



# 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:	15 March 2024
Centre ID:	OSV-0000615
Fieldwork ID:	MON-0043117

## 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:	30
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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 15 March 2024	09:45hrs to 17:15hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

Overall, the residents were enjoying a good quality of life and were supported to be active participants in the running of this centre. However, the single rooms of this centre needed to be reconfigured to improve the living environment of residents using these rooms.

Most residents who spoke with the inspector said the centre was an excellent place to live, and they were well cared for and supported by the staff. Some residents commented that they enjoyed the food and company of the staff.

The centre is located near Ramelton and is close to local amenities. The designated centre is in a single-story building with car parking facilities to support residents and families accessing this service. The entrance of this designated centre has a ramp to facilitate wheelchair access for residents and visitors to the centre.

Upon arrival, the inspector met with the person in charge, and following a brief introductory meeting, the inspector went for a walk around the centre.

The centre's corridors were well maintained, and the cross-corridor doors were kept open so that residents could freely access the centre. The centre has a link corridor with glass panels on either side, which overlooks internal gardens and courtyards. Garden benches were available in these courtyard areas to support residents' sitting and relaxing. Residents' access to the courtyards was not restricted.

The centre had several communal areas that were well-maintained. These areas had a welcoming ambience, which encouraged residents to meet and socialise in this centre. Residents also had access to television, newspapers, and radios available in these rooms.

Residents were accommodated in a mixture of single and twin bedrooms. The inspector visited some bedrooms and found that the rooms were generally well-maintained and clean. There were sufficient privacy curtains to support residents' privacy in twin rooms so that residents could carry out personal activities in private.

The centre had a number of single rooms, and the layout of these single rooms was not suitable to meet the needs of residents with higher levels of dependencies who would need access to a hoist or large items of assistive equipment. Furthermore, the layout of these rooms did not permit residents to access their wardrobes or wash hand basins easily.

Call bells were answered in a timely manner, and staff attended to the care needs of residents promptly. Staff were observed interacting with residents in a friendly and supportive manner. The inspector observed that residents' privacy and dignity were respected during care interventions. The inspector also observed staff carrying out

appropriate people moving and handling techniques when assisting residents with their care needs.

The dining room of the centre was found to be well laid out, and there was sufficient seating available for residents to sit and enjoy their meals. The food served was wholesome and nutritious, and the residents spoken with were highly complimentary about the food and the choices they were offered. However, the dining room was noisy on the day of inspection, which made it difficult for the residents to communicate and enjoy their meals in the dining room.

The centre had a schedule of activities, which was displayed in appropriate locations in day rooms. Staff allocated to provide activities facilitated residents to participate in activities, such as arts and crafts, reading and bingo.

The inspector found visitors coming and going on the day of the inspection, and the residents who spoke with the inspector were happy about the centre's visiting arrangements.

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

Overall, the clinical oversight in the centre to provide care and service for residents was good. The provider had carried out the redecoration and fire safety upgrade works to improve the centre's premises. However, the provider's oversight arrangements required improvement actions to ensure that the centre's single rooms near corridor C4 and C7 were reconfigured in a timely manner so that the residents could enjoy a pleasant and safe living environment. The provider's initial commitment was that a programme of works would be drawn up to address the required upgrade within this centre, including reconfiguration of the single rooms by December 2022.

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 management structure in this centre was clearly defined. Staff were clear about their roles and the reporting arrangements that were in place.

The provider had submitted an application to renew the registration of the designated centre. The application was received in a timely manner. However, both the floor plans and statement of purpose submitted as part of the provider's application did not provide complete and accurate information. For example:

- The floor space measurements of several rooms detailed in the statement of purpose and floor plan were not accurate.
- Additionally, the rooms that were being used on the first floor of the building, such as a residents' record storage room and staff changing rooms, had not been included in the centre's SOP and floor plan. The provider submitted this information following the inspection.

The person in charge is experienced and has the appropriate qualifications for the role. Deputising arrangements for the person in charge during their temporary absence in this centre were also clear.

The inspector reviewed a sample of staff files and found that An Garda Síochána vetting reports were obtained before they commenced employment in this centre. The provider had a role-specific staff support system in place. For example, a clear induction and onboarding system is in place to support staff in the centre. Staff were provided with mandatory training support as well as professional development opportunities. The inspector observed that staff appraisals were being carried out by the person in charge, and a written record of these appraisals was maintained in this centre.

The provider has established systems to comply with the General Data Protection Regulation (GDPR). Residents' information was confidentially maintained, kept up to date, and accessible to relevant staff.

The inspector observed that the oversight of care practices had been strengthened, and there were ongoing audits and monitoring of meaningful activities, medication management, infection prevention and control and antimicrobial stewardship performance in this centre.

All accidents and incidents occurring in the centre were reported through an incident management system. Learning and action plans were developed following analysis of accidents and incidents in this centre and communicated to the relevant staff.

