

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Centre name:	Killybegs Community Hospital
Centre ID:	620
Centre address:	Donegal Road
	Killybegs
	Co. Donegal
Telephone number:	074 9732044
Fax number:	074 9732070
Email address:	Catherine.mitchell@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Catherine Mitchell
Date of inspection:	22 & 23 June 2011
Time inspection took place:	Day 1: Start: 09:00 hrs Completion: 16:55 hrs Day 2: Start: 09:15 hrs Completion: 15:50 hrs
Lead inspector:	Jude O'Neill
Support inspector:	N/A
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

Killybegs Community Hospital opened in 2001 and provides a range of services that includes a 41-bedded residential centre, a day centre, x-ray facilities, blood testing clinics, physiotherapy and occupational therapy.

The hospital is located on the Donegal Road, on the outskirts of Killybegs overlooking the bay. All local town amenities are within a few minutes walk along a pedestrian footpath.

The designated centre is located on the second floor of the hospital. Accommodation consists of four single rooms, two twin rooms and eight four-bedded rooms. All bedrooms have ensuite facilities. A palliative care suite is also provided allowing family members to be with their relative at the end of life.

There is a central nurse's station, two large dining/sitting rooms and a third smaller sitting area adjacent to the lift. An oratory is located on the ground floor.

There is a small but well maintained garden surrounding the hospital and car parking is available to the front and back.

Date centre was first established:			12 January 2011	
Number of residents on the date of inspection:			35	
Number of vacancies on the date of inspection:			6	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	1	17	15	2
Gender of residents:			Male (✓)	Female (✓)
			12	23

Management structure

Killybegs Community Hospital is operated by the Health Service Executive (HSE). The person nominated to act on behalf of the provider is Kieran Doherty. On a day-to-day basis, the person in charge is Catherine Mitchell, Director of Nursing (Acting) who reports to Gwen Mooney, acting Head of Older People Services.

The person in charge is supported by clinical nurse managers, staff nurses, healthcare assistants and a range of administrative, clerical and ancillary staff.

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.

The inspector met with residents, relatives, visitors and staff. He observed care practices and reviewed documentation such as care plans, medical records, complaint records, accident/incident logs, maintenance records, audit findings, fire safety documentation, policies and procedures and personnel files. Fit person interviews were carried out with the provider, the person in charge and two key senior managers all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by the inspector, along with the information provided in the registration application form, supporting documentation and satisfaction questionnaires which had been completed by three residents and six relatives/carers.

The findings of this 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); and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The inspector also assessed the action taken by the provider and person in charge in response to the five actions set out in the Action Plan of the report of the previous inspection carried out on 17 February 2010. The required improvements related to policy development, the installation of wash hand basins in ward kitchens, the sluice room and laundry and thermostatic control valves on hot water taps and the provision of training for staff on food handling. All issues identified as requiring improvement had been fully addressed.

The inspector was satisfied that the care provided to residents was of a good standard. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents. The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspector confirmed that residents and as appropriate their representatives were involved in care planning and in the operation of the centre. Recruitment practices were robust and staff were knowledgeable about residents' needs and preferences and of their duties and responsibilities under the legislation and the Authority's standards. Staff were seen to be approachable, considerate, respectful and caring in their interactions with residents.

The physical environment was suitable for its stated purpose and was homely, comfortable, and well maintained. However, the use of multiple-occupancy rooms did not promote the privacy and dignity of all residents and was not in accordance with the Authority's standards.

Systems and practices in relation to the health and safety of residents', quality improvement and the management of risk were good. However, the provider had not yet established a system for reviewing the quality and safety of care provided in the centre.

These two areas for improvement are described under the outcome statements and related actions are set out in the Action Plan at the end of this report.

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 met all of the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and accurately described the range of services provided in the centre. Throughout the inspection, the inspector observed that the centre's capacity to meet the diverse needs of residents, as stated in the statement of purpose, was reflected in practice.

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 person in charge and staff members demonstrated a positive attitude to the value of audit and had in place a number of tools to monitor the quality of care provided and quality of life experienced by residents in the centre.

Audits had been undertaken in relation to a range of topics that included medication management, accidents and incidents, hand hygiene, care plans and the use of bedrails. Documentation reviewed by the inspector confirmed that audits were carried out on a regular basis, areas for improvement had been identified and action plans put in place to address any shortcomings.

