



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

## Issued by the Chief Inspector

Name of designated centre:	Lifford Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	08 July 2021
Centre ID:	OSV-0000621
Fieldwork ID:	MON-0031873

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. This includes providing a person centred service, taking into account the wishes and suggestions of the residents and providing a living environment that takes account of residents' previous lifestyles.

It is registered to provide twenty-four hour nursing care to 20 residents. A restrictive condition of registration (condition 8) states that only two single bedrooms rooms (1 and 3) shall accommodate residents requiring long-term care. No new resident who requires long term care may be admitted to the designated centre. The remainder of the beds are to accommodate residents on a short-term basis, primarily for assessment, rehabilitation, convalescence and respite care.

The centre is a two storey building located in an urban area. Resident accommodation is in two distinct units, Mourne (female residents) and Foyle (male residents) located on the ground floor and the first floor is devoted to offices as access to this area is only by a stair way.

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

Number of residents on the date of inspection:	10
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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
Thursday 8 July 2021	11:00hrs to 19:30hrs	Ann Wallace	Lead
Thursday 8 July 2021	11:00hrs to 19:30hrs	Lorraine Wall	Support

## What residents told us and what inspectors observed

Since the last inspection in July 2019 the provider had failed to carry out the essential works to repair the the building and as a result water damage from the leaking roof had caused extensive damage to the structure of the building including internal ceilings and walls in a number of resident areas. The worst affected areas included the first floor offices and staff rooms, bedrooms 1 and 3, the storage rooms adjacent to the hairdresser's room, the visitor's room and the external courtyard. As a result the well-being and safety of the residents were significantly impacted by the very poor condition of the premises in which they were accommodated.

In addition the provider had not carried out an assessment of this extensive damage and could not provide assurances that the water damage had not impacted on the electrical wiring and the fire stopping and containment precautions that were in place in the building. Following the inspection the provider was required to carry out an immediate fire safety risk assessment for the building and to submit the report to the Chief Inspector.

In addition to the poor state of the premises the inspectors found that residents did not have access to meaningful activities in line with their assessed needs. This was of particular concern for those residents with complex needs who were in receipt of long term care living in the centre.

On the day of the inspection the inspectors met with a number of residents and staff. There were two visitors in the centre on the day, however the inspectors were unable to speak with them as they preferred to spend their visiting time with their loved ones. The inspectors also reviewed the records of the residents' meetings that were held monthly. There were no complaints recorded since the last inspection.

The designated centre is located close to Lifford town and shares the community hospital campus with the local primary care centre and with community services including physiotherapy and dental services. The designated centre is accessed through the main door of the community hospital and then through a secure door separating the centre from the rest of the building. The service provides accommodation for 20 residents. There are two restrictive conditions placed on the centre's registration in 2018 which state that no long term residents can be admitted to the centre and that only single bedrooms 1 and 3 can be used to accommodate the long term residents who had been living in the centre prior to the last registration in 2018. There were ten residents living in the designated centre on the day of the inspection the majority of whom were receiving short term respite and convalescent care. There were two single rooms and one twin room on the female unit and one single room on the male unit. The remaining bedrooms were multi-occupancy rooms with four beds in each.

The inspectors completed a walk about of the premises with the clinical nurse manager. The inspectors observed that bedroom 1 was in a very poor state of repair

and decoration and was a dark and depressing environment for the resident with no pictures or items of interest around the walls. There was a large area of one wall damaged with plaster peeling off the wall. In addition the ceiling was damaged in a number of places with water marks clearly visible. The window blinds in this room were also damaged and inspectors were told they were due to be replaced but that there was no date for this to happen. In spite of the large window in this room the room was dark with low levels of light and was in urgent need of repair and redecoration.

