

**Health Information and Quality Authority  
Social Services Inspectorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Dungloe Community Hospital
<b>Centre ID:</b>	0618
<b>Centre address:</b>	Gweedore Road Dungloe, Co. Donegal
<b>Telephone number:</b>	074-9521044
<b>Email address:</b>	sue.islam@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	Health Service Executive (HSE)
<b>Person authorised to act on behalf of the provider:</b>	Kieran Doherty
<b>Person in charge:</b>	Sue Islam
<b>Date of inspection:</b>	15 November 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:45 hrs <b>Completion:</b> 18:15 hrs
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	3

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with Regulations and Standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which 11 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input checked="" type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input checked="" type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input checked="" type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, a relative, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, and fire safety records.

During this unannounced inspection the progress in relation to the three requirements (six actions) identified to be addressed by the provider and person in charge in the previous follow-up inspection report of 7 March 2012 was assessed. The key non-compliances related to environmental regulations/standards and fire safety. The inspector found that substantial changes have been made to the

premises, including the development of new ensuite bedrooms, communal rooms and assisted toilets.

The Authority was provided with confirmation from a competent person confirming that red rated risks in respect of fire safety had been addressed prior to the issuing of the centre's certificate of registration. The emergency lighting was being updated at the time of inspection and the inspector was informed that a redecoration programme is to commence following completion of all works.

The views obtained from residents and relatives were satisfactory and complimentary of quality of care received and the help and support provided by management and the staff team. Residents were particularly pleased with the environmental improvements that had taken place and the new ensuite bedrooms and communal areas. Some residents highlighted the lack of opportunities to participate in activities. The inspector concurred with this view identifying that there was no staff member to coordinate activities or monitor the staff on work experience who were engaged in providing low key activities in the mid-morning. There was no activity programme in the afternoon.

The overall view of the inspector was that the person in charge was sufficiently qualified and experienced and staff had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. In order to ensure safe practice and good quality service delivery, the person in charge had the authority in consultation with senior management to curtail residents admissions to the centre as a number of care staff were on sick leave. The inspector found that staffing levels/deployment of staff was insufficient to ensure appropriate supervision of residents in the communal sitting rooms in the period following the lunchtime meal.

The person in charge had requested a multi-task worker, who was on a day's leave, to work in the centre and carry out cleaning duties. However, there was no staff member employed to carry out cleaning duties in the afternoon of the inspection.

While there were systems and practices in place to identify risks and take action, the inspector highlighted a number of risks which the person in charge agreed to address. It was also noted that some risks (orange and green rated) in relation to fire safety compiled by the designated competent fire safety officer remained outstanding.

Staff presented as a dedicated and committed team who had knowledge of residents' health care needs and implemented caring programmes to address these.

The Action Plan at the end of this report identifies areas where improvements are needed to meet the requirements of the Regulations and the Authority's Standards. These primarily related to the environment.

## Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Theme: Governance, Leadership and Management

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### Outcome 1

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

#### References:

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

### Inspection findings

The inspector reviewed the statement of purpose and found that it did not contain the following matters:

- the experience of the registered provider
- the experience of the person in charge
- any conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Act
- emergency procedures
- any separate facilities for day care
- the statement of purpose is not explicit with regard to the facilities and services that constitute the designated centre, including the palliative care suite.

The above matters were discussed with the person in charge.

#### Outcome 3

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Dungloe Community Hospital is operated by the HSE. The person nominated to act on behalf of the provider is Kieran Doherty. On a day-to-day basis, the person in charge is Sue Islam, Director of Nursing, she reports to Gwen Mooney, acting head of older people services for the area. She is a registered general nurse and has been director of nursing in Dungloe Community Hospital since 2005. She holds post registration qualifications in a number of areas including cancer care, gerontology, renal care and has qualifications in management. She is supported by clinical nurse managers, staff nurses, healthcare assistants and a range of administrative, clerical and ancillary staff.

She demonstrated good leadership and management skills and was knowledgeable about the Regulations, the Authority's Standards and her responsibilities for the welfare and protection of residents.

The person in charge informed the inspector that the directors of nursing for the community hospitals meet on a monthly basis via teleconference calls.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector found that measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse had been taken.

