



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Killybegs Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Donegal Road, Killybegs, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 June 2024
Centre ID:	OSV-0000620
Fieldwork ID:	MON-0041915

About the designated centre

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

Killybegs Community Hospital is a purpose-built two-storey centre for 38 residents which opened in 2001 in the town of Killybegs in County Donegal. It provides long-stay accommodation for 13 residents and there are five respite, four convalescent, four rehabilitation, six assessment and two palliative care beds available to people from the catchment area of South West Donegal and there are approximately 300 admissions and discharges to the centre each year. Accommodation is provided on the first floor and a shaft lift and stairs allows residents and visitors to move between floors. There are six-single bedrooms, four of which have accessible en-suite bathroom facilities. The remaining two have a wash-hand basin in the room and are located in close proximity to an accessible toilet. There is also an additional single room used for palliative care which has en-suite bathroom facilities and a sitting room with overnight facilities and a kitchenette. Overhead tracking hoists have been installed in all bedrooms to assist residents. There is a spacious dining room and sitting room facing the front of the centre which have large floor-ceiling windows and provide a pleasant view of the sea. There is an enclosed garden provided for the residents. Car parking is available to the front and back. A range of additional Health Service Executive (HSE) community health services are based on the ground floor and these are also available to residents including physiotherapy, occupational therapy, X-ray facilities and blood-testing clinics.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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How we inspect

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 7 June 2024	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents provided positive feedback regarding the quality of the care provided at this centre. However, this inspection found that improvements were required to ensure that the centre is brought into full compliance with the regulations.

The inspector spoke with several residents in the centre. Many residents commented that they enjoyed the social activities in this centre and said that they were well supported in going on social outings to local shops and nearby attractions. Many residents also commented that they were well informed about the fire safety upgrades that were ongoing in the centre and that the building works were not affecting their wellbeing.

Residents were aware of the local elections that were happening but were unclear about how they could vote and what arrangements were in place to facilitate them to do so. This situation did not ensure that these residents' civil rights were being upheld. The issue was raised with the provider representative on the day, and arrangements were put into place to ensure the residents were able to cast their vote.

The centre is located near Killybegs Harbour and is close to local amenities. The centre is in a two-storey building with a small lower ground floor. The residents in this centre were accommodated on the first floor of the building. The centre's kitchen and laundry facilities were located on the ground floor of this centre. The registered provider has a restrictive condition on the centre's registration certificate, which requires the provider to address the red and amber-rated fire safety risks within a time frame specified by the Chief Inspector of Social Services to ensure the safety of the residents in this 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 with the person in charge. The centre is registered for 34 beds, and there were 19 residents admitted to this centre on the day of the inspection. The centre was on a reduced occupancy to mitigate the fire safety risks and to carry out the fire safety upgrade works. The inspector observed that these works were progressing in a phased manner, and clear strategies were in place to mitigate any potential risks associated with the construction activities, such as dust and noise levels, aiming to minimise any disturbance to the residents.

Residents' accommodation was provided in a mix of single and multi-occupancy bedrooms. The residents had access to wardrobes and were able to access their clothes. However, several bedrooms required repainting, and the inspector was informed that the repainting works would commence once the fire safety works were completed.

Call bells were responded to promptly, and the inspector observed that staff members were responsive to the residents' requests for assistance, ensuring that their needs were met promptly. The staff were seen to be communicating well with the residents, and their interactions were courteous and respectful.

An activity schedule for the day was on prominent display near the main communal areas of the centre. The inspector observed residents participating in activities throughout the day, and an activities coordinator supported residents to take part in activities. The activities on offer included bingo, light exercises and card games.

There were sufficient staff on duty to meet the residents' needs during mealtime, which was observed to be a relaxed and social occasion. Residents were provided with clearly displayed menus, allowing them to make their meal choices. The centre's kitchen was closed to allow fire safety works to be completed in this area.

The provider had made arrangements for a local restaurant to provide meals for the residents until the kitchen opened again. The inspector reviewed these arrangements and found that the outsourced meal service was well managed to ensure food was safely prepared and delivered to the centre. The staff took great care to ensure that the food served to residents met their dietary needs and that the food appeared wholesome and nutritious.

