<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dungarvan Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000594</td>
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<tr>
<td>Centre address:</td>
<td>Dungarvan, Waterford</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>058 20900</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:paula.french@hse.ie">paula.french@hse.ie</a></td>
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<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Barbara Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ide Batan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 May 2015 09:25  To: 12 May 2015 17:50

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

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<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report set out the findings of an unannounced follow up inspection in Dungarvan Community Hospital which took place on the 12 May 2015 by the Health Information and Quality Authority’s Regulation Directorate. The provider had applied for renewal of their registration and the registration inspection took place over two days on the 09 and 10 December 2014. Due to the high level of continual non compliances, the provider and person in charge were called to a meeting in the Authority’s office on the 06 January 2015 to outline concerns regarding the findings of the inspection of the 09 and 10 December 2014 and the potential consequences of continued non compliance. The chief inspector was not satisfied with the response to the action plan.

The follow up inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider person in charge, the assistant director of nursing, residents, nurses, care staff and numerous other staff members. The inspectors followed up on actions from the previous inspection, observed practices and reviewed documentation such as care plans,
medical records, accident logs and policies and procedures.

There were a large number of non compliances identified on the last inspection. There were major non compliances identified in three outcomes, Moderate non compliance in ten outcomes inspected against and non compliances with 19 regulations overall. On the follow up inspection the inspectors found that out of the 13 non compliant outcomes seven were now compliant, one was substantially compliant, four continued to have moderate non compliances and there remained one major non compliance in outcome 12 premises. Overall the inspectors found that the premises continued to pose numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms and there was a lack of general storage for personal property and possessions. The provider had submitted plans to renovate the hospital but following the inspection these required further review to ensure the needs of the residents could be met.

The inspectors did see that improvements were made in care planning, provision of end of life, staffing ratios in the evening, the provision of more appropriate dining times, staff training and restraint practices.

There continued to be some improvements required and these are described under each outcome statement and are set out in detail in the action plan at the end of this report. Improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Some of these included improvements in the following areas:
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
It had been identified on the previous inspection that the person in charge was in charge of three designated centres and spent only three days per week in the centre. The Authority was not satisfied that the person in charge was engaged in the effective governance, operational management and administration of the designated centres concerned due to the number of continual non compliances in the centres. On this inspection the inspectors found and were informed by the provider the person in charge is no longer the person in charge for St Patrick's hospital in Waterford and is now only the person in charge for the two centres in Dungarvan. Staff reported a greater visibility and easier access to the person in charge since the change occurred.

The previous inspection found that audits undertaken highlighted a number of issues to be addressed and action plans were identified. However the inspectors did not see that improvements were always ongoing following the audit and action plan and this was evidenced by ongoing non compliances in relation to areas around medication management, care planning and restraint. There was little evidence of learning from the monitoring/review. The management team had commenced the implementation of a system of quality care metrics which was seen by the inspectors. These were a set of metrics to monitor and audit key areas such of practice as medication, documentation, nursing assessments, falls, restraint, care plans. The medication metric had been completed on all areas in April which resulted in action plans and feedback to staff, resulting in changes to practice and increased compliance.

As this system has just commenced it was difficult for the inspectors to establish if the system ensured that the quality of care and experience of the residents are monitored and developed on an ongoing basis. However the system did appear more robust and outcomes for the residents seemed to have improved on this inspection.
Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The previous inspection found that a number of policies required review and updating and the medication management policy did not outline the procedure for the prescription, administration and review of PRN medications. This was an action from the previous inspection and the provider and person in charge continued to be non compliant in this area. On this inspection Inspectors found that this action had not been satisfactorily addressed. While many of the policies required by Schedule 5 of the Regulations were in place and had been reviewed, there were a small number that were unavailable to inspectors on the day of inspection and were also not available to staff at ward level.

The previous inspection found that the directory of residents in the centre did not contain all details as required by Schedule 3 of the Regulations for all residents. On this inspection inspectors viewed the directory of residents and found that improvements had been made in terms of the information present. However, there were some minor discrepancies e.g. the absence of phone numbers or addresses for residents' next of kin or general practitioner.

