

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dungarvan Community Hospital
Centre ID:	OSV-0000594
Centre address:	Dungarvan, Waterford.
Telephone number:	058 20900
Email address:	paula.french@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Caroline Connelly
Support inspector(s):	Paul Dunbar
Type of inspection	Unannounced
Number of residents on the date of inspection:	101
Number of vacancies on the date of inspection:	15

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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

29 July 2015 16:30

To:

29 July 2015 18:30

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

Outcome 16: Residents' Rights, Dignity and Consultation

Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report set out the findings of a single issue follow up inspection in Dungarvan Community Hospital which took place on the 29 July 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. A 28 day improvement notice was issued. A follow up inspection was undertaken on the 12 May where a large number of improvements were seen by the inspectors. However, issues relating to staffing levels and premises issues remained non-compliant. This single outcome inspection took place to inspect against the actions from the previous inspection in relation to staffing and to see where the centre was in relation to the premises. As part of the inspection the inspectors met with the provider, the assistant director of nursing, residents, nurses, care staff and the renovation project team for the premises. The inspectors followed up on some actions from the previous inspection and observed practices. 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 for the renovation of the hospital but following the previous inspection these had required further review to ensure the needs of the residents could be met. There were builders on site at the time of the inspection and the inspectors accompanied the provider and the project management team on a walk of the building and were shown plans for the ongoing refurbishment of the premises.

This project had an estimated completion date of December 2015. Staffing levels in the evening and night time continued to be non-compliant. The inspectors saw some institutional practices during the inspection that required immediate review and action. The action plan at the end of the report identifies the improvements that 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.

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 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:

This outcome was not inspected against on this inspection with the exception that the inspectors found that residents rights were severely compromised in the dementia specific unit in that bedroom doors had confusion locks on both sides of the doors. This meant that if the bedroom door was closed the residents could not leave the bedroom unaided and were, in effect, locked into the room. The staff assured the inspectors this never took place and that the doors were connected to the fire system so in the case of fire the door would automatically release. The inspectors required the immediate removal of the locks from the inside of the doors and the inspectors saw the workman arrive to do so whilst they were in the unit. The inspectors required that this practice is subject to a full review and assurance from the centre that locks are permanently removed.

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:

On the registration inspection inspectors 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 the follow up inspection in May the inspectors saw and were informed by staff that staffing ratios had increased in the early evening on most 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.

However, on this inspection the inspectors saw institutional practices in the dementia specific unit in which there were three residents out of the ten residents living there were in night attire before 18.00hrs despite them not retiring to bed until much later in the evening. The nursing staff were not able to give a rational explanation for this practice and it certainly did not fit in with person-centred care nor did it promote the privacy and dignity of the residents on the unit which was open to visitors for the evening. There were three staff on duty until 18.