

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Dungloe Community Hospital
Centre ID:	0618
Centre address:	Gweedore Road
	Dungloe
	Co Donegal
Telephone number:	074 9521044
Email address:	sue.islam@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive (HSE)
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Sue Islam
Date of inspection:	15 August 2013
Time inspection took place:	Start: 09:30 hrs Completion: 17:30 hrs
Lead inspector:	Siobhan Kennedy
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> Unannounced
Number of residents on the date of inspection:	25 (1 in hospital)
Number of vacancies on the date of inspection:	10

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 wellbeing 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.

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

During this unannounced inspection the progress in relation to the 11 requirements (24 actions) identified to be addressed by the provider and person in charge in the previous inspection report of the 15 November 2012 was assessed. The key non-compliances related to environmental regulations/standards, risk management, health and fire safety, staffing levels and record/documentation keeping.

In the main, these matters had been satisfactorily actioned with the exception of shortfalls in the environment. However, the inspector was informed that a plan is being drawn up to ensure compliance within the agreed timescale (2015) with the Authority.

The person in charge is an experienced nurse and 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 relation to the residential care setting. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Residents were positive about their day to day life experiences. They expressed satisfaction with the centres' routines and activities, meals provided and were complimentary of the staff team. No issues or concerns were identified to the inspector. A relative was complimentary of the services and facilities and care provided by the centre.

The inspector found that the centre was substantially in compliance with the Regulations. Measures were put in place to protect residents from abuse. Risk management systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. However, some risks were identified during the inspection. The inspector was informed that some risks (orange and green rated) in relation to fire safety compiled by the designated competent fire safety officer had been addressed in respect of the designated centre but fire safety issues were identified in respect of other parts of the building which may have an impact on the centre.

Residents' wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied healthcare. Medication management procedures and systems were appropriate. There were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences due primarily to the employment of a staff member, "homemaker" who coordinates and drives the activity programme.

In the main, and particularly the new part of the designated centre was found to be suitable for its stated purpose. However, there were aspects of the centre (particularly the wards) which did not meet the Regulations and the Authority's Standards. The inspector was informed that the HSE has a plan to address the non-compliances in respect of the premises.

At the time of the inspection staffing levels and skill mix were found to be adequate to meet the needs of residents, however, one of the sitting/dining rooms was unsupervised for a brief period around lunchtime, primarily due to the deployment of staff. The inspector was informed that management of the centre are currently in the process of recruiting staff so that new residents can be admitted to the centre up to the maximum number allowed under registration (35).

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.

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: Leadership, Governance 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 required from previous inspection:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Regulations to include 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 and
- to identify the facilities and services that constitute the designated centre, particularly referencing the palliative care suite.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

The inspector examined the statement of purpose, which was amended since the previous inspection and found that it included all of the above matters and addressed the items listed in Schedule 1 of the Regulations.

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

The person in charge is an experienced nurse and demonstrated during the inspection that she had good knowledge of the Regulations and the Authority's Standards in relation to the residential care setting. She and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. There was evidence that she had the authority in consultation with senior management to refrain from admitting residents to the centre until appropriate staffing levels were in place to ensure the health and safety of residents. Since May 2013, no more than 25 residents have been admitted and are in receipt of care in the centre. The person in charge informed the inspector that a recruitment process has been initiated to acquire additional staff, so it is anticipated that residents up to registration limit of 35 will be admitted on a phased basis as additional staff take up employment in the centre.

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

Actions required from previous inspection:

Put in place all of the written operational procedures listed in Schedule 5 of the Regulations including a written procedure regarding residents' property and personal possessions reflective of the practices within the centre.

Ensure that residents' personal property is kept safe.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The residents' property and personal possessions procedure had been amended to reflect the practices within the centre and to guide staff in the management of residents' property and personal possessions. A record is maintained of residents' property and personal possessions.

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse and a training session had been organised for the afternoon of the day of the inspection. The inspector spoke with staff members who were planning to participate in the training. In discussions with the inspector some staff members demonstrated their acquired knowledge regarding types of abuse, reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

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

Actions required from previous inspection:

Take adequate precautions against the risk of fire.

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Provide ventilation in all parts of the designated centre which are used by residents.

Implement the risk management policy throughout the designated centre by addressing all of following risks:

- 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 to the rear of the centre which is used by delivery trucks.
- A break glass key was 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 was 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.