Judgment:
Non Compliant - Moderate

Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment
**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
On the previous inspection, there was no evidence of assessment for the use of bed rails on some residents and there was also no evidence of consideration of least restrictive alternatives to bed rail usage. Residents consent to treatment forms required review as relatives and next of kin had signing consent forms, which do not have any legal standing. On this inspection saw that the use of bed rails had reduced substantially since the previous inspection. Staff told the inspectors that they had received training on the use of restraint and were more aware of best practice following same. More equipment in the form of low low beds and alarms were in use to ensure restraint was used as the least restrictive alternative. The assessments for bed rails were seen to be completed in residents’ files with a number of residents having signed to say they requested bed rails for their safety and comfort.

The previous inspection found that training records showed that 90 percent of staff had received update elder training but the other 10 percent of staff needed training as required by legislation. Inspectors reviewed the training records made available on the day of the follow-up inspection. There had been numerous training days in the past number of months e.g. fire safety, trust in care/elder abuse, manual handling. All staff who spoke to inspectors confirmed that they had recently undergone training or refresher training. In addition, staff reported greater availability of ancillary training and were positive about the impact this had on the residents and the service being provided.

On the previous inspection it was identified that the records maintained of money and valuables handed in by a resident/relative for safekeeping at the ward level in one unit was not sufficiently robust. On this inspection inspectors reviewed the current arrangements for managing the residents’ finances. Each unit within the centre now had a locked safe for the keeping of residents' personal funds should they wish to manage their own finances. Staff were consistent in their responses to inspectors on how residents’ finances were managed. Inspectors were satisfied that the new system was sufficiently robust to ensure that residents were protected from financial abuse.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The previous inspection found that the risk management policy did not meet the requirements of legislation on this inspection the inspectors found that the risk management policy now included the measures in place to control the risks specified above and met the requirements of legislation.

The previous inspection found that there were a number of staff outstanding mandatory fire training and there was no evidence that fire drills had taken place on one of the units. On this inspection inspectors were satisfied that all staff had now received training in fire safety. This was evidenced in training records and confirmed by staff who spoke to inspectors. Fire drills had taken place on all units this was confirmed by documentary evidence and by staff who were involved in the drills.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the previous inspection it was found that, based on a sample of prescriptions reviewed, the inspector saw and staff agreed that a number of items were missing from the prescription charts. On this inspection the inspectors found that based on the sample of medication charts reviewed that this action remained non compliant as there were still a number of PRN medications that did not state the maximum dose and crushed medications were not consistently prescribed by the medical officer as is required by legislation. One of the medication charts reviewed had two forms of paracetamol prescribed by different routes on a PRN basis, there was nothing written on the chart to alert to the fact the medication was also prescribed via a different route and this practice could lead to errors.
Judgment:
Non Compliant - Moderate

**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
On the previous inspection it was found that care plans were not developed for a significant number of residents and therefore there was no plan of care in place to plan and direct care for any of these residents. This was particularly relevant with residents who suffered from dementia and behaviours that challenged as many residents were unable to express their needs and requirements and the care plan were essential to identify strategies specific to that resident to provide care in accordance with their needs and routines. Care planning was identified as non compliant on a number of inspections. The centre had commenced the introduction of a new comprehensive system of nursing documentation following the last inspection. Staff had received training and they were rolling out the new documentation set which included comprehensive assessment and care planning tools. The inspectors saw these had been implemented in a number of the units and staff were very satisfied in relation to their comprehensive person centred information captured and reported that they improved outcomes for residents. There were a number of nursing staff in the centre on their days off working on the plans to ensure complete implementation. The inspectors reviewed a number of the new and existing plans and were satisfied that all residents reviewed had plans that directed their care.

The previous inspection found that the assessment of wounds was not in accordance with evidenced based practice. On one unit there was no evidence of the ongoing scientific assessment and measurement of the wound and wound bed. Therefore there was no ongoing evidence of improvement or deterioration of the wound. On this inspection wound assessments were seen to be in place for residents who had wounds which included scientific assessment and measurements of the wound and wound bed which evidence available of improvement or deterioration of the wound.

**Judgment:**
Compliant
Outcome 12: Safe and Suitable Premises
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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The previous inspection found a number of issues related to the premises and physical environment as follows:

The premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspectors found that the centre required a large number of actions to ensure it met the requirements of legislation.

The corridor leading to Ann’s unit from the main entrance was narrow in places. Resident accommodation was primarily provided in two-bedded, four-bedded and six-bedded rooms. The significant number of multi-occupancy rooms impacts on the privacy and dignity of residents and means that most residents have limited scope for personalising spaces and limited facilities to secure personal belongings. In particular, Enda’s Unit has a number of six-bedded “bays” that open directly onto a corridor and the proximity of the beds to each other does not support privacy and dignity for residents and does not allow for adequate storage of residents’ personal belongings, including clothing, which are instead stored in a central store room.