Systems and practices were in place to manage residents' personal money. There was documentary evidence to confirm that residents' accounts had been set up with the financial office within the HSE. The Patients' Private Property document/policy October 2011 was available to guide staff in the management of residents' property and personal possessions. However, there was no written procedure reflective of the practices within the centre. The financial records are audited on a yearly basis by an external company.

Residents' personal property was recorded on admission to the centre. In the late afternoon of the inspection a staff member and the inspector found a walking stick and a pair of outdoor shoes in the pantry. There was no indication who owned these items.

The person in charge had confirmed that there was ongoing training in the protection of residents from elder abuse and the training records identified staff who had participated in training during 2012. Further on-site training is planned for persons working at the centre who have not yet participated in refresher training. Staff who communicated with the inspector were knowledgeable about what constitutes abuse, reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse.

A resident who spoke with the inspector highlighted that it was a safe place to be due to the good quality of care received.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Action(s) required from previous inspection:**

The action required from the previous inspection was partially implemented.

The following action was outstanding - The person in charge informed the inspector that all the works identified (orange and green rated) during the fire risk assessment had not been completed.

**Inspection findings**

The Chief Inspector received from a competent person written confirmation that all the requirements (red rated risks) of the statutory fire authority had been complied with prior to granting registration of the centre.

The inspector saw that new fire doors have been installed throughout the centre and work men were finishing of the installation of emergency lighting. Regular inspections of the fire alarm, fire exits and fire fighting equipment (July 2012) were completed and recorded. There were opportunities for staff to participate in training on the statutory topics of fire safety and moving and handling including refresher training during 2012.

A staff member who had recently received training in moving and handling explained to the inspector the important principles in moving and handling residents and stated that she felt confident in these procedures. She particularly welcomed the training in the overhead hoists in the new extension.

The inspector was informed by the person in charge that a risk register is maintained. Risks which are identified and cannot be addressed with in the centre by management and staff are escalated to senior management to be actioned. For example, staff on sick leave had been identified as a risk and referred to senior management. It was agreed that admissions to the centre would cease while the current staff sick leave prevails.

Risks were identified by the inspector.

For a period in the afternoon there was no supervision of the communal sitting rooms. Following the lunchtime meal a number of independent residents and those who required assistance by staff returned to one of the sitting rooms. There was no rostered supervision of this area. From approximately 1.50pm to 2pm and from 2.10pm to 2.25pm there was no staff supervision of the new communal day room, which was accommodating three highly dependent residents in wheelchairs and a resident in a sitting chair.

There was no mechanical ventilation in the drug/pharmacy room.

Some fire doors were propped open with pieces of furniture. The double doors of the day room were wedged open.

The garden gate leading from the internal courtyard, which formed part of the escape route in the event of an evacuation of the building, was padlocked.

Three high wooden wardrobes located in a central area were blocking the evacuation path in the event of an emergency.

The door to the nurses' duty room was propped open using a chair and in this room keys to locked areas were held on a large key board on the wall.

A standing hoist was obstructing a handrail as it was left on the corridor plugged into a socket on the wall to be charged.

There was open access to the centre from a shared entrance to the hospital and the designated centre.

The designated smoking area which is an open wooden structure is located at the rear of the centre which adjacent to an area used by delivery lorries.

A break-glass key is located internally beside the fire exit door leading to the external designated smoking area. However, a key was in this door which was unlocked and is easily accessible to residents who are prone to wandering.

The rear of the centre externally was unkept as a wooden pallet covered a drain, broken plastic sheeting was on the ground and a fire assembly sign was located on a sloping bank. The person in charge stated that this assembly point is no longer in use.

A storeroom containing a number of liquids/chemical products was unlocked.

During the mid-morning a cleaning trolley containing liquid/chemical products was left unattended in a communal hallway.

A cleaning schedule located in a residents' toilet area had not been completed for a number of days, 3 and 4 November 2012 and from 7 to 11 November 2012 and there was mould on the window at ceiling level.

**Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector had the opportunity to meet the recently appointed medical officer for the centre who confirmed that residents' healthcare needs and medication were reviewed on a regular basis and within the minimum of three months. The inspector confirmed this on examination of a resident's medical notes.