The other single room in the designated centre was also in a poor state of repair and was in urgent need of repair and redecorating. This room also had significant water damage in parts of the ceiling and again the room was dark and gloomy as the large window in this room did not allow much light into the room and again the window blinds were broken and in need of repair. The internal window sill was rotten and had been painted over but needed to be replaced. Some of the walls in this room were severely marked with black marks above the radiator and around the central heating pipes. Managers in the centre were unable to state the cause of this discolouration and it had not been reported to the maintenance department. Later in the day the inspectors met the resident who was accommodated in this room. The resident had been admitted for two weeks respite care. They had significant cognitive impairment but were independently mobile. The resident told the inspectors that they were comfortable in the room and that they preferred a quiet room.

There was one twin room on the female unit which was vacant at the time of the inspection and a third single room which was located on the male unit and was also vacant at the time of the inspection. There were seven short term care residents accommodated in the four bedded rooms on the day of the inspection. The inspectors noted that new wardrobes and bedside cabinets had been purchased since the last inspection and these storage items were available in every bedroom. There were privacy curtains around each bed in the multi-occupancy rooms however the inspectors observed that the first bed in bedroom 4 was on view from staff accessing the clinical hand washbasin at that end of the bedroom. The window blinds in all of these bedrooms were broken and needed to be replaced. The four multi-occupancy rooms were accessed through each other as there were no corridors connecting these rooms. As a result the bedrooms were the part of the main thoroughfare for staff, visitors and other residents walking from one section of the building to another.

Lighting was a mixture of single bulb domestic style lights and fluorescent strip lighting and did not provide a well lit and comfortable lighting for residents and staff. The inspectors observed a number of areas along the walls where damaged plaster had been painted over. There were suspended ceilings in all of these bedrooms and it was not possible to see the full extent of the damage to the walls and ceilings in these rooms.

There were two communal bath/shower rooms on the female unit however there was only one shower for nine residents on the male unit. In addition the shower room on the female unit was being used to store commodes as there was not

sufficient storage space in the designated centre for these items.

During the walk about the inspectors viewed the hairdresser room and the adjacent linen and storage areas. This part of the building had a strong smell of damp and was not sufficiently ventilated. There was obvious water damage to the ceilings and walls in the linen store and in the adjacent equipment store which was no longer in use. Inspectors were informed that this store room had been recently condemned by the local public health team following an audit of the premises which found that there was black mould present on the walls. The smell of damp in this area was overwhelming and the area was not an appropriate space for storage of equipment or linen.

The visitor's room towards the front of the building was in a very poor state of repair with extensive water damage to both the ceilings and walls. The damaged plaster on the walls had been painted but not repaired. There was a smell of damp in this room and it was not adequately ventilated. In spite of the poor state of the room it had recently been re-purposed as an additional staff rest room to facilitate social distancing during breaks.

During the walk about the inspectors noted a number of fire doors that did not close correctly and created a risk that fire and smoke would not be contained in the event of a fire emergency. The inspectors also noted that the extent of the water damage on some walls has reached electrical sockets and light switches.

Overall the premises was clean and dust free and housekeeping staff were found to be diligent in their cleaning schedules despite the additional work created by the poor state of the premises.

The inspectors went into the outside area which consisted of an enclosed courtyard which could be accessed from both units. There were seating and tables available for the residents with sunshade if needed. However the area was in a state of chronic disrepair and neglect with cracked and damaged floor surfaces, open drainage channels and drains without covers. The guttering around the roof of the surrounding building was damaged in several areas and weeds and grass could be seen growing out of the gutters. There were no residents using the outside space at the time of the inspection. Staff told the inspectors that residents could also access the grounds to the front of the building. However inspectors observed that this area was busy with traffic and people travelling to attend the community services and primary care centre. In addition there was no seating available for residents to sit down in a safe and peaceful area to relax and enjoy some outside space.