Visitors were coming and going on the day of the inspection, and the visitors who spoke with the inspector expressed their satisfaction with the current visiting arrangement in the centre, telling the inspector that they were always made welcome and they were kept informed about any changes to the resident's general health or wellbeing.

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 care and services being delivered to the residents.

Capacity and capability

Overall, the provider was found to be working towards ensuring that the service provided is safe, consistent and appropriate to residents' needs. However, the inspector noted that the provider had failed to ensure that the compliance plans from the previous inspections in 2022 and 2023 were fully implemented.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended).

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national

provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

There was a clearly defined management structure in place. The person in charge is a registered nurse with the required management experience and caring for older people. Deputising arrangements were in place for when the person in charge was absent. The staff team working in the centre was well established and experienced.

Regular audits were completed and were reviewed by the senior management team. The centre also maintained a general risk register, which included any identified risks and control measures to manage the risks. Management meetings and staff meetings were held regularly in the centre, and meeting records indicated that a range of issues, such as clinical and non-clinical matters, were discussed in those meetings. In addition, the provider carried out an annual review of the quality and safety of service provided to the residents in 2023, and this record was kept in an accessible location for the residents.

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number and skill-mix of staff were sufficient to meet the needs of the residents, considering the size and layout of the centre. There were two nurses at all times in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had maintained an up-to-date directory of residents containing all the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of records set out in Schedules 2, 3, and 4, and found that the records were maintained in line with the regulatory requirements.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to provide the resources that were required to complete the compliance plan to address fire safety precautions and residents' rights from inspections in 2022 and 2023. This had impacted on the safety of residents and on the quality of their lived environment. The repeated non-compliant findings are set out under Regulation 9.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Records showed that where a notifiable incident occurred these were notified to the Chief Inspector within the required time frames. All quarterly reports were submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed within the centre. The complaints policy and procedure identified the person to deal with complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process. The provider's time frames to address a complaint met the regulatory requirement.

Judgment: Compliant

Quality and safety

Overall, the care provided for residents in the centre was of good standard and met their needs. However, more effort and focus are now required to address repeated non-compliant findings to ensure residents can enjoy a safe and pleasant lived environment in which their rights are upheld.

The provider had carried out some refurbishment works along with the fire safety works, and the inspector found that a new clinical hand-wash sink had been installed near the hospice area. The provider had also installed a privacy wall around a hand-wash basin to ensure privacy for residents in a four-bedded room. However, the layout of four multi-occupancy rooms did not meet the privacy needs of some residents due to the positioning of hand-wash basins inside the bed space of some residents in these rooms.

Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community.

Residents had opportunities and facilities to participate in meaningful activities in accordance with their wishes, interests and capabilities. Residents were also encouraged to go out for social outings into the local community, and were also supported in accessing the garden areas.

Regular residents' meetings were held in the centre, and the meeting minutes indicated that the residents were consulted about the day-to-day running of this

centre. However, the provider did not have appropriate arrangements in place to ensure residents could vote if they wished to do so in Local and European elections.

Regulation 10: Communication difficulties

Residents who were assessed having difficulty in communication had an appropriate care plan developed to guide staff to support their communication needs.

Judgment: Compliant

Regulation 17: Premises

The centre's premises did not fully conform to the matters set out in Schedule 6 of the regulations. For example:

- Four bedrooms and one communal room in this centre required redecoration and repainting.
- Additionally, the centre's kitchen was closed completely at the time of this inspection due to fire safety work being carried out.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' dietary needs were met. Meals were wholesome and nutritious and met the dietary needs of residents outlined in residents' individualised nutritional care plan. There was adequate staff to support and assist people with their meals and refreshments.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and accessible for residents in this centre. The residents' guide included a summary of services available, the complaints procedure, visiting arrangements, and information regarding independent advocacy services.