Inspection findings

In the main, the actions required from the previous inspection were satisfactorily implemented. However, some matters are still outstanding and they are as follows:

- For a brief period in the afternoon there was no supervision of the communal sitting/dining rooms and for a brief period, an inexperienced person working at the centre was responsible for residents.
- There was no mechanical ventilation in the drug/pharmacy room.
- Some fire doors (primarily common sitting/dining rooms) were propped open. The inspector was informed and observed that some residents had difficulty opening the doors of the communal sitting/dining rooms, which are identified as fire doors.
- Although a key pad lock had been put on the door of the nurses' duty room which contained personal records/documentation and keys the lock had been disabled and therefore accessible.

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

Substantial progress had been made since the last inspection to address staffing levels and supervision of the communal sitting/dining rooms. This included the appointment of a "homemaker" whose duty primarily is to provide a range of social and recreational opportunities for residents. The inspector spoke with this staff member who was previously employed as a healthcare assistant care and observed residents being engaged and having fun. The inspector was informed that the home maker had training prior to taking up this position and additional training is also planned for later in the year. Residents were full of enthusiasm and were keen to inform the inspector of the benefits of this appointment. The person in charge also informed the inspector that the duty roster had been revised to allocate staff to work in conjunction with the home maker to provide supervision of the communal areas. However, for a brief period the inspector observed that there was no supervision of residents, some of whom were assessed as having high/maximum dependency and at a later stage supervision was provided by an inexperienced person working at the centre.

The inspector examined the drug pharmacy room and although there is a window in this room it was not open to provide natural ventilation, it was difficult to reach from a standing position and the window latch was not accessible as items were stored on the windowsill.

The person in charge told the inspector that a planned programme of capital works was carried out to address the outstanding matters identified in the risk register and fire compliance audit, however additional risks were identified in the adjoining building which does not form part of the designated centre, but impacts on the centre. An up to date report should be forwarded to the Authority confirming the action taken to address the outstanding matters in the designated centre and outlining future work to be carried out in order to ensure the safety of residents in the building. The inspector was informed that the keys to the padlock on the garden gate are kept on the drug key ring with the master keys which will be on the person/nurse in charge of the centre and staff have been informed of this arrangement. Some staff confirmed this with the inspector. The inspector noted that handrails on the corridors and fire doors were unobstructed and keys were available to unlock fire doors in the event of an emergency. Wandering alarm sensors have been installed on some exit doors.

The inspector was informed that the person in charge had contacted the HSE's estates department regarding securing the designated centre from other services/persons occupying/using the building. But to date this matter has not yet been resolved but will form part of the overall plan to address the shortfalls in relation to the environmental regulations/standards.

The inspector spoke with staff members carrying out domestic duties who explained the procedures for cleaning different areas and measures taken to prevent infection. Cleaning trolleys were not left unattended at any time during the inspection and cleaning schedules were up to date.

Store rooms containing chemical liquids were locked. The inspector was informed that hygiene audits are regularly carried out. Rubbish and debris located at the rear of the centre had been cleared.

The designated smoking area has been relocated and the person in charge informed the inspector that the open wooden structure located at the rear of the centre is to be dismantled.

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 required from previous inspection:

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 so that the following matters are addressed:

- 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 18:00 hours for the administration of medicines, however, the staff nurse administered medicines to residents at 16:00 hours, 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.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

A policy to manage aspects of medication from ordering, prescribing, storing and administering was available. The inspector observed staff in charge of medicines administer these to residents. The trolley containing medicines was stored in a safe place. The documentation for administering medicines to residents identified the prescribed medicines and the dates and times on which they were to be administered to the resident. At the time of administering medicines to residents the inspector observed the staff nurse consulting with residents. The signatures for those competent to administer medicines to residents were retained in the medication records. There was evidence of GPs reviewing residents' medicines. The system for storing controlled drugs was seen to be secure in a double locked cupboard and the inspector was informed that stock levels were recorded at the end of each shift in a

register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. An audit of the systems and practices in place was carried out by the person in charge in July 2013. The person in charge told the inspector that an analysis of the audit would lead to future improvements. The person in charge is considering trialling a blister pack system to be supplied from a local pharmacist.

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

Actions required from previous inspection:

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.

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.

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.

Outstanding action from the previous inspection

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

Inspection findings

The actions required from the previous inspection were satisfactorily implemented with the exception of forwarding the outcome of an investigation in relation to a drug error to the Authority as this has not yet been finalised.

The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were forwarded to the Authority in accordance with the Regulations. The inspector was informed that the investigation in relation to a drug error has not yet been finalised but when this occurred a copy of the report would be forwarded to the Authority.