Discussion with the person in charge and provider confirmed that there was no formal review of the quality and safety of care and quality of life as required by Regulation 35.

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 complaints procedure was prominently displayed within the centre and also described in the residents' guide and the statement of purpose. The person in charge was identified as the nominated complaints officer and an appeals process was available through the HSE, Head of Consumer Affairs.

There were no complaints recorded for 2011. A review of the complaints log maintained within the centre indicated that the two most recent complaints in 2010 (step loose at front door and cold food) had been resolved locally in a timely manner and to the complainant's satisfaction.

Residents and relatives indicated that they felt confident to approach any of the staff with their concerns at any time and that these were addressed in a timely manner.

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

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse. At the time of inspection there were no recorded incidents or allegations of abuse.

A staff nurse had been delegated with responsibility for coordinating an in-house training programme in relation to elder abuse. Documentation reviewed confirmed that all staff had received training on identifying and responding to elder abuse and that the issue had been discussed at staff and resident meetings.

A centre-specific policy and procedure was in place and staff who spoke to the inspector were knowledgeable on the different forms of abuse and the actions to take in the event of an allegation, incident or suspicion of abuse.

Residents spoken to and those who completed questionnaires confirmed that they felt safe in the centre.

Discussion with the administrator and review of a sample of three records confirmed that robust systems were in place to ensure residents' finances were handled in a transparent manner and in accordance with the Authority's standards. An external audit had last been undertaken in May 2011.

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 environment was clean, tidy and well maintained. Measures were in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and in discussion with the inspector were knowledgeable of the relevant policies and procedures in place. A multi-task attendant was able to describe to the inspector the cleaning systems in place and how these worked in practice. Staff could access latex gloves and disposable aprons and were observed using the alcohol hand gels which were available throughout the centre.

There was a low level of incidents and accidents in the centre which were subject to regular review by the provider and person in charge. There were a range of

measures in place to prevent accidents and facilitate residents' mobility. For example, a falls prevention programme was in place in conjunction with the physiotherapy department. Hand rails were provided on both sides of the corridor to promote independence. Residents were observed moving around the centre independently and with staff, using the handrails for support as needed. All staff had been trained in moving and handling and were provided with regular updates.

A risk management policy and health and safety statement was in place. The person in charge had also maintained a risk register which included a description of the risks, the impact of the risk, any existing or additional control measures, the person responsible and the date due. The person in charge described the recent purchase of sensors as a means to mitigate the risk of residents with cognitive impairment leaving the centre unaccompanied.

A policy was in place on responding to emergencies. The policy included an emergency plan which guided staff on how to respond if the centre had to be evacuated. The plan contained the contact numbers for all staff and emergency personnel such as the plumber, electrician, local garda and fire stations. It also included the steps to take in the event of an emergency which included the use of a temporary place of safety (a local school gym and/or hotel). Staff consulted were familiar with the plan and could describe to the inspector, what actions to take in the event of an emergency.

A centre-specific missing person's policy had been developed and a missing person's file contained a photograph and biographical information on residents assessed as being at risk. The policy also included a search grid to guide staff when searching the centre and surrounding area.

All staff had received training on fire safety and evacuation. The last such training took place in February 2011 when a simulated evacuation took place and staff received practical training on the use of fire safety equipment. Documentation reviewed confirmed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced on a regular basis and in accordance with the relevant legislation. The fire alarm had last been serviced on 04 April 2011.

There was a health and safety committee within the centre which met on a quarterly basis. A member of staff was the nominated health and safety representative and completed a checklist for each room in the centre on a monthly basis. The information obtained through monthly checks was used to inform the ongoing maintenance programme.

Documentation reviewed by the inspector confirmed that all beds, wheelchairs, hoists and assistive equipment had been routinely serviced. The last service took place on 11 June 2011.

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

There were robust processes in place for the handling of medicines, including controlled drugs. These were assessed as safe, secure and in accordance with current guidelines and legislation. Controlled drugs were stored securely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. A sample of the controlled drugs held to what was recorded in the register was checked by the inspector and found to be in order.

The inspector had opportunity to observe the administration of medication. Observation of administration practices and discussion with registered nurses confirmed they had an understanding of appropriate medication management and adhered to professional guidelines and regulatory requirements. In addition, a prescription drug database and drug prescribing guide were on medication trolleys for reference as required.

