control over their personal possessions
3. Each resident prior to admission has a pre assessment completed. This pre

assessment ensures that the residents needs can be cared for within the allocated bedroom area.

4. At four monthly intervals if not before, the management team with the resident and there family (if appropriate) will review all residents care plans and the residents lived experience within the centre. If at these reviews that the residents condition is deteriorating or they are assessed asbeing a higher falls risk, pre planning can take place which will ensure that residents are appropriately cared for in a bedroom which is suitable to there needs. Full consultation will have taken place with residents at all stages to ensure that the residents views and preferences are taken into account

5. All staff are trained in Manual Handling within the centre. Staff are aware that if a resident should fall in an area which cannot be accessed by a mobile hoist that methods and aids such as PAT slides, sliding sheets are to be utilised as outlined in the centres manual handling training.

Following recent refurbishment works in other Designated Centres in Donegal, and HIQA acceptance of those design principles. The HSE will now issue a brief for a Design Team based on the principles used in the other Designated Centres in Donegal, whereby two single rooms will be combined into one single room with an ensuite facility. The Design team will be appointed in 2025 with initial designs progressed for presentation to HIQA in 2026. The project is on the HSE Capital Plan.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	28/02/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2025
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/12/2025

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2025