The provider had contingency plans in place to ensure that residents received uninterrupted care and support. For example, the inspector observed that an agency staff was deployed to fill the role of a kitchen staff during an unplanned absence of staff. This ensured that the kitchen operations continued to function seamlessly and the residents were provided with timely and nutritious meals.

## Regulation 15: Staffing

The registered provider ensured that the number and skill-mix of staff in this centre was appropriate having regards to the needs of the residents and given the size and layout of the centre.

Judgment: Compliant

<b>Regulation 16: Training and staff development</b>
Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.
Judgment: Compliant
<b>Regulation 21: Records</b>
Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had failed to ensure that the required resources were made available to complete the planned reconfiguration of a number of single bedrooms as set out in the provider's compliance plan from previous inspections. As a result Regulation 17 remained not compliant and these rooms were found not to meet the residents' needs
Judgment: Substantially compliant
<b>Regulation 14: Persons in charge</b>
The person in charge is a registered nurse and has the necessary qualifications and management and nursing experience required for the role.
Judgment: Compliant
<b>Quality and safety</b>



Overall, the residents received a good quality of care from a dedicated team of staff in this centre. Residents told the inspector that they felt safe living in the centre. However, improvement actions were required in areas of infection control, premises, fire precautions and meeting residents' communication needs.

The food served to residents was of high quality, wholesome and nutritious and was attractively presented.

There were arrangements in place to ensure that residents' health care was being delivered appropriately and residents had access to a general practitioner (GP) service. The inspector observed that the appropriate referrals to health and social care professionals, such as dietitians, physiotherapy services, and speech and language therapy services, were made for most residents.

The care provided to the residents was generally person-centred, and staff were knowledgeable about the individual needs of residents and communicated effectively with residents. The inspector noted that the residents were generally provided with good quality nursing care in the centre. However, one resident had not been referred to an appropriate specialist to provide support for their communication needs. This was brought to the provider's attention, and the person in charge confirmed following the inspection that this resident had been referred to appropriate health services.

The provider had carried out the redecoration and fire safety upgrade works to improve the centre's premises. However, the single rooms had not been reconfigured in line with the compliance plan submitted to the Chief Inspector in 2021.

The inspector observed that the provider had systems in place to ensure fire safety within the centre. This included conducting regular daily, weekly, and monthly fire safety checks. The provider also submitted the completion certificate for the fire safety work from their competent person. However, additional improvement action was required to improve the fire precautions in this centre, and this is further discussed under Regulation 28.

The laundry service was outsourced at the time of the inspection because the centre's laundry room was not operational, as washing machines and a tumble drier were out of order. This area was visibly dusty and was being used to store clean and dirty linen and items of resident equipment. There was no segregation between clean and dirty items, which posed a risk of cross-contamination between these items.

Regular residents' meetings were held, and the meeting minutes indicated that the residents' views and interests were considered when organising this centre's activities.

## Regulation 10: Communication difficulties

One resident who required additional support to meet their communication needs in this centre did not have an appropriate care plan to guide staff in providing the necessary support for this resident to communicate freely. Additionally, this resident had not been referred to a specialist health service in a timely manner to ensure that they received the necessary professional expertise to support them with their communication needs. As a result, the inspector observed that this resident did not have access to appropriate communication aids in meeting their needs.

Judgment: Substantially compliant

## Regulation 17: Premises

The layout of a number of single rooms was not suitable to meet the residents' needs. For example:

- The centre underwent extensive fire safety renovations recently, and as part of these works, new fire door sets were installed in several single rooms. However, the new door sets were larger than the previous ones, which reduced the space between the door frames and the bed. As a result, there is not enough space beside the bed for a bedside cabinet in these rooms, and as a result, the bedside cabinets were now placed at the foot end of the bed, making it difficult for residents to access their belongings whilst in bed. A resident who was accommodated in one of these single rooms told the inspector that having the bedside locker beside the bed would be more convenient for them.
- The inspector observed that residents' specialist comfort chairs were placed in close proximity to the residents' beds and their wash hand basin which reduced the circulating space in these rooms. As a result, the rooms' layout limited residents ability to access their hand washbasins and their wardrobes easily.
- The inspector also observed that the beds in these rooms were placed close to the walls, which did not facilitate the safe manoeuvring of large equipment such as hoists and was unsuitable for residents with higher dependency levels who needed to use this type of equipment.

The premises did not conform to all of the matters set out in Schedule 6 of the regulations.