The trolley containing medicines was stored in a safe place. It was brought to the residents. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined the number of medicines available and this corresponded to the register.

The Authority was notified of a drug error and the person in charge informed the inspector that an external investigation is being initiated by the risk manager. The person in charge agreed to ensure that the Authority was issued with the outcome of the investigation.

The staff nurse on duty explained to the inspector the operational procedures relating to the ordering of medicines for residents. This is carried out by nursing staff rostered to work on Sunday nights. It is sent to the pharmacist on Monday and medication is received by the centre on Thursday. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents and she demonstrated her knowledge of the drugs and had a reference book on the trolley to check medication names and dosages.

During the inspector's observation of the staff nurse administering medicines the following was noted:

- high-protein drinks which had been ordered had not been delivered
- there was no stock of a cough mixture which had been prescribed for a resident
- the prescription sheet identified six times for the administration of medicines. However, the staff nurse administered medicines to residents at 4pm which was not on the prescription sheet
- the staff nurse administering medicines to residents signed the administration sheet confirming that residents had taken the medicines prior to administering
- a list of the names and a copy of the signatures of all nurses involved in administration of medication was not currently maintained.

### **Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Accidents and incidents were recorded and analysed. The inspector examined the record for September 2012 and the recently introduced record which has been devised and formatted to analyse accidents/incidents on a quarterly basis (August September October 2012). These contained detailed information regarding the occurrence of events, time, location, circumstances and action taken to reduce/minimise the risk factors. In some instances, the person in charge and staff team were able to implement changes which brought about a positive outcome for residents. For example, a review of residents' medical care and medication and the introduction of equipment following assessment. In other circumstances, the person in charge identified closed fire doors as a contributing factor prohibiting residents from freely moving around the centre. The person in charge referred this matter to senior management requesting the installation of magnetic hold open devices on fire doors linked to the fire alarm system which would enable residents to be independent and safe.

A record of all incidents occurring in the designated centre was not notified to the Chief Inspector in accordance with the Authority's guidance. For example, the quarterly return in respect of accidents did not identify the date, time of each accident, brief description of the accident/incident and any actions taken to protect the safety of residents, including treatment/care given.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Staff had not acted to improve the quality of life for a resident. A resident who likes to use the oratory felt distressed because there is a smell of cigarette smoke. The designated smoking area located to the rear of the building beyond the oratory is accessed by a corridor. The inspector found a strong smell of cigarette smoke in the corridor. The person in charge told the inspector that currently a resident is smoking in the corridor.

### Outcome 11

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

### References:

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The centre provides care for residents in the following areas, long-term, respite, assessment, convalescent and palliative care. Sixteen places are allocated to long-term/continuing care. Seventeen of the 32 residents being accommodated were assessed as having maximum dependency.

From an examination of residents' care plans, discussions with residents and staff the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Specialist professional care was provided when needed such as dieticians and the psychiatrist for old age. The care planning documentation given to the inspector to review centred primarily on the medical nursing assessments and interventions. However,

there was no evidence of social care assessments having been carried out. Staff update and hold care planning information electronically.

Staff were familiar with the systems and practices regarding restraint and where restraint was used as an enabler. For example, the use of bedrails or alarms to prevent residents leaving the centre. The documentation showed consultation with the resident or the resident's relative around these.

Residents did not have opportunities to participate in meaningful activities appropriate to their interests and preferences. During the morning of the inspection, two persons on work experience engaged some residents in low key activities. No trained staff member was available to supervise them as the nominated person for planning activities was not rostered to work.

Some residents made the comment to the inspector that there was nothing to do. This matter was identified on the registration inspection on 27 June and 1 July 2011. In the follow-up inspection of 7 March 2012 the inspector was told that two staff assisted by a volunteer two days a week had specific responsibility for coordinating the activity programme which was scheduled for both the morning and afternoon. The daily activity notice board identified that Mass would take place at 10.30am, however, a resident informed the inspector that the priest was not available for one week. Furthermore, it was advertised that the hairdresser would be in the centre from 11am to 2pm but only on a fortnightly basis. It was not explicit that there was no hairdresser on the day of inspection. While there were newspapers available in the communal areas an activity entitled "What the Papers Say" was advertised to commence at 130pm. However, there was no staff member available to lead this activity.