The centre had recently introduced a new medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

A medication audit was carried out on a quarterly basis by the person in charge or a clinical nurse manager. The last medication audit was undertaken in May 2011.

The person in charge had maintained a list of the names and a copy of the signatures of all nurses involved in the administration of medication.

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 inspector found a high standard of evidence-based nursing, medical and allied health care. Within the hospital, residents had access to a range of services that included physiotherapy, occupational therapy, chiropody, and dietetics. Mental health services and dentistry were also available through GP referral. All residents remained under the care of their own General Practitioners (GPs) and a total of six GPs visited the centre. The sample of medical records reviewed confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. While there was no dedicated activity coordinator, the person in charge had identified through the duty rota, a member of staff to take daily responsibility for overseeing activity provision. A social care assessment had been completed for each resident which was used to inform the activity programme. While most residents and relatives were satisfied with the range of activities on offer, a small number suggested that there could be more variety. The person in charge advised that she was exploring alternative funding arrangements in an attempt to put in place a full-time activity coordinator.

The arrangements to meet residents' assessed needs were set out in individual care plans, which were drawn up with the involvement of the resident and as appropriate his/her representative. The centre used an electronic record management system and in conjunction with a registered nurse, the inspector reviewed a sample of five care records. The records reviewed confirmed that comprehensive person-centred care plans were in place which were subject to regular review. In accordance with policy, a checklist was completed on admission for all residents and review dates for future assessments were entered into the electronic record management system. A reminder prompted staff when routine reviews were due. Recognised assessment tools were used to promote health and address health issues. These included risk assessments for falls, moving and handling, nutrition, tissue viability and cognitive functioning. Appropriate measures had been put in place to manage and prevent risk. Discussion with residents confirmed that staff had involved them and/or their representative in the planning and review of care.

At the time of this inspection, a number of residents were using bedrails and had lap belts when in chairs. The centre had recently adopted the HSE guidance document on the use of restraint and in response had risk assessed each resident for the use of

bedrails including where appropriate, the involvement of his/her representative. In addition, the person in charge had acquired four additional low-low beds which further reduced the need for bedrails. Documentation confirmed that the use of restraint was monitored daily by staff. Discussion with staff and review of documentation confirmed that the centre was committed to providing a restraint-free environment for residents. Two registered nurses had recently completed a trainer's course on the use of restraint and were due to roll out the training to all staff.

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

A policy was in place for caring for residents at end of life. There was a dedicated palliative care suite in the centre which had been fitted with an overhead tracking hoist. The suite provided opportunity for relatives to stay over in the centre with the resident at end of life.

Two registered nurses had completed dedicated training in palliative care and arrangements were in place for additional training to be provided. The person in charge and other staff described very good relations with the local HSE palliative care team. The person in charge told the inspector that staff can access a palliative care doctor and two palliative care nurses for support and guidance. She also said that staff had used the in-house video-conferencing facility to access specialist input from the local general hospital and a nearby hospice.

The sample of care plans reviewed by the inspector indicated that residents' wishes regarding end of life care had been discussed, and staff were knowledgeable about individual resident's preferences.

There is an oratory located off the main entrance to the centre and arrangements were in place with local clergy to provide regular services and visits.

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

A review of catering records, the weekly menu and discussion with residents confirmed that a nutritious and varied diet that offered choice was available. Residents were complimentary of the food provided. One resident told the inspector "the food is excellent" while another said that staff made every effort to meet any special requests or to provide choices that were not on the menu.

Staff were observed sitting with residents and where necessary assisting them with meals in a respectful manner. Mealtimes were seen to be a relaxed and unhurried social occasion which provided opportunities for residents to interact with each other and staff. The inspector observed that staff members chatted with residents and encouraged discussion amongst them about current affairs and recent events in the life of the centre and local community. In the resident's dining room, table settings included condiments, napkins, a selection of drinks and matching cutlery and crockery. To the side of the dining room was a small breakaway area where residents were seen to relax following lunch.

A dedicated member of staff was responsible for organising the dining room for meals, collating residents' menu choices, refreshing the jugs of water in communal areas and in residents' rooms and providing snacks and drinks throughout the day. This staff member was also observed discussing menu choices with residents including the option to have meals in their rooms.