Visitors had returned to visiting in the centre since the restrictions had been lifted in May. However due to concerns about increasing community transmission in the local area some restrictions had recently been reintroduced following advice from the local public health team. Staff had organised two visiting rooms in the centre which could be easily accessed and did not necessitate the visitors travelling through the designated centre. These rooms were the communal lounge and dining rooms at the front of the building which served the residents accommodated in the male unit. As a result male residents did not have access to either communal space indoors or to

a safe outside space.

Inspectors chatted with a number of residents as they walked about the building. Overall the residents were very positive about their care and about the staff who were looking after them. Residents said that they were comfortable and that they felt safe and secure in the centre. One resident told the inspectors that they had been in the centre for two weeks following a surgical procedure and that they were now ready to go home. The resident was delighted with the follow up care that they had received and told the inspectors that they were now walking independently and had regained their confidence. The resident said they had been fully involved in their discharge plan and that they were looking forward to getting back home and meeting their community carers. This resident was familiar with Lifford Community Hospital prior to their admission. They told the inspectors that they chose to come to Lifford after their surgery because it was close to their home and had a good reputation locally.

Another resident told the inspectors that although they had been feeling very unwell and tired after their recent surgery that since their transfer to the designated centre from the local acute hospital they were feeling much better. The resident said that they were comfortable in the bedroom they shared with two other residents and that they had enjoyed a good night's sleep after several disturbed nights in the acute hospital. They told the inspectors they spent their time quietly listening to the radio in the bedroom or watching one of the portable televisions beside their bed. On the day of the inspection the resident had declined activities as they were still feeling tired after their surgery. Staff had respected their choice and were observed taking the resident back to their bedroom for a rest.

Another resident chatted happily about their time in the designated centre telling inspectors that they were well looked after and that staff were attentive and kind. This resident was also looking forward to going home in the coming week and told the inspectors that they had been involved in their discharge planning. The resident said that they felt safe in the designated centre and that staff and managers were very approachable.

A small group of residents were finishing their lunch time meal in the dining/activities room. Residents said that they had enjoyed their meals and that they had plenty of snacks and drinks throughout the day. However one resident told the inspectors that they would prefer more fresh vegetables and fruit on the menu.

The provider had installed a number of portable televisions since the last inspection and residents did have access to television and radio in their bedrooms. Some of the residents attended physiotherapy on the day of the inspection but otherwise there was little in the way of meaningful activity on offer for the residents and as a result residents spent most of their day sitting next to their beds with little to occupy their time. Staff explained to the inspectors that activities staff worked across more than one role and that they were often called to cover care duties when there were not enough staff available. This was verified on the staff rosters reviewed by the inspectors which showed that activities staff had recently been redeployed onto night duty to cover night staff absences and that their activities hours had not been

replaced on the day roster.

Staff were seen to be fully occupied on the day of the inspection. Although they were busy staff were prompt to attend to the residents when residents asked for their help. They worked well together and demonstrated co-operation and flexibility in their dealings with each other which helped to create a calm and friendly atmosphere for the residents. Staff who spoke with the inspectors were knowledgeable about the residents and their care needs. Resident and staff interactions were friendly and respectful and it was evident that residents enjoyed spending time chatting with staff and discussing local news.

The next two sections of the report will discuss the governance and oversight of the service and the quality and safety of the care delivered to the residents. The findings of the inspection are set out under the relevant regulations.

## Capacity and capability

The inspectors found that management systems that were in place did not ensure that the service provided for the residents was safe, consistent and appropriate to their needs. Significant focus and resources were now required to ensure that the non-compliances in relation to Regulations 17 and 28 were addressed and that the designated centre came into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

This was an unannounced risk inspection carried out to monitor the compliance of the designated centre with the regulations and to inform the provider's current application to renew the registration of the designated centre. The provider is the Health Service Executive. At the centre's last registration in 2018 the Chief Inspector had applied two restrictive conditions to the designated centre's certificate of registration. The restrictive conditions were applied to prevent the provider from admitting any more long term residents to the facility. On this inspection the inspectors completed a review of the directory of residents and the length of admissions to the designated centre which verified that the provider was in compliance with their current conditions of registration.