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 required from previous inspection:

Establish and maintain a system for improving the quality of life of residents in the designated centre by ensuring that the smoking policy/procedure is appropriate and fully implemented.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

Since the last inspection, a review of the location of the designated smoking area took place and was subsequently moved to the internal courtyard. Management were in the process of updating the smoking policy/procedures to reflect this practice.

In some of the multi-occupied bedrooms there was only one television, which was difficult for residents to watch.

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 required from previous inspection:

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

Since the last inspection a staff member has been appointed as a "homemaker" primarily to provide opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. The inspector observed that a variety of social and recreational activities were taking place throughout the centre such as an opportunity to attend mass and religious services, participating in singsongs reading, watching television, playing games or entertaining their visitors. Some residents were keen to tell the inspector how this new service had significantly improved the quality of their lives. Social care assessments had been carried out.

Twenty five residents were being accommodated in the centre although it is registered to accommodate 35 residents. It provides care for residents in the following areas, long-term, respite, assessment, convalescent and palliative care. Fifteen places were allocated to long-term/continuing care.

From an examination of residents' care records and 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. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as moving and handling, dependency, nutrition and continence. There was evidence that residents received the services of allied health professionals such as physiotherapy, occupational therapy and the dietician. Resident's healthcare needs were regularly reviewed by the general practitioner (GP) and no less frequently than at three-monthly intervals.

There were systems and practices operating regarding restraint and where restraint was used as an enabler, for example, the use of personal alarms. The documentation showed consultation with the resident or the resident's relative, GP and the nurse in charge and a review process.

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

Actions required from previous inspection:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, which meets residents' individual and collective needs in a comfortable and homely way, particularly in the bedrooms in the "wards":

- Although the six-bedded wards have been reduced to four-bedded wards the curtain screening for six beds remained in place.

Keep all parts of the designated centre clean and suitably decorated by addressing the following matters:

- Some ceilings were damaged and in need of repair and redecoration for example, the male bathroom and toilet and the paintwork on some walls was chipped and peeling.
- The designated smoking room (located externally) was not clean as there were cigarette ends lying on the ground and ashtrays had not been emptied.
- 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.

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

Ensure that there is appropriate signage throughout the centre as the signage to the designated centre from the shared entrance with the hospital did not reflect the philosophy of person centred /holistic care highlighted in the centre's statement of purpose as the sign "Wards" denoted the designated centre. As a result of refurbishment work there were some doors which have no signage.

Ensure suitable provision for storage of equipment in the designated centre as a number of items were stored on the corridor.

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 particularly in the bedroom located in the wards.

Outstanding actions under this outcome

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, which meets residents' individual and collective needs in a comfortable and homely way, particularly in the bedrooms in the "wards".

Keep all parts of the designated centre clean and suitably decorated by addressing the following matters:

- Some ceilings were damaged and in need of repair and redecoration for example, the male bathroom and toilet and the paintwork on some walls was chipped and peeling.
- The wooden structure at the rear of the building which was the designated smoking room had not been dismantled.
- There was no covering on part of the floor in the pantry.

Ensure that there is appropriate signage throughout the centre as the signage to the designated centre from the shared entrance with the hospital did not reflect the philosophy of person centred /holistic care highlighted in the centre's statement of purpose as the sign "Wards" denoted the designated centre. As a result of refurbishment work there were some doors which have no signage.

Ensure suitable provision for storage of equipment in the designated centre as a hoist was stored in a resident's bedroom.

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 particularly in the bedrooms located in the wards.

Inspection findings

Some of the actions required from the previous inspection were satisfactorily implemented, however, some aspects of the premises, particularly the "wards" do not comply with the regulations/standards. Matters still outstanding are identified below and in the action plan.

The inspector was informed that the HSE are currently in the process of devising plans to address the shortfalls in relation to the environmental regulations and standards. The person in charge agreed to forward a copy of this to the Authority.

Residents' bedroom accommodation includes six four-bedded rooms, two two-bedded rooms and seven single rooms, five of which have en suite shower, 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. A recent extension of the centre includes four new single en suite bedrooms and communal dining/sitting room. In total there are three sitting areas, oratory, 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 was very pleasant to look out onto and was available for residents' use.

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 was informed that as result of an environmental health inspection report it is necessary to relocate the kitchen in the centre so that refurbishment work can be undertaken. The inspector advised the person in charge to forward a report to the Authority outlining the changes to be made to the kitchen, detailing any impact that this will have on residents and the measures to be put in place to address these.