- The inspector found that the floor space available in bedroom 22 was 7.2 square meters. This floor space did not meet the minimum size required under Schedule 6 of the regulations.
- The inspector observed that there was a lot of loud and unpleasant kitchen noise in the dining room, which made it difficult for the residents to

communicate with each other and enjoy their meals. The inspector was informed that the noise was caused by wind blowing through the serving hatch that connected the kitchen and dining room, and measures were being taken to reduce the noise level. Some residents told the inspector that the noise levels in the dining room made it difficult to chat over meals and that the noise was unbearable when the service hatch was open. This was a repeat finding from the inspection in 2021, which had not been addressed by the provider.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider's fire precautions required additional improvement actions. For example:

- The personal emergency evacuation procedures (PEEP) documents did not accurately reflect the emergency evacuation requirements of several residents.
- There was insufficient signage to direct staff to the final fire assembly point from a final fire exit point.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication management processes such as ordering, prescribing, storing, disposing of medicines, and administering medicines were safe. Controlled drugs were stored safely and checked as per local policy.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centred. Residents had a comprehensive assessment in place, which was completed in detail, and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate. All resident assessments and care plans reviewed had been updated within a four-month time period.

Judgment: Compliant

### Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme.

Judgment: Compliant

### Regulation 27: Infection control

The inspector observed that additional improvements were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018). For example:

- There was no clear separation between the dirty and clean linen stored in the laundry room, which posed a cross-contamination risk.
- The floor covering of the laundry room was visibly dusty and unclean, and the inspector was not assured that the laundry room was part of the centre's cleaning schedule.
- A dirty linen storage trolley containing dirty linen was placed near the clean linen storage racks, which posed cross-contamination risks to residents.

Judgment: Substantially compliant

### Regulation 11: Visits

There were arrangements in place for residents to receive visitors. There were no restrictions, and suitable communal space was available for residents to receive their visitors in private.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 11: Visits	Compliant

# Compliance Plan for Ramelton Community Hospital OSV-0000615

Inspection ID: MON-0043117

Date of inspection: 15/03/2024

## 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>A Design Team will be appointed by the end of Quarter 4 2024 to carry out preliminary design works which will advise on future bed numbers and a strategy to complete the planned reconfiguration of a number of single bedrooms including bedroom no 22, this bedroom is currently occupied by a resident who is independently mobile and medium dependent.</p> <p>To be completed 31.12.2024</p> <p>A Design Team will be appointed by the end of Quarter 4 2024 to carry out preliminary design works which will advise a future strategy for the whole site in order to maximize Residents space, which will ultimately enhance Residents circulating space and allow more privacy for all Residents within the centre.</p> <p>A Preliminary meeting with the Head of Services, General Manager, Service Manager, HSE Estates, Infection Prevention and Control and the Director of Nursing has been scheduled for the beginning of July.</p> <p>To be completed by 31/12/24</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p>	

Any resident who requires specialist input regarding communication will be referred in a timely manner and any communication aids required will be provided this includes the one resident who required additional support.

15.03.2024

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
A Design Team will be appointed by the end of Quarter 4 2024 to carry out preliminary design works which will advise on future bed numbers and a strategy to complete the planned reconfiguration of a number of single bedrooms including bedroom no 22, this bedroom is currently occupied by a resident who is independently mobile and medium dependent

The Maintenance team reviewed the noise in the kitchen and propose to install an additional seal on the dining room door to eliminate the unpleasant noise. In addition an extractor fan will be installed in the main kitchen area to further reduce noise.

To be completed on 30.06.2024

Bedroom no 22 is no longer being utilized for Resident use and this room will now be in use as a store room. New bedside lockers with integrated bedtables are currently being purchased in order to improve the circulating space in single bedrooms for Residents. A number of single bedrooms are currently being utilized for Residents who are mobile with assistance of one. These room numbers are as follows: 18, 19, 20, 21, 47, 48, 49, 50, 51, 52, 53, 54, 56 and 58.

New double seals were installed on the fire doors leading into the kitchen and this has eliminated the noise in the Residents Dining Room.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The personal emergency evacuation procedures (PEEP) has been implemented with the correct zone, day and night time staffing levels and the equipment requirement for evacuation of each resident.

Completed 26.03.2024



Appropriate signage have been ordered and will be installed by 31st May 2024.

This has been completed

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Planned work to convert the existing laundry room to a clean store room will commence and another area has been identified to be used as a dirty utility which will address the issue regarding separation of dirty and clean linen. In the meantime all clean linen is stored in a closed container with a lid and dirty linen stored in a linen bag. Cleaning schedule includes the laundry.

To be completed on 31.08.2024

HSE Estates and Infection Prevention and Control personnel are in the process of drawing up a strategy to convert existing Laundry Room to a clean Store Room. Another area has been identified to be used as a dirty utility which will address the issue regarding separation of dirty and clean linen in compliance with IPC Guidance. In the meantime all clean linen is stored in a closed container with a lid and dirty linen stored in a linen bag. Cleaning schedules now include the laundry.

To be completed by 31.08.2024

## 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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	15/03/2024
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	31/12/2024

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	31/12/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/05/2024