The provider had appointed the current person in charge in 2019. The person in charge met the criteria for the role and worked full time in the designated centre. The person in charge had responsibility for the day to day running of the service. They were supported in their role by a clinical nurse manager who deputised in their absence. The person in charge reported to the registered provider representative and records showed that they met regularly and management reports were submitted on a weekly and monthly basis.

Although there was a clear management structure in place and well established lines

of communication between the person in charge and the provider these systems had failed to address the very serious issues in relation to the worsening state of the premises and the risks this posed to the well being of both residents and staff.

There was a well established staff team working in the centre many of whom had worked in the designated centre for more than ten years. However at the time of the inspection there were two long term absences on the catering team and one nurse and one carer vacancy. As a result staff from other departments were redeployed to cover shortages in care staff and the catering teams. The duty rosters were devised around the number of residents accommodated in the centre and did not take into account the dependency of the residents and more specifically any significant needs they may have for specialist therapies and meaningful occupation. In spite of the best efforts of the staff the rosters showed days where there were not enough care staff on duty to provide care and support in line with the residents' needs. This was evident on the day of the inspection where residents were found to spend large parts of the day with no activities or social engagement.

Staff had good access to training and records showed that overall staff were up to date with their mandatory training apart from moving and handling updates which were due for five staff. The person in charge had identified this oversight and training was scheduled for these staff. the person in charge was also making good use of link nurse training to ensure that nursing and care staff were kept up to date with best practice in key areas. Staff were confident in their roles and took responsibility for the care and services that they provided for the residents.

#### Regulation 14: Persons in charge

There was a person in charge who worked full time in the centre. The person in charge met the criteria for the role.

Judgment: Compliant

#### Regulation 15: Staffing

The duty rosters were devised around the number of residents accommodated in the centre and did not take into account the dependency of the residents admitted to the centre. In spite of the best efforts of the staff there were a number of occasions where there were not enough staff on duty to provide care and support in line with the residents' needs. This had a particular impact on the team's ability to provide activities, therapies and meaningful social engagement for those residents with high levels of cognitive and physical impairments. This was evident on the day of the inspection in relation to the length of time that some residents spent alone or

with minimal staff interactions. It was also evident on the duty rosters which showed that staff who were responsible for activities had recently been redeployed to cover night duty care shifts and their activities hours had not been filled on the days that they worked night duty and on the three days off due to them following night duty cover.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training in line with the centre's policies and procedures. Staff demonstrated competence in their work and were clear about what was expected of them in their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had maintained a directory of residents which was up to date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The current management and oversight systems did not ensure that care and services were appropriate and safe and that there were sufficient resources available to ensure the service was delivered in line with the designated centre's statement of purpose. In addition the provider had failed to address identified risks in the centre in relation to the extensive damage to the property and any potential fire safety risks caused by the damage.

- Following the previous inspection in July 2019 the provider had submitted a compliance plan to the Chief Inspector in which they committed to bringing the centre into regulatory compliance and to completing the works to repair the roof before 31st January 2020. The provider's failure to carry out these works had led to a progressive and serious deterioration to the building structure which had created significant risk to the safety and well being of residents and staff who lived and worked in the centre.
- Communications in relation to these risks were recorded in the management

meeting records and risk register in the centre but had not been addressed by the provider. For example a risk identified in the centre's risk register dated 23rd February 2021 states that;

"There's multiple leaks in roof with damp running down the walls towards the electrical sockets and occasional water on the floors. This increases the risk of slips/falls for both staff and patients entering the department and also poses a potential fire hazard from electrical fault."