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

The centre has a single room and overnight facilities to accommodate a resident and their family at the end stages of an illness. Support and advice on care management is provided by the hospice team on a referral basis and visits are made as required from the on-site clinical nurse specialist in palliative care. Three staff members have completed a training course and a staff nurse has been trained as a facilitator in practice development of end of life care. A relative of a resident who was ill during the inspection spoke with the inspector and was highly complementary of the provision of care and facilities and services available.

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 required from previous inspection:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private by addressing the following matters:

- A 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.

Inspection findings

The action required from the previous inspection was in the main, satisfactorily implemented.

The inspector noted that one of the two doors accessing a bathroom containing a bath separated from the toilet and wash-hand basin by a curtain had been removed thus leaving one door to access the facility. The notice boards, in the shower/toilet rooms did not identify the names of residents, however, there were some initials. The curtain has been removed between two toilets in a female facility and used as a single toilet with a privacy lock on the door. The inspector was informed that a more appropriate structure will be designed following discussions with the HSE estates department.

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 required from previous inspection:

Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes as there was insufficient personal/wardrobe space for residents' clothing.

Inspection findings

The action required from the previous inspection was not fully implemented.

The inspector noted that in some of the bedrooms the wardrobe space consisted of a locker unit and some residents' clothing was hanging in a linen storeroom. The person in charge informed the inspector that additional full-size single/double wardrobes will be made available on an ongoing basis.

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

Actions required from previous inspection:

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.

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 that individuals are appropriately vetted.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented with the exception of appropriate supervision for a brief period around lunchtime.

Insufficient staffing levels were identified as a matter arising from the previous inspection. The person in charge informed the inspector that staffing levels had been reviewed in line with residents' numbers and assessed dependency levels and a number of measures were implemented to address the staffing shortfall including closing 10 beds from mid May 2013. The person in charge informed the inspector that staffing levels are assessed on a daily basis and any risks are escalated to senior management to decide on the most appropriate course of action. On the day of the inspection the inspector found that the number and skill mix of staff on duty during the inspection were adequate to meet the needs of residents and some residents who spoke with the inspector confirmed that this was the case. They also reported that the staff team were very pleasant and helpful. However, one of the sitting/dining rooms was unsupervised for a brief period, around lunchtime primarily due to the deployment of staff and at a later period supervised by inexperienced staff. The inspector was informed that management of the centre are currently in the process of recruiting staff so that new residents can be admitted to the centre up to the maximum registration (35).

The inspector examined the records in relation to a person on work experience and found that in conjunction with the community employment supervisor the roles and responsibilities had been set out in a written agreement, Garda Síochána vetting and references had been obtained and supervision and support arrangements had been identified.

In the main, the inspector found staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. There was evidence from the training records and communications with staff that staff had access to education and training. For example, staff had participated in moving and handling, fire safety and prevention, food hygiene, infection prevention and control, first aid and dementia care.

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, a relative, and staff during the inspection.

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

21 August 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Dungloe Community Hospital
Centre ID:	0618
Date of inspection:	15 August 2013
Date of response:	6 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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 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/procedure had not been implemented throughout the centre as the following risks were identified during the inspection:

- For a brief period in the afternoon there was no supervision of residents in a communal sitting /dining room and at a later Stevenage supervision was provided by an inexperienced person working at the centre.
- There was no mechanical ventilation and it was not possible to open the window in the drug/pharmacy room.
- Some fire doors (primarily common sitting/dining rooms) were propped open. The inspector was informed and observed that some residents had difficulty opening the doors of the communal sitting/dining room, which are identified as fire doors.

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

<ul style="list-style-type: none"> ▪ Although a key pad lock had been put on the door of the nurses' duty room which contained records/documentation and keys the lock had been disabled and therefore accessible. ▪ There was open access to the centre from a shared entrance to the hospital and the designated centre. ▪ Although the outstanding matters identified in the risk register and fire compliance audit (orange and green rated), compiled by the designated competent fire safety officer had been addressed in respect of the designated centre fire safety issues were identified in respect of other parts of the building which may have an impact on the centre. 	
<p>Action required:</p> <p>Implement the risk management policy/procedure throughout the centre.</p>	
<p>Action required:</p> <p>Take adequate precautions against the risk of fire.</p>	
<p>Action required:</p> <p>Provide written confirmation to the Authority confirming the action taken to address the outstanding matters highlighted in the fire risk assessment carried out by the competent person and outlining future work to be carried out in order to ensure the safety of residents in the building.</p>	
<p>Reference:</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>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Management has provided increased supervision of all residents/patients in the communal sitting rooms/dining rooms since the previous inspection by the appointment of a homemaker, who is solely employed to provide recreational activities/supervision of the residents. This inspection has highlighted the need for management to provide increased supervision by more experienced staff to the other communal day room/sitting room. This will be implemented immediately</p>	<p>Immediate</p>