There were no separate dining rooms in Enda’s Unit, Francis Unit and Sacred Heart Unit and residents’ meals were served in the sitting rooms. While the sitting room in Sacred Heart was sufficient in size for a designated dining area, the sitting rooms in both Enda’s and Francis were inadequate in size for residents to dine comfortably and appeared crowded at mealtimes.

A number of mobile electronic hoists were stored on corridors outside residents’ rooms while the batteries were recharged. Wheelchairs and commodes were also being stored along corridors.

All of the above issues were identified on the last and previous inspections and were identified as major non compliances on this inspection it was seen that all of the above actions remain outstanding. The provider had submitted a plan to the authority in
relation to the renovation of the building which included the renovation and reopening of a closed ward to reduce the number of large multi occupancy rooms. However following a inspection of the building a number of changes were required and updated plans are required to be submitted to the authority.

**Judgment:**
Non Compliant - Major

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**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The previous inspection found that a complaint that had been made had not been recorded in the complaint log therefore there was no record of the complaint and whether there was or was not a satisfactory outcome from same. Inspectors found that his failing had been addressed at the follow-up inspection. All units within the centre maintained a complaints log. Complaints were taken by staff and recorded in the log. There was a record of the details of the complaint, the action taken to resolve the complaint and the level of satisfaction of the complainant with the outcome.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
*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.*

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The previous inspection found that there were very limited single rooms available for end of life care as the majority of accommodation is provided in multi occupancy
bedrooms. Therefore, residents may not have been able to avail of private accommodation at end stage of life. The care plans did not address the topic of spirituality and dying in line with residents' emotional, psychological and physical needs so therefore did not direct the care to be provided. On this inspection it was identified that the issue with the single rooms available for end of life care remains non compliant but this is addressed under outcome 12 premises. Care plans viewed by the inspectors found that significant improvements were made to the care planning process around end of life. The care plans were divided into sections, physical, psychological, spiritual and behavioural. There was a section dedicated to bereavement and support outlining detailed discussion with the resident and the relative. Overall the inspectors were satisfied that the care plans now addressed all the needs of the residents and family and directed care at end stage of life.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The previous inspection found that there was no evidence available that the menus and nutritional content of the food met the dietary needs of residents as prescribed by healthcare or dietetic staff, based on nutritional assessments in accordance with the individual care plans of residents. On this inspection inspectors saw that new picture menus were seen to be available on all the units and these included the nutritional content of the food and there was evidence of the dietitian being heavily involved in nutritional assessments for the residents.

The previous inspection found that meal times were too early with Lunch served as early as 12md and tea at 4.30. Residents had identified that meal times were too early. On this inspection the inspectors saw and this was confirmed by residents and staff that meal times had been moved back to 13.00 hours for lunch and 17.00 hours for tea time. Residents expressed satisfaction with these later meal times and staff said it worked out much better for residents as there was not the great rush up in the morning and gave a better break between breakfast and lunch for residents who liked to get up later.

**Judgment:**
Outcome 16: Residents’ Rights, Dignity and Consultation
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The previous inspection found that residents did not have sufficient space and privacy. The size and layout of the multi occupancy rooms meant that there was very little space between some of the residents’ beds. Residents were unable to undertake personal activities in private. The inspectors observed that some residents were trying to rest while another resident was talking beside them. It was also identified that that in some units there was no private space for visiting. These actions remain non compliant due to issues with the premises.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents’ clothing and personal property and possessions
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The previous inspection found that, due to multi-occupancy rooms, there was insufficient space for all residents to store their own clothes and these were stored
centrally. Therefore residents did not have easy access to their clothing and belongings. This outcome remains non compliant, as discussed previously plans have been submitted to the Authority to address same.