- The record goes on to report; "The roof has been patched up. A new roof is required.'However on the day of the inspection this risk was still open on the risk register and even though the risk report identifies the risk as needing to be addressed immediately the repair works had not commenced.
- The provider had not carried out a fire safety risk assessment to ensure that the extensive damage had not created any additional fire risks as outlined in the risk report above. In addition the inspectors found that a number of fire safety issues observed on their walkabout had not been identified in the centre's weekly and monthly fire safety checks and as a result had not been addressed. These are discussed under Regulation 28.
- The staffing resource did not ensure that care and services could be delivered in line with each resident's assessed needs. Staffing rosters did not take into account the dependencies of the residents accommodated in the designated centre and the residents' needs for social engagement and meaningful occupation.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A review of the contracts for provision of care found that each resident had agreed upon the services to be provided to them and the fees to be charged for such services. The inspector was satisfied that the provider had addressed the non-compliance from the last inspection.

Resident's contracts met the requirements of regulation 24.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose contained the information as required in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The policy identified who was responsible for managing complaints in the centre. The complaints policy was displayed in the centre and provided details of the appeals process if the complainant was not satisfied with how their complaint had been managed.

There were no open complaints in the centre at the time of the inspection.

Residents had access to advocacy services and details were available about how to contact the advocacy service.

Judgment: Compliant

### Quality and safety

This inspection found that the provider had failed to take the necessary actions to ensure that care and services provided for the residents were safe and appropriate. Of particular concern to the inspectors were the risks associated with the non compliance in Regulation 17 Premises and Regulation 28 Fire Safety.

The provider had addressed some of the non compliances found on the previous inspection. On this inspection the residents had sufficient wardrobe and locker space in which to store their personal belongings and residents occupying the four bedded rooms had access to portable televisions and wireless headphones for those who wanted to avail of them. In addition televisions had access to religious channels for those who wished to watch religious services.

Throughout the day the inspectors observed staff speaking with residents in a positive and friendly manner which respected the residents' dignity and independence. Residents were offered choice and were involved in care plans and discharge planning. There were appropriate processes in place to protect residents from abuse and residents reported that they felt safe in the centre. Residents said that felt able to talk to a member of staff if they had a concern and residents had access to advocacy services.

An activities coordinator was employed within the centre and the inspector observed some activities taking place in the centre on the day of inspection. The inspector found evidence of a range of activities such as arts and crafts, singing, a sonas programme, reading groups, board games, letter writing, doll therapy and access to farming DVD's. However, while there was a range of activities on offer, the inspectors found that the activities coordinator is often redeployed as care staff, which has an impact on resident's activity time.

Residents had good access to a General Practitioner (GP) who visited the centre every day. Residents also had access to community services for physiotherapy and occupational therapy in line with their rehabilitation care plans. The care records showed that residents were referred for specialist assessment and advice in a timely manner. This included dietician and speech and language therapy, dental and ophthalmic services. However one resident with complex needs had not had an appropriate multi-disciplinary review of their physical , psychological and social needs within the last twelve months even though their condition had deteriorated significantly.

While there were some good practices in place for the de-escalation of responsive behaviours, the inspectors found that there were a number of areas that required review in order to comply with Regulation 7. The inspector observed practices that were deemed to be overly restrictive and restricted some residents' rights to access communal areas.

The inspectors found that the provider had completed COVID- 19 preparedness audits every two months. On review of the latest audit, dated May 2021, the provider had judged themselves as meeting the necessary standards. However, while there were some good practices in place, the audits failed to identify some key areas. In addition the audits lacked an action plan to address areas identified for improvements. Inspectors observed good practice in areas such as hand hygiene, use of personal protective equipment (PPE) and general cleaning. However, improvements in infection prevention and control practices were required in a number of areas. These are discussed under Regulation 27.

There were systems in place to monitor fire safety however the inspectors found that these were not robust and where fire safety risks had been raised these had not been followed up and addressed by the provider.