In the afternoon of the inspection the inspector did not see residents being engaged in any stimulating activities in the communal sitting rooms, nor in residents' bedrooms. One resident had a television in the bedroom and made the comment "you would be lost without it. There's nothing else." A resident who spoke with the inspector expressed her feelings of grief and low mood which staff were aware of, but there was no meaningful programme to alleviate the resident's anxieties.

**Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action(s) required from previous inspection:**

The actions required from the previous inspection were actioned or in progress.

Outstanding actions are as follows:

- floor coverings at a number of locations were worn and in a poor state of repair. For example, the corridor approaching the dining/sitting room where male residents are being accommodated and outside the smoking and sluice rooms.
- there were insufficient wash-hand basins in some bedroom areas
- the paintwork on some walls was chipped and peeling.

### **Inspection findings**

The designated centre of Dungloe Community Hospital has been registered to accommodate up to 35 residents. Residents' bedroom accommodation includes six four-bedded rooms, two two-bedded rooms and eight single rooms, four of which have shower en suite with toilet and wash-hand basin. The single bedroom accommodation includes a palliative care suite which enables family members to be with their relative at the end of life. Four new bedrooms recently developed have overhead tracking for hoists. Communal accommodation consists of three sitting areas and an oratory. Other facilities include laundry, main cooking kitchen, two pantry kitchens and staff areas. The newly developed communal sitting/dining rooms were furnished to a high standard and were attractive and comfortable. An external courtyard newly developed was very pleasant to look out onto and was available for residents' use, weather permitting.

Residents can access some of the services provided in the hospital, such as day care x-ray Department, physiotherapy, speech and language therapy, mental health and social work services.

The inspector found that the centre was not suitable for its stated purpose in the following matters:

- since the last inspection, substantial work has been carried out to the lighting system with the result that some ceilings are damaged and in need of repair and redecoration. For example, the male bathroom and toilet
- the signage to the designated centre from the shared entrance with the hospital does not reflect the philosophy of person centred/holistic care highlighted in the centre's statement of purpose as the sign "Wards" denotes the designated centre. As a result of the refurbishment work there are some doors which have no signage
- the designated smoking room (located externally) was not clean as there were cigarette ends lying on the ground and ashtrays had not been emptied
- although the six-bedded wards have been reduced to four-bedded wards, the curtain screening for six beds remained in place
- there was inadequate storage as moving and handling hoists, seated weighing scales and five oxygen tanks were stored on the corridor.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 14**

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

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

A resident was receiving end-of-life care and was being cared for in a single bedroom. The end-of-life care symbol had been placed on the door of the resident's bedroom. Management and staff had ascertained the resident's wishes and carried out care in a respectful and dignified manner. The inspector had the opportunity to meet with the resident's relative who was full of praise for the services provided and care received and confirmed that management and staff had provided great support throughout the resident's time in the centre and to the family members. Relatives were able to use the palliative care suite and stay over night when they considered it necessary. A link nurse from the centre had attended monthly education sessions in respect of the provision of end-of-life care.

**Outcome 16**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector observed that each resident's privacy was not respected in the following ways:

- a bathroom containing a bath separated from a toilet and wash-hand basin by a curtain can be accessed by two doors. The inspector was informed that one of the doors is locked from the inside therefore showing an engaged sign. However, this situation could compromise an independent resident's privacy
- in some of the shower/toilet rooms the notice board contained the names of residents who had a shower
- two female toilets were separated by a curtain.

**Outcome 17**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Action(s) required from previous inspection:**

The action required from the previous inspection was partially actioned. See below for the outstanding action under this outcome

**Inspection findings**

Some new wardrobes to store resident's personal clothing have been made to fit the layout of the multi-occupied bedrooms and some new freestanding wardrobes with hanging and shelf space have been purchased. The person in charge informed the inspector that this work is ongoing. However, a metal rail containing a mixture of residents' clothing was left on the corridor.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector found that the levels/deployment of staff were insufficient to meet the needs of residents.