The sample of care plans reviewed confirmed that each resident's weight was checked on a monthly basis or more frequently if required. Nutrition assessments were used to identify residents at risk of malnutrition and daily intake charts were completed for each resident.

Catering and care staff were knowledgeable about the dietary needs of each resident and were aware of any who required a special diet. The inspector viewed a copy of the most recent environmental health report which evidenced that the kitchen was in substantial compliance with the relevant statutory requirements.

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 person in charge provided the inspector with a copy of the contract of care that had been agreed with each resident within a month of admission. The contract set out the overall care and services provided to residents and the fees charged, including any additional fees.

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 and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Residents and relatives who spoke to the inspector and those who completed pre-inspection questionnaires commented favourably on the quality of care provided and the quality of life experienced within the centre. Examples of residents' comments included "the staff are excellent", "staff are very helpful...and can be contacted quickly if needed" and "the attention is first class". One relative told the inspector, "staff treat residents with respect and compassion" while another said "I leave the centre every day knowing that my husband is in the best of care".

The centre operated an open visiting policy and the inspector observed that relatives and visitors were addressed on arrival by staff. Facilities were available for residents to meet their visitors in private. Privacy and dignity was promoted through the use of signage (for example, notices on the doors of multiple-occupancy rooms advising that personal care was being delivered), staff knocking doors and awaiting permission to enter and the use of screens.

The inspector observed good interactions between staff, residents and their relatives/visitors. In particular, staff were seen taking their time to reassure residents with dementia and/or cognitive impairment, speaking slowly, clearly and sensitively, and repeating the information as necessary to ensure that the resident understood what was being said to them.

In conjunction with the University of Leeds, staff had developed a satisfaction survey which was available in the centre for residents to complete. In addition, a consumer panel met quarterly. This was chaired by a member of the HSE's consumer affairs team and membership included current and former residents/patients, relatives, carers and representatives from local parish councils. The last meeting took place on 25 May 2011. The issues discussed included HIOA, use of televisions in wards, fundraising and bringing a dog into the centre. The next meeting was scheduled for 21 September 2011.

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

There was a well equipped laundry room. While only a small amount of personal laundry was laundered in the centre, residents and relatives consulted were content with the laundry arrangements in place.

While the centre operated as a local community hospital with a throughput of approximately 400 admissions per year, staff had made great efforts to make the environment as homely as possible. This was most evident in single and twin-bedded rooms. For all residents receiving continuing care, there was evidence of photographs, ornaments and other personal mementos within bedrooms. However, the four-bedded multiple-occupancy rooms were more clinical in nature and provided only limited space for residents' belongings. While this was not an issue for residents receiving convalescent, respite and rehabilitative care, it did impact on residents receiving continuing care. Notwithstanding staff had acquired additional storage for one resident who had been in the centre for a number of years.

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 a registered general nurse with the required experience in the area of nursing of older people as well as additional training in management. She had worked in the centre since 2000 as a clinical nurse manager in the day hospital and had taken up the director of nursing post in an acting capacity in October 2009. Throughout the inspection process, the person in charge was seen to be competent and committed to the delivery of good quality care to residents informed by open consultation and on-going audit and review of practice. The inspector also observed that she provided good leadership to staff and demonstrated a strong commitment to person-centred care.

The person in charge's knowledge of the regulations and standards and her statutory responsibilities was sufficiently demonstrated to the inspector throughout the inspection and during the fit person interview. Adequate arrangements were in place to provide cover when the person in charge was off duty or on leave. The inspector also interviewed two clinical nurse managers who deputised in the absence of the person in charge. Both were knowledgeable of the regulations and Authority's standards and of their statutory responsibilities when working as the person in charge.

The management structure ensured sufficient monitoring of and accountability for practice. The person in charge advised that the person nominated to act on behalf of the provider, Kieran Doherty visited on at least a quarterly basis and the acting head of older people services visited monthly. However, there was no formal record retained of these meetings or of the issues discussed.

All staff who spoke with the inspector were knowledgeable about the needs of residents in their care and had an understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Authority's standards. Copies of the relevant legislation and standards were available in clinical areas and had been discussed with staff during daily handovers and staff meetings.

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

The inspector found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. The inspector viewed the staff duty rota for a three-week period which indicated that these were the usual arrangements in place within the centre. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement.

A clear and transparent policy was in place for the recruitment, selection and vetting of staff. A review of three personnel files indicated that records for staff had been maintained in accordance with the relevant legislation. Vetting arrangements were also in place for volunteers.