Mechanical ventilation for the pharmacy room will be included in the minor capital works for 2014.	2014
The fire doors to the sitting room/dining room are regularly monitored. It is planned to have magnetic stay open devices fitted to these fire doors linked to the fire alarm system.	March 2014
Management has discussed the findings of this inspection with all staff and this lock on the Nurses Duty Room is no longer disabled.	Immediate
The plan is to have a key pad lock installed to enhance security to the designated centre as part of the minor capital works. Approval has been granted.	March 2014
All outstanding fire compliance work identified in the previous fire audit will be completed by December 2013.	March 2014

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:	
Providing a report on the outcome of an investigation in respect of a notification forwarded to the Authority in relation to a drug error.	
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: The report on the medication error has now been completed and received by management. A report of the investigation and actions agreed will be forwarded by 30 September 2013 to the Authority.	30 September 2013

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 residents' lives was not promoted as there were insufficient television sets in the multi occupied bedrooms.

Action required:

Maintain a system for improving the quality of life of residents in the designated centre by ensuring that there are a sufficient number of television sets in the multi occupied bedrooms for residents to watch.

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:

Unfortunately due to the current layout of the multi-occupancy rooms there is insufficient space to add any further televisions but advice will be sought from the HSE Estates Dept. on the feasibility of providing television coverage to all residents within the four-bedded rooms.

February 2014

Theme: Effective care and support

Outcome 12: Safe and suitable premises

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

Suitable premises were not provided for the purpose of achieving the aims and objectives set out in the statement of purpose, which meets residents' individual and collective needs in a comfortable and homely way, particularly in the bedrooms in the "wards".

All parts of the designated centre had not been suitably maintained and decorated as the following matters were identified:

- Some ceilings were damaged and in need of repair and redecoration for example, the male bathroom and toilet and the paintwork on some walls was chipped and peeling.

- The wooden structure previously designated as the external smoking room had not been dismantled.
- There was no covering on part of the floor in the pantry.

The signage to the designated centre from the shared entrance with the hospital did 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.

There was inadequate storage as a hoist was stored in a resident's bedroom.

There were insufficient 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 particularly in the bedrooms located in the wards.

Action required:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, which meets residents' individual and collective needs in a comfortable and homely way, particularly in the bedrooms in the "wards".

Action required:

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

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.

Action required:

A copy of the plans devised to ensure that the premises are in compliance with regulations/standards should be forwarded to the Authority.

Action required:	
A report should be forwarded to the Authority outlining the changes to be made to the kitchen as a result of an environmental health inspection detailing any impact that this will have on residents and the measures to be put in place to address these.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The HSE are currently developing a plan that will provide for meeting the regulations as required by 2015.	2015
There is an in-house programme for maintenance and decorating which has been ongoing since the previous inspection, however, due to annual leave, staff shortages this programme was postponed over the summer months but will be restarted by October 2013.	Ongoing
As discussed with the Inspector on the day of the inspection the formation of a separate designated residential centre is currently in the planning process therefore all signage and storage will be addressed when this is completed, this will be included in the planned Capital Works Programme for 2013-2015.	2015
Infection control has carried out an environmental audit which will inform the actions required in relation to infection control.	2015
A copy of the plans will be forwarded to the Authority when they have been completed by the Estates Department.	2015
A report on the works planned to upgrade the kitchen will be forwarded to the Authority with this action plan.	Immediate

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:

Provide written information, following discussions with the HSE Estates Department regarding the plans to be taken in respect of the female toilet facility, which is now being used as a single toilet.

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:

Provider's response:

Currently this toilet is only being used by a single person at any one time. However, the upgrading of this facility has been approved.

March 2014

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>There is an ongoing programme of providing appropriate storage for all residents clothing to date we have provided wardrobes in five four-bedded rooms and three single rooms and further wardrobes will be provided to the outstanding rooms.</p>	<p>March 2014</p>

Theme: Workforce

Outcome 18: Suitable staffing

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Staffing levels/deployment was insufficient to meet the needs of residents as there was no appropriate supervision of residents in a communal sitting/dining room for a brief period around lunchtime.</p>	
<p>Action required:</p> <p>Ensure that the numbers and skill mix of staff are appropriately deployed to meet the assessed needs of residents, and the size and layout of the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Management at the centre have appointed a Homemaker which has improved the supervision in the communal sitting room/dining room. Additional staff have been rostered for supervision and additional training will be provided.</p>	<p>December 2013</p>