Judgment: Compliant

Regulation 26: Risk management

The provider has a comprehensive risk management policy and had maintained a risk register in this centre. The risk register contained all the identified risks and outlined the measures and actions in place to mitigate and control such risks. The provider also has arrangements in place for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a system in place to ensure that the medicine management in the centre was safe. All medicinal products dispensed or supplied to residents were stored securely at this centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and found that each resident had a pre-admission assessment carried out before admitting them to this centre. Comprehensive assessments were completed within 48 hours of admission. The residents had care plans in place to guide staff in supporting their needs, and all care plans were updated within a four-month period or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider maintained a restraint register in this centre, and the restraint assessment files indicated that appropriate alternatives had been trialled before recommending the use of restraints. There was a low incidence of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in this centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had attended safeguarding training, and there was a nominated safeguarding officer in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector noted that hand-wash basins were located inside the bed space of residents in four four-bedded rooms. As a result, the residents accommodated in that bed space could not maintain their privacy when other residents or staff were using the hand-wash facility. This was a repeated finding from the previous inspections in March 2022 and May 2023.

Additionally, the provider's arrangements were not sufficient to ensure that the residents were facilitated in exercising their civil and political rights to cast their votes in recent Local and European elections. This was brought to the provider's attention, and two residents who expressed their wishes to vote were supported to vote later during the inspection day.

Judgment: Not 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Killybegs Community Hospital OSV-0000620

Inspection ID: MON-0041915

Date of inspection: 07/06/2024

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>An update regarding the ongoing Fire and IPC works it outlined below.</p> <ol style="list-style-type: none">1. All red items have been remediated. All compartment walls are done and all fire stopping is complete.2. Phase 1, Phase 2 and Phase 3 Fire Safety and IPC works have been completed within the centre3. Phase 4 works are ready to commence within the centre once approval has been obtained Phase 1 will remain vacant to allow builders access into Phases 4/54. A new slightly recessed clinical WHB has been installed on the corridor by the linen store. The sinks from room I J & M have been removed.5. The WHB in ward H has been removed. A new clinical sink will be installed in the corridor (area beside cross corridor doors) outside of ward N. The WHB in ward G will be removed as part of the Phase 4 works.6. The sinks in Wards E & F will remain in place. These bedrooms will be three bedded rooms7. As to accommodate the Fire Safety and IPC works in Phase 4 and 5 the bed occupancy will remain at 13 beds and will return to its registered bed occupancy on completion of the works8. As to ensure residents/visitors have unrestricted access to the lift/gardens/town etc the register provider has ensured that the lift will remain accessible. As to ensure the safety of all residents/visitors one staff member has been appointed as the designated person to assist visitors and residents in the use of the lift during construction works. This ensures that residents have unrestricted access to areas <p>For the short duration where works take place to the first floor lift lobby high level ceiling, the contractor will use Alloy Trolleys to access high level ceiling. The contractor will ensure that a protected safe route is available to/from the lift at all times.</p> <p>The Register Provider and the Person in Charge will ensure that all corridors will be kept</p>	

clear at all times, with the exception of when works are being completed on corridors. If a corridor needs clearing at any stage (in the event of a fire etc) the corridor will be cleared immediately

9. On the 26/09/2024 Fire drills have been completed on site which included local staff assigned to the designated centre and builders currently working within the centre. Two fire drills took place, one which allowed for horizontal evacuation within the designated centre and the other fire drill stimulated evacuation via the building site. These drills have provided assurance to the register provider that all staff working within the centre is aware of the evacuation process to be followed in the event of a fire

10. All new building staff working within the designated centre will be orientated and made aware of Fire Evacuation procedures and methods.

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

1. As part of the Fire Upgrade works, painting and re-decorating has been completed to phase 1, phase 2 and Phase 3. Painting and re-decorating to areas in Phase 4 and 5 will take place as the building works progress

2. The Main hospital Kitchen is fully operational again, having had all the necessary Fire Works completed

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. The hand-wash basins located in multi occupancy wards in Phase 1, 2 and 3 have been removed. The hand- wash basins at phase 4 will be removed as part of the ongoing works

2. Following the HIQA Inspection, a local TD was contacted, who has confirmed that the Register of Elections will send out forms, regarding Special Voters rights for Residents in KCH, this will enable Residents to vote from the Hospital at the next General Election.

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 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.	Substantially Compliant	Yellow	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 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2024

Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	01/08/2024
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