Judgment:
Non Compliant - Moderate

**Outcome 18: Suitable Staffing**

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The previous inspection found that staffing levels decreased from 17.00hrs onwards in all units and most units operated with one nurse and one care staff from 20.00 and earlier in many units. The night nurse had to do the night time medication round and therefore this left only one member of staff to give out evening drinks and assist residents to bed and with other personal care needs. The inspectors found that these staffing levels were not adequate to ensure the nurse administered the medications safely without interruption and to ensure residents had a choice in bedtimes. On this Inspection the inspectors saw and were informed by staff that staffing ratios have increased in the early evening on the units. Staff reported that this had facilitated residents to stay up later and enabled staff to have more time to give more individual care to the residents. Shift times had also extended to ensure enough staff were available to assist with the later tea time as discussed previously. Although there had also been an increase in staffing levels at night this extra staff was shared between two units. Therefore on one unit the practice of the night nurse doing the night time medication round and leaving only one member of staff to give out evening drinks and assist residents to bed and with other personal care needs continued on that one unit. The inspectors found that although there have been great improvements in staffing levels which allowed more person centred practice, the staffing levels on one unit from 20.30 were not adequate to ensure the nurse administered the medications safely and to ensure residents had a choice in bedtimes. The person in charge and provider told the inspectors that they planned to change the extra night shift implemented to two twilight shifts to ensure adequate cover on both units. The inspectors required that
staffing levels were kept under review to ensure the individual needs of residents were met at all times of day and night.

On the previous inspection it was found that 100 per cent of staff had not attended mandatory training such as manual handling, elder abuse and fire training within the required mandatory time frames. Training records did not demonstrate that staff had attended recent training on the use of physical restraint, end of life and wound care to ensure they provided care in accordance with contemporary evidenced based practice. After reviewing training records provided to inspectors at the follow-up inspection and speaking to staff inspectors were satisfied that all staff had received mandatory training as per the Regulations.

**Judgment:**  
Non Compliant - Moderate

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

**Centre name:** Dungarvan Community Hospital

**Centre ID:** OSV-0000594

**Date of inspection:** 12/05/2015

**Date of response:** 04/06/2015

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A number of policies and procedures as outlined in schedule 5 were not available to the inspectors on the day of the inspection and were not available on each ward area to staff.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
All policies have been updated

Proposed Timescale: 28/05/2015
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents continued to be missing minor pieces of information that is required by legislation.

Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
All information is included in directory

Proposed Timescale: 14/05/2015

Outcome 12: Safe and Suitable Premises
Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspectors found that the centre required a large number of actions to ensure it met the requirements of legislation.

The corridor leading to Ann’s unit from the main entrance was narrow in places. Resident accommodation was primarily provided in two-bedded, four-bedded and six-bedded rooms. The significant number of multi-occupancy rooms impacts on the privacy and dignity of residents and means that most residents have limited scope for personalising spaces and limited facilities to secure personal belongings. In particular, Enda’s Unit has a number of six-bedded “bays” that open directly onto a corridor and the proximity of the beds to each other does not support privacy and dignity for residents and does not allow for adequate storage of residents’ personal belongings, including clothing, which are instead stored in a central store room.

There were no separate dining rooms in Enda’s Unit, Francis Unit and Sacred Heart Unit.
and residents’ meals were served in the sitting rooms. While the sitting room in Sacred Heart was sufficient in size for a designated dining area, the sitting rooms in both Enda’s and Francis were inadequate in size for residents to dine comfortably and appeared crowded at mealtimes.

A number of mobile electronic hoists were stored on corridors outside residents’ rooms while the batteries were recharged. Wheelchairs and commodes were also being stored along corridors.

All of the above issues were identified on the last and previous inspections and were identified as major non compliances.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
A full plan of refurbishment has been done and this plan is at present been reviewed by estates to ensure compliance in each area

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**Proposed Timescale:** 03/06/2015

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**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspectors found that residents did not have sufficient space and privacy. The size and layout of the multi occupancy rooms meant that there was very little space between some of the residents’ beds. Residents were unable to undertake personal activities in private. The inspectors observed that some residents were trying to rest while another resident was talking beside them.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
A full plan of refurbishment has been done and this plan is at present been reviewed by estates to ensure compliance in each area

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**Proposed Timescale:** 03/06/2015
**Theme:**
<table>
<thead>
<tr>
<th><strong>Outcome 17: Residents’ clothing and personal property and possessions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Due to multi-occupancy rooms, there was insufficient space for all residents to store their own clothes and these were stored centrally. Therefore residents did not have easy access to their clothing and belongings</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> A full plan of refurbishment has been done and this plan is at present been reviewed by estates to ensure compliance in each area</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 03/06/2015</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
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<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The staffing levels on one unit from 20.30 required review to ensure the person centred needs of residents were met.</td>
</tr>
</tbody>
</table>
**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The staffing levels from 20.30hrs is been reviewed at present in view to commence twilight shift

**Proposed Timescale:** 08/06/2015