The person in charge informed the inspector that a number of care staff were on sick leave with the result multi-task attendants who are trained in the provision of personal care were requested to work with residents which reduced the number of staff to carry out domestic duties. The staff member rostered to carry out cleaning duties was on leave but agreed to work in the centre. However, there was no cleaning staff in the afternoon.

For a period in the afternoon, following the lunchtime meal, the two main sitting areas were not adequately supervised. For details see Outcome 7. The inspector observed care staff members rushing to provide personal assistance to residents. A resident requested the assistance of the inspector to leave the sitting room as there were no staff available. A visitor also requested some information from the inspector as there was no staff available.

During the afternoon there were no opportunities for residents to participate in meaningful activities. The designated activity coordinator was on leave. For details see Outcome 11.

One resident stated that "staff were very caring and obliging but they are just so busy".

The inspector examined the registration status of the nurses employed in the centre and these were satisfactory.

For two persons on work experience in the centre, there was no documentation in the centre to verify that Garda Síochána vetting had been requested. Only one reference was taken up in respect of one of these persons. There was no written agreement setting out the roles and responsibilities between the centre and the individuals and there were no formal supervision or support mechanisms in place.

From discussions with staff, the inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and highlighted her leadership qualities saying she was "approachable" and "open to suggestions made by staff".

There was evidence that staff had access to education and training and the person in charge had compiled a training plan for the year. Training had been carried out in a range of topics. For example, moving and handling, personal development plans, CPR, elder abuse, infection control, hand hygiene, fire safety and end of life care. Some care staff had completed training accredited at Further Education and Training Awards Council (FETAC) Level 5.

## Closing the visit

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

### **Acknowledgements**

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

### ***Report compiled by:***

Siobhan Kennedy

Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

21 November 2012

Action Plan

Provider's response to inspection report \*

Centre Name:	Dungloe Community Hospital
Centre ID:	0618
Date of inspection:	15 November 2012
Date of response:	5 December 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

***Outcome 1: Statement of purpose and quality management***

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

The statement of purpose did not contain the following matters:

- the experience of the registered provider
- the experience of the person in charge
- any conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Act
- emergency procedures
- any separate facilities for day care.

The statement of purpose was not explicit with regard to the facilities and services that constitutes the designated centre, including the palliative care suite.

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

<b>Action required:</b>	
Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.	
<b>References:</b>	
Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The Statement of Purpose will be amended to include all matters listed in Schedule 1 of the Regulations.	31 January 2013

**Theme: Safe care and support**

***Outcome 6: Safeguarding and safety***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
There was no written procedure regarding residents' property and personal possessions reflective of the practices within the centre.
Residents' property and personal possessions was not kept safe as there was no indication who owned a walking stick and a pair of outdoor shoes found in the pantry.
<b>Action required:</b>
Put in place all of the written operational procedures listed in Schedule 5 of the Regulations.
<b>Action required:</b>
Ensure that residents' personal property is kept safe.
<b>Reference:</b>
Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>An addendum will be added to the Patient's Private Property Policy outlining the local procedure to guide staff in the management of resident's property and personal possessions.</p> <p>On occasion a confused resident may leave their personal possessions outside their room. Staff will always endeavour to return these to the rightful owner.</p>	<p>31 January 2013</p>

***Outcome 7: Health and safety and risk management***

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

The risk management policy had not been implemented throughout the centre as the following risks were identified by the inspector:

- for a period in the afternoon there was no supervision of the communal sitting rooms
- there was no mechanical ventilation in the drug/pharmacy room
- some fire doors were propped open with pieces of furniture. The double doors of the day room were wedged open
- the garden gate leading from the internal courtyard which formed part of the escape route in the event of an evacuation of the building was padlocked
- three high wooden wardrobes located in a central area were blocking the evacuation path in the event of an emergency
- the door to the nurses' duty room was propped open using a chair and in this room keys to locked areas were held on a large key board on the wall
- a standing hoist was obstructing a handrail as it was left on the corridor plugged into a socket on the wall to be charged
- there was open access to the centre from a shared entrance to the hospital and the designated centre
- the designated smoking area which is an open wooden structure is located at the rear of the centre which is used by delivery lorries
- a break glass key is located internally beside the fire exit door leading to the external designated smoking area. However, a key was in this door which was unlocked and is easily accessible to residents who are prone to wandering
- the rear of the centre externally was unkept as a wooden pallet covered a drain, broken plastic sheeting was on the ground and a fire assembly sign was located on a sloping bank
- a storeroom containing a number of liquids/chemical products was unlocked
- during the mid-morning a cleaning trolley containing liquid/chemical products was left unattended in a communal hallway
- a cleaning schedule located in a residents' toilet had not been completed
- there was mould on the window at ceiling level.