## Regulation 11: Visits

There were arrangements in place for residents to receive visitors in the designated centre. Any restrictions imposed on general visiting arrangements at the time of the inspection were in line with local public health guidance. However the inspectors found that the visiting care plan for one resident required review to ensure that

compassionate visiting was facilitated in line with the guidance.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Overall residents had enough space to store their personal possessions and the provider had purchased additional wardrobes and bed side lockers since the last inspection. However a number of bedrooms did not have any additional shelving or storage places for personal items and photographs if the resident occupying that bedroom, or bed space in the multi-occupancy rooms, wanted to personalise their private space.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider did not ensure that the premises was appropriate to the number and needs of the residents occupying the centre and in accordance with the designated centre's statement of purpose. On inspection the inspectors found that a number of rooms had been re-purposed and that a lounge, a dining room and a resident visitors room were being used for visitors and staff.

The provider did not ensure that the premises conformed to Schedule 6 of the regulations:

- The premises showed signs of extensive damage in a number of internal and external areas.
- The premises was in urgent need of refurbishment and redecoration. Of particular concern were bedrooms 1 and 3, the visitors room, the linen and equipment stores on the first floor and the staff offices and corridors on the first floor.
- There was not enough storage in the designated centre. As a result commode chairs were being stored in a communal bathroom.
- Residents on the male unit did not have access to adequate communal space for dining and recreation as the communal rooms in this area had been re-purposed for staff and visitor use.
- The outside courtyard was unsafe because of damaged and uneven surfaces and open drainage channels. The alternative space at the front of the building was not suitable due to the amount of traffic and people travelling through this area to attend other services on the campus.
- The linen and hairdressers room and the visitors room on the ground floor were not well ventilated and there was a smell of damp and mould in the

storage rooms.

- The lighting in the single bedrooms and the four bedded rooms was not adequate for the residents occupying these rooms.

Judgment: Not compliant

### Regulation 26: Risk management

There was a comprehensive risk management policy in place that included the information as set out in Schedule 5 of the regulations.

Records showed that incidents and near misses were investigated and any learning or improvements were shared with the relevant staff.

There was a major incident plan in place.

Judgment: Compliant

### Regulation 27: Infection control

Overall, the inspectors found that the general environment including the communal areas and resident's bedrooms were clean and tidy. This was a significant achievement by housekeeping staff considering the poor state of repair of the building. The inspectors observed good hand hygiene practices by staff with hand hygiene facilities provided throughout the centre. Alcohol based hand gel was readily available to all staff and residents. There was also an appropriate number of clinical wash hand basins and foot operated non clinical and clinical waste disposal bins available throughout the centre. The inspector observed appropriate use of PPE by staff.

Staff were observed to adhere to social distancing guidelines on the day of the inspection, including on staff breaks. Cleaning staff had received training appropriate to their role and staff were trained in hand hygiene.

However, further improvements were required in relation to infection prevention and control processes in the designated centre:

- Equipment cleaning schedules required review. The inspector found that hoists and hoist slings were not on the daily cleaning schedule and there was no system in place to identify when a sling had been cleaned, sanitised and was ready for use or whether they were being cleaned between residents, as per infection prevention and control guidance.
- The sluice room was not recorded on the daily cleaning schedule and one sluice room required a rack for the storage of bed pans.

- The cleaning schedules did not include the sanitising of frequent touch surfaces and items throughout the day, evening and night shifts. Effective oversight and monitoring of these schedules was not in place for evenings and weekends.
- The inspectors found that the cleaning of some commodes were not clean. There was no system in place to identify commodes that had been cleaned, sanitised and were ready for use.
- The inspectors found that staff clothes were hanging alongside one another in the staff changing area, risking cross contamination. The provider assured the inspectors that lockers had been purchased to resolve this issue.
- The poor condition of the walls, window sills and other surfaces in a number of rooms meant that staff were not able to adequately clean these areas.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had failed to ensure that any fire safety risks created as a result of the extensive damage to the building had been identified and managed so that residents and staff living and working in the centre were kept safe.

A number of fire doors were found not to close correctly which created a risk of fire and smoke not being contained in the event of a fire. This has not been identified on the weekly fire door checks.