All qualified nurses were registered with An Bord Altranais and the person in charge had maintained an up to date record of their professional identification numbers. Of the eight care staff employed, five had completed training in the care of older people at Further Education and Training Awards Council (FETAC) Level 5 or equivalent.

A comprehensive training programme was in place and individual staff training records had been maintained. Staff had attended a range of mandatory and other training relevant to the operation of the centre and the needs of residents. Examples of training included moving and handling, dementia awareness, discharge planning, conflict resolution, nutrition, fire safety, infection control, palliative care, continence management, venepuncture, cardio-pulmonary resuscitation, food hygiene, dehydration, medication management and adult protection. The person in charge had recently introduced professional development plans for staff and told the inspector that she would also use that information to inform future training programmes.

Staff notice boards in the canteen and treatment room had posters advertising forthcoming training events, draft policies and other information which promoted communication among staff. In addition, staff used internal email, a communication book, daily reports and staff meetings to further maximise communication within the centre. The last full staff meeting took place in November 2010.

Through questionnaires and in discussion with the inspector, residents and relatives variously described staff as "helpful", "excellent", "available" and "respectful".

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

Inspection findings

There were five single bedrooms, each with an en suite toilet, shower and wash hand basin. There were two twin bedrooms and eight bedrooms accommodating four persons. While staff had made efforts to make multiple-occupancy rooms homely, the centre was constructed as a local community hospital and as previously discussed presented challenges to promoting resident's privacy and dignity. In addition, the use of multiple-occupancy rooms did not accord with the Authority's standards or comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as dayrooms had a variety of pleasant furnishings and comfortable seating.

Communal facilities included a lounge/sitting room, a dining room, an oratory, a recreation room and an overnight guest room. There was also a treatment room, a main kitchen, a cleaning room, a sluice room and staff facilities. The kitchen had separate cleaning facilities, a HACCP system was in place and the records inspected were found to be in order.

There was a range of assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hoists, the lift and other equipment had been maintained and service records were up-to-date. The last service took place on 11 June 2011. The person in charge had also purchased a new tracking hoist and a number of specialist beds. Since the date of the last inspection, the person in charge had installed a new nurse-call system which according to staff, was working very effectively. The inspector also noted that the sound of the alarm was less intrusive on residents comfort than the previous system.

There was adequate storage available for equipment and part of a day room had been screened off to discreetly store equipment such as wheelchairs which were used daily.

7. Records and documentation to be 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:**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* **Staffing Records**Substantial compliance Improvements required* **Medical Records**Substantial compliance Improvements required* **Insurance Cover**Substantial compliance Improvements required* **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

Practice in relation to notifications of incidents/accidents was satisfactory. The person in charge had laminated a list of all incidents which were required to be notified to the Authority and had affixed this information to a notice board in the office and at the nurse's station.

The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection. All relevant incidents had been notified to the Chief Inspector as required.

Outcome 18

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.

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

There were two clinical nurse managers who oversee the delivery of care in the centre when the person in charge is off duty on leave.

There had been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, the person in charge and staff during the inspection.

REPORT COMPILED BY

Jude O'Neill

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

04 August 2011

Provider's response to inspection report

Centre:	Killybegs Community Hospital
Centre ID as provided by the Authority:	620
Date of inspection:	22 & 23 June 2011
Date of response:	18 August 2011

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 2: Reviewing and improving the quality and safety of care

1. The provider is failing to comply with a regulatory requirement in the following respect:

There was no system in place for reviewing and improving the quality and safety of care.

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Action required:

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and to the Chief Inspector by end of 2011.

Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The registered provider will prepare and provide a report annually on Quality Improvement initiatives: Report to include the following: <ul style="list-style-type: none"> ▪ Audits ▪ Risk Management ▪ Quality of care ▪ Environmental Improvements 	March 2012

Outcome 15: Safe and suitable premises

2. The provider is failing to comply with a regulatory requirement in the following respect: The use of multiple-occupancy rooms did not meet the required standards for space, privacy or the dignity of residents.	
Action required: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: The Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The registered provider will liaise with the HSE Estates Department to address multiple occupancy rooms.	Dec 2011

Any comments the provider may wish to make:

Provider's response: None provided.

Provider's name: Kieran Doherty
Date: 18th August 2011