<p>Outstanding action from the previous inspection as follows:</p> <ul style="list-style-type: none"> <li>the works/risks (orange and green rated) identified by the competent person carrying out the fire risk assessment had not been completed.</li> </ul>	
<p><b>Action required:</b></p> <p>Implement the risk management policy throughout the designated centre by addressing all of above risks.</p>	
<p><b>Action required:</b></p> <p>Take adequate precautions against the risk of fire.</p>	
<p><b>Action required:</b></p> <p>Provide and maintain external grounds which are suitable for, and safe for use by residents.</p>	
<p><b>Action required:</b></p> <p>Provide ventilation in all parts of the designated centre which are used by residents.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 31: Risk Management Procedures  Regulation 32: Fire Precautions and Records  Regulation 19: Premises  Standard 26: Health and Safety  Standard 29: Management Systems  Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The duty roster allocations have been revised and staff are allocated to provide increased supervision to the residents in the day rooms.</p> <p>Management will allocate additional resources for a designated activities personal for activities.</p> <p>The drug pharmacy window now provides natural ventilation.</p> <p>There is a planned programme of Capital Works scheduled to begin in 2013 to address all outstanding works identified in the Risk Register &amp; Fire Compliance Audit.</p>	<p>Immediate</p> <p>April 2013</p> <p>Completed</p> <p>December 2013</p>

The keys to the padlock on the garden gate will be kept on the drug key ring with the master keys which will be on the person of the nurse in charge at all times. All staff have been informed of this.	Completed
The corridor wardrobes will be moved to ward K at the beginning of December '12. This was planned to be completed in Sept but there has been a delay with the contractor.	31 December 2012
Staff have been advised to keep this door closed at all times.	Completed
The importance of maintaining corridors and patient areas free from clutter and equipment remains on the agenda at all staff meetings. The hoist has now been removed from the corridor.	Completed
The Estates Department have been contacted and advice sought on the feasibility of enhancing security to the existing corridor entrance. This has been included in the Minor Capital Works for 2013.	June 2013
There is a wandering alarm sensor on the inner door leading to the corridor and exit door beside the designated smoking area to alert the staff to the potential absconsion of any wandering confused residents. The Estates Department have also included a keypad lock for this door in the Minor Capital 2013.	June 2013
The rear of the centre has now been cleared of all rubbish and obstacles.	Completed
the store room lock has been repaired and the door is now kept locked at all times.	Completed
Staff have been advised not to leave their cleaning trolley unattended.	Completed
Staffing rosters are in place to maintain cleaning schedules and staff have been reminded to update their cleaning records as completed. A recent hygiene audit carried out in November achieved 88%.	Ongoing

***Outcome 8: Medication management***

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

Suitable practices relating to the ordering and administration of medicines to residents was not in place as the following matters were identified:

- high-protein drinks which had been ordered had not been delivered
- there was no stock of a cough mixture which had been prescribed for a resident

- the prescription sheet identified six times for the administration of medicines. However, the staff nurse administered medicines to residents at 4pm, which was not on the prescription sheet.
- the staff nurse administering medicines to residents signed the administration sheet confirming that residents had taken the medicines prior to administering
- a list of the names and a copy of the signatures of all nurses involved in administration of medication was not currently maintained.

**Action required:**

Put in place appropriate and suitable practices relating to the ordering and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Reference:**

Health Act, 2007  
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
 Standard 14: Medication Management

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

**Timescale:**

Provider's response:

The current practice in place in Dungloe Community Hospital of getting medication from the HSE Pharmacy located in Acute Services usually works extremely well. Arrangments are in place for the local pharmacy to lend us medication pending the delivery from the HSE Pharmacy when required. Our Pharmacy delivery was due the evening of the inspection. There was an issue the previous week with a stock shortage in the Pharmacy of the aforementioned items.