The fire extinguishers had not had the six monthly service that was due in June 2021.

The simulated fire evacuation drill that was carried out after the inspection did not provide assurances that staff were able to evacuate the residents within an appropriate time frame. This was addressed by the person in charge and additional fire safety evacuation training sessions were provided for staff working in the centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector did not review all aspects of this regulation on the day of inspection, however a review of the non-compliance from the previous inspection, found that the provider is now in line with the requirements of crushed medication.

Resident's prescriptions clearly identified which medications were to be crushed and each prescription for crushed medications was signed off by the prescribing doctor.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident's nursing care plans and found that some residents did not have an up to date nursing assessment and a care plan that reflected their current needs. For example one resident who had high levels of cognitive and physical impairment and who displayed high levels of responsive behaviours did not have an up to date comprehensive assessment of their physical, psychological and social needs. In addition the resident had recently been reviewed by the speech and language therapist (SALT) who had changed the prescribed consistency for the resident's fluids and dietary intake. A review of the nutritional care plan showed that it had not been updated following the SALT. As a result staff caring for this resident may not have been aware that the resident could no longer tolerate the previously prescribed diet and fluids and this created a risk to the resident.

In addition the inspectors found that some care plans did not include appropriate evidence of consultation with the resident themselves. For example care plans in relation to the use of restrictive practices, such as bedrails. Inspectors did find evidence that staff had consulted with the resident's family in a number of records however there was no evidence of the resident's involvement in this decision.

Judgment: Not compliant

### Regulation 6: Health care

One resident with complex care needs had not had a comprehensive multi-disciplinary review of their health needs by an appropriate specialist team. As a result the resident's care plan did not fully address their individual needs for specialist support and services.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

A review of resident's care plans in relation to responsive behaviours identified some

areas where national guidance was not being followed.

Some resident's responsive behaviours were managed in a manner that was found to be overly restrictive and also resulted in a restriction on other residents accessing the communal area. This matter was addressed by the provider on the day after inspection and these restrictions were removed and alternative measures were put in place.

The centre had a restrictive practice policy in place which referred to the use of mechanical restraint, however mechanical restraints such as the keypad locks on the doors were not evidenced in the restrictive practice register and there was no restrictive practice protocol in place to monitor the use of this restriction.

Judgment: Not compliant

## Regulation 8: Protection

The provider had taken all reasonable measures to ensure that the residents were protected from abuse.

Staff had completed training in the safeguarding of vulnerable adults and demonstrated an awareness of how to respond to an incident of suspected or actual abuse.

The inspector reviewed safeguarding incidents and investigations and was assured that the centre has robust processes in place and has responded appropriately to all concerns.

There was no closed circuit television (CCTV) used in the centre.

Residents reported that they felt safe within the centre.

The safeguarding policy was up to date and had been signed off by staff.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre had facilities for activities and recreation. An activities coordinator was employed within the centre and the inspector observed some activities taking place

in the centre on the day of inspection. However, the inspectors found that when the centre was short of staff those staff who were allocated to provide activities were often redeployed as care staff, resulting in negative outcomes for the residents, particularly those residents who spend a large percentage of time in their bedrooms.

Residents' meetings were held in a timely manner with a range of topics discussed. Residents' meetings had good attendance from residents, however the inspector found that the meetings did not have any documented follow up or action plan to address the requests or concerns raised by residents.

Some residents reported to the inspectors that they would like to have access to more fresh fruit and vegetables and this request was evidenced in the residents meetings, however this request had not been addressed on the day of inspection.

Residents had access to an outdoor courtyard, however the inspectors found that the courtyard was in state of disrepair and was not inviting for residents to sit in and enjoy. As a result residents did not have access to outside space and fresh air.

