

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Centre address:	Falcarragh, Letterkenny, Donegal.
Telephone number:	074 913 5104
Email address:	geraldine.mclean@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Doherty
Lead inspector:	Damien Woods
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	0

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 August 2014 10:30 To: 12 August 2014 15:30

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

Outcome 02: Governance and Management
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition and to follow up on actions from the previous report. In preparation for the thematic area's, providers attended an information seminar, received evidenced based guidance and undertook a self –assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The centre provides long term, respite assessment and palliative care with 28 residents on the day of inspection. Residents spoken with were very complimentary of the food provided and the nutritional needs of residents were met to a high standard. Food was nutritious, varied and provided in sufficient quantities. Systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents' nutritional needs were assessed and their preferences were facilitated. There was a good standard of nutritional assessment, monitoring and care planning with residents having good access to the ancillary health services. The Senior Community Dietician had visited and conducted training with staff the previous April on Nutrition in Older People.

The inspector found that practices were in place to ensure that residents received

good care at end of life . There was a person centred approach to care which focused on meeting residents emotional and psycho-social needs as well as physical needs. Care was provided by appropriately trained staff. Questionnaires were received from relatives of deceased residents and discussions with family members showed that families were satisfied with the care given.

The inspector followed up on the progress of action plans under 6 outcomes from the previous inspection of 14th August 2013. Action plans under 5 outcomes were completed or substantially complete and but one area, premises, required further work in order to fully comply with regulatory requirements and standards. These and other matters are discussed further in the report and in the Action Plan at the end of the report.

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 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):

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

Findings:

The action plan responses from the previous inspection had been fully implemented. Policies were reviewed and the local procedure for updating and reviewing policies was being followed.

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):

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

Findings:

Fire training had been completed with staff in April 2014. Works were substantially completed on fire precautions as specified or identified as required by consultants on inspection. Fire equipment and alarms were serviced and in date for certifications. Infection control policies and procedures had been updated as per the action plan response. Security measures as detailed were confirmed to be in place with appropriate monitoring of visitors.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Full and complete information was available on the health care needs of residents and assessments were up to date. Medical notes by GP's were up to date. A new dependency tool already in use in Scotland was being piloted in the centre and this was providing clear feedback on trends and levels of dependency and needs on a consistent basis.

Judgment:

Compliant

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:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The premises was clean and warm on the day of inspection. The requirements of fire consultants in relation to enhanced fire safety provision had been substantially completed with additional required works identified for completion in a report provided

to the inspector. However, at the time of inspection, proposals or plans as regards compliance with regulations and standards in relation to multiple occupancy rooms had not been completed. In addition, the provision of additional storage areas and office accommodation for staff is required.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the centre provided a good standard of end of life care. The inspector noted a high level of positive interactions between staff and residents during this inspection and observed staff caring for and conversing with residents in a caring and respectful manner. All staff spoken to by the inspector were knowledgeable about how to physically care for a resident at end of life and were aware of the procedures in place for the care of the body. There was an ongoing consultation to ensure that the procedures outlined provided appropriate guidance for staff. From training records reviewed, it was evident that staff were provided with training and guidance on end of life. The centre's end of life policy was the Donegal HSE area document. The policy included that the resident's wishes and choices concerning end-of-life care were discussed, recorded, implemented and reviewed on a regular basis with the resident. The centre facilitates admissions from the community to its palliative care service and supports same.

At the time of inspection one resident was receiving end of life care and a review of their case notes and discussion with staff showed that their needs as documented in their care plans were being met. Clear instructions and requests were recorded in plans and were being followed.

The responses received from relatives of deceased residents in relation to end of life were positive about their experience and interaction with the centre. They were complimentary of the care and support received from staff in the centre for both their loved one and themselves. The centre has close links with the community it serves and the local customs as regards death and dying were followed according to staff and from the responses to the questionnaires reviewed. Relatives were encouraged to remain with relatives approaching death. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a

range of religious denominations visited the centre to provide spiritual care. Funerals were facilitated from the centre and the local practice in relation to "waking" the deceased followed and was assisted by the centre. Residents' belongings are stored appropriately and returned whenever relatives wish to collect them.

A single room was available in the centre for those at end of life with adjacent facilities for relatives to stay. There was access to full palliative care services and 24 hour GP support. One staff nurse had completed the Higher Diploma in Palliative care and 2 had certification in essential palliative care symptom management.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centres kitchen provided food to both residents in the centre and those availing of day care services. Residents spoken with stated they were satisfied with the quality and choice of food provided to them. The staff in the kitchen had worked in the centre for a number of years and knew the likes and dislikes of residents. They described menu which was rotated on a 2 weekly basis and offered good choice at meal times. All food was cooked on the premises. The centre had a food and nutrition policy in place to guide practice. They described how fortification was provided in specific meals. Drinks were readily available. Staff could prepare snacks for residents during the evening and night. There were snack options available between meals to ensure adequate calorific intake particularly for residents on fortified diets. Staff had had detailed training on nutrition in older people by the Senior Community Dietician.

Special effort was made by the kitchen staff to accommodate residents who had particular foods they liked and cooked same especially for them. The kitchen was adequate in size and well equipped.

Staff monitored the food and fluid intake of all residents who required assistance with their meals. Where risk such as unintentional weight loss was identified detailed dietary monitoring records and fluid balance charts were implemented according to policy. There was ongoing monitoring of residents nutritional, hydration, skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at regular intervals. Clinical documentation reflected residents' needs and the actions

required of staff to meet their needs. Assessments were noted to underpin care plans for food and nutrition. Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration.

Residents were appropriately assisted by staff and received their meal in a timely manner. The inspector observed the service of the main lunch time meal. The food served was hot, attractively presented and portions were varied according to residents' personal choices. Residents were offered a choice and the menu choices were displayed. The centre dining room had sufficient space for residents to eat in comfort. Some residents preferred to be assisted with their meals or to take their meals in their own rooms. A review of the residents meetings evidenced their satisfaction with the food provided. Celebrations such as birthdays were facilitated with food and drink preferences made available.

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):

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

Findings:

Activities were taking place during the inspection in the day room of the centre. Visitors from the locality and overseas were in and out as the day progressed with good interaction noted between them, staff and residents. Information on residents been collated and available to inform activities as per the action plan response.

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):

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

Findings:

There were adequate staff on duty on the day of inspection to cater for the needs of residents. The person in charge detailed the review undertaken and how rosters were responsive to changes in residents needs. The implementation of revised supervision arrangements were in place and improved when dependency levels increased such as if a resident was at end of life.

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:	Falcarragh Community Hospital
Centre ID:	OSV-0000619
Date of inspection:	12/08/2014
Date of response:	13/05/2015

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:

Person-centred care and support

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

A plan to comply with the Health Act 2007 (Care & Welfare of Residents in Designated Centre Regulations and Standard 25 is required.

Action Required:

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

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

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

An initial meeting with HIQA took place in Dec 14 with preliminary proposed plans presented to meet Standard 25. Architects and a design team have been appointed in Mar 15 to finalise plans and to present plans to HIQA prior to commencing work.

Proposed Timescale: 31/12/2017