Ongoing

The drug kardex will be amended to ensure that the timing of the drug rounds coincides with the prescription chart.

31 February 2013

All nursing staff have been informed of the importance of adherenceto the policy on medication management and have been informed that they are not to sign for medication prior to it been administered.

Completed

Unfortunately the list of names and signatures of all nurses was missing on the day of inspection. A list of nurses signature is kept with the drugs charts with a further copy is stored in the Director of Nursing's office.

Completed

***Outcome 9: Notification of incidents***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

A record of all incidents occurring in the designated centre was not notified to the Chief Inspector in accordance with the Authority's guidance. For example, the quarterly return in respect of accidents did not identify the date, time of each accident, brief description of the accident/incident and any actions taken to protect the safety of residents, including treatment/care given.

The quarterly returns did not provide information regarding the trading status of the centre.

**Action required:**

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident with the details identified above.

**Action required:**

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any incident that the Chief Inspector may prescribe including the trading status of the centre.

**Action required:**

Keep the Chief Inspector informed of the outcome of an investigation in respect of a previous notification forwarded to the Authority in relation to a drug error.

**Reference:**

- Health Act, 2007
- Regulation 36: Notification of Incidents
- Standard 29: Management Systems
- Standard 30: Quality Assurance and Continuous Improvement
- Standard 32: Register and Residents' Records

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

**Timescale:**

Provider's response:

During our previous inspections the information supplied on the Quarterly Returns was never identified as being insufficient. Unfortunately we were unaware that a more detailed report was required, in future this will be actioned and the level of detail requested will be provided on all the Quarterly Returns.

The Trading Status will also be actioned and forwarded to HIQA on a quarterly basis.

Immediate

A report will be forwarded of the outcome of the investigation in relation to a drug error when completed.	When completed
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**Theme: Effective care and support**

***Outcome 10: Reviewing and improving the quality and safety of care***

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

The quality of a resident's life was not protected as the smoking a policy had not been implemented.

**Action required:**

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

**Action required:**

Ensure that the smoking policy is fully implemented.

**Reference:**

Health Act, 2007  
 Regulation 35: Review of Quality and Safety of Care and Quality of Life  
 Standard 30: Quality Assurance and Continuous Improvement

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

**Timescale:**

Provider's response:

The Management and Staff endeavour to maintain high quality and safe standards for all the residents in Dungloe Community Hospital and part of that is ensuring that residents/visitors/family comply with the smoking policy. An issue has been identified whereby a resident with a diagnosis of dementia attempts to smoke in prohibited areas. The resident's lighter is now kept in the nurses station for safekeeping and he is accompanied to the smoking area and is supervised

Ongoing

A quote has been sought with local contractors on relocating the smoking facility from its existing site to the enclosed garden.

March 2013

***Outcome 11: Health and social care needs***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Residents did not have opportunities to participate in meaningful activities, appropriate to their interests and preferences.	
<b>Action required:</b>	
Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.	
<b>Reference:</b>	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  There is an activities programme available in Dungloe Community Hospital and staff are assigned to this programme. On the day of the inspection the activities programme had to be curtailed due to the activation of the escalation policy on staff shortages.  Management will allocate additional resources for a designated activities personal to provide activities.	3 April 2013

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
The inspector found that the centre was not suitable for its stated purpose in the following matters: <ul style="list-style-type: none"><li>▪ since the last inspection, substantial work has been carried out to the lighting system with the result that some ceilings were damaged and in need of repair and redecoration. For example, the male bathroom and toilet.</li><li>▪ the designated smoking room (located externally) was not clean as there were cigarette ends lying on the ground and ashtrays had not been emptied</li><li>▪ although the six-bedded wards have been reduced to four-bedded wards the curtain screening for six beds remained in place.</li><li>▪ the signage to the designated centre from the shared entrance with the hospital does not reflect the philosophy of person centred /holistic care highlighted in the centre's statement of purpose as the sign "Wards" denotes the designated centre. As a result of the refurbishment work there are some doors which have no signage.</li></ul>

- there was inadequate storage as a number of items were stored on the corridor.