The inspectors found that some residents' rights were restricted as they were unable to gain access to the only communal area in the centre due to a keypad lock, in place for the management of responsive behaviours. This was addressed on the day after inspection and the door was unlocked and alternative measures were put in place.

The inspectors found that in one area, resident's privacy was affected as staff could only gain access to one of the clinical wash hand basins by entering behind the resident's bedside curtain. In addition the layout of the multi-occupancy rooms and their use as part of the main thoroughfare through the building, did not ensure that the residents occupying these rooms were able to carry out personal activities in private.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Lifford Community Hospital OSV-0000621

Inspection ID: MON-0031873

Date of inspection: 08/07/2021

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: When the Centre re opens staffing will be provided as per the dependency and number of residents admitted using the Barthel dependency score. We are awaiting a Nationally developed staffing tool for Older People Services also later this year.</p> <p>An Activity Coordinator will be in place to provide meaningful activities to residents</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The centre is now closed from 06/08/2021 for refurbishment. All the identified issues will be completed before reopening the Centre.</p> <p>The roof work is in progress at present as is repair to walls of rooms due to water egress.</p> <p>The Fire Safety Risk Assessment has been completed and work on mitigation of the identified risks is ongoing at present. It is envisaged that this will take up to 6 months to complete.</p>	
Regulation 11: Visits	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 11: Visits: Compassionate visits will be facilitated as per the needs of residents in line with the Public Health and Infection Prevention Control Guideline.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Additional storage facilities and shelving will be provided to store resident's personal items and photographs to enable the resident to personalize their private space when the centre reopens.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Centre is closed for refurbishment works and redecoration. Upon reopening the centre will have all necessary works completed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Equipment cleaning process is under review and individual hoist sling will be provided. Daily cleaning schedule will be in place for hoist, commodes and sluice room. Daily cleaning schedule will be in place for frequently touched surfaces throughout the day, evening and night shift and monitoring of this schedule will be in place. Lockers will be provided to all staff to store personal belongings. Window sill will be replaced and walls will be repaired to facilitate adequate cleaning.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A fire risk assessment has been completed for Lifford Community Hospital. Issues identified regarding fire compliance will be addressed before reopening of the Centre. Work is ongoing at present, being lead out by the HSE Regional Fire Prevention Officer to ensure all issues are addressed. Work ongoing.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  There will be a review of Nursing Assessment and Care Plan to reflect resident's needs. The Care plan will reflect appropriate evidence of consultation with the resident. Additional training on comprehensive assessment and care planning will be provided to staff.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Comprehensive multidisciplinary review will be in place to review the health needs of residents.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  National Guidelines will be followed when using Restrictive Practices. Resident's Responsive behavior will be managed in a way that does not limit access to communal areas.  Restraint register will reflect all restrictive practices that are in use.</p>	

Responsive behavior training will be provided to all staff.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The Centre will ensure that Activity Coordinator will be available to provide meaningful activities to all residents as per care plan.

Management will ensure that an action plan will be developed to meet requirements following residents meetings.

More fresh fruits and vegetables will be made available to residents.

The Court yard will be repaired and will be made available to residents to ensure they have access to the outside space.

Residents will have free access to communal areas.

Clinical hand washing sink will be removed from resident's private area.

The layout of the Multi-occupancy rooms are under review by Estates Department, HSE currently to ensure privacy of residents to carry out personal activities in private.

## 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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/08/2021
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal	Substantially Compliant	Yellow	31/03/2022

	possessions.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2022
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	31/03/2022
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	Red	31/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery	Not Compliant		31/03/2022

	of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	31/03/2022
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	31/03/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	31/03/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Not Compliant	Red	31/03/2021

	fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	31/03/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/03/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/03/2022
Regulation 5(1)	The registered provider shall, in so far as is	Not Compliant	Orange	30/09/2021

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/09/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/09/2021
Regulation 7(2)	Where a resident behaves in a manner that is	Not Compliant	Orange	30/09/2021

	challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/03/2022
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	31/03/2022