Outstanding actions from the previous inspection as follows:

- floor coverings at a number of locations were worn and in a poor state of repair. For example, the corridor approaching the dining/sitting room where male residents are being accommodated and outside the smoking and sluice rooms.
- there were insufficient wash hand basins in some bedroom areas.
- the paintwork on some walls was chipped and peeling.

**Action required:**

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose.

**Action required:**

Keep all parts of the designated centre clean and suitably decorated.

**Action required:**

Ensure that there is appropriate screening in the multi occupied bedrooms.

**Action required:**

Ensure that there is appropriate signage throughout the centre.

**Action required:**

Ensure suitable provision for storage of equipment in the designated centre.

**Action required:**

Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The HSE is to provide funding for a Capital Programme in 2013 which will address any outstanding works on a phased basis in order of priority.</p> <p>Unfortunately due to staffing restrictions that week the smoking area was not maintained to a clean standard. This has now been addressed</p> <p>The adaptation of the curtain screens for the four bedded wards has already been highlighted and funding has been sought from the Minor Capital Programme for 2013</p>	<p>December 2012</p> <p>Completed</p> <p>March 2013</p>

**Theme: Person-centred care and support**

***Outcome 16: Residents' rights, dignity and consultation***

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

Each resident's privacy was not respected in the following ways:

- bathroom containing a bath separated from a toilet and wash-hand basin by a curtain can be accessed by two doors
- in some of the shower/toilet rooms the notice board contained the names of residents who had a shower
- two female toilets were separated by a curtain.

**Action required:**

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Reference:**

Health Act, 2007  
 Regulation 10: Residents' Rights, Dignity and Consultation  
 Standard 2: Consultation and Participation  
 Standard 4: Privacy and Dignity  
 Standard 5: Civil, Political and Religious Rights  
 Standard 17: Autonomy and Independence  
 Standard 18: Routines and Expectations  
 Standard 20: Social Contacts

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>One of the bathroom doors will be removed and closed off, this has been included in the Minor Capital Works 2013.</p> <p>This toilet facility has been discussed with the Estates Department and is to be included in the Minor Capital Works 2013.</p>	<p>June 2013</p> <p>June 2013</p>

***Outcome 17: Residents' clothing and personal property and possessions***

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

There was insufficient personal/wardrobe space for residents' clothing.

**Action required:**

Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.

**Reference:**

Health Act, 2007  
 Regulation 7: Residents' Personal Property and Possessions  
 Regulation 13: Clothing  
 Standard 4: Privacy and Dignity  
 Standard 17: Autonomy and Independence  
 Standard 4: Privacy and Dignity

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Wardrobes will continue to be provided as fund raising events takes place and further funding becomes available.</p>	<p>December 2013</p>

**Theme: Workforce**

***Outcome 18: Suitable staffing***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

The inspector found that the staffing levels/deployment were insufficient to meet the needs of residents.

For two persons on work experience in the centre there was no documentation in the centre to verify that Garda Síochána vetting had been requested. Only one reference was taken up in respect of one of these persons. There was no written agreement setting out the roles and responsibilities between the centre and the individuals and no formal supervision and support mechanisms in place.

**Action required:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Action required:**

Ensure that persons on work experience/volunteers receive supervision and support, have their roles and responsibilities set out in a written agreement between the designated centre and the individuals are appropriately vetted.

**Reference:**

- Health Act, 2007
- Regulation 16: Staffing
- Regulation 34: Volunteer
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision
- Standard 22: Recruitment

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

**Timescale:**

Provider's response:

(1) Staffing levels remain an ongoing challenge since the moratorium on recruitment and the non replacement of retirees/sick leave/annual leave. This is assessed on a daily basis using the escalation policy. When a risk is identified it is escalated up to senior management for further assistance.

Ongoing

(2) Roles and responsibilities will be drawn up for persons on work experience in conjunction with their Community Employment Supervisor to include the supervision and support mechanisms required. Both personnel on work experience had been Garda Vetted and the original garda vetting documents have now been forwarded to us in order to update their files. Both personnel have now obtained 3 references each.

January 2013

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

None Received.

**Provider's name:** Sue Islam on behalf of Kieran Doherty

**Date:** 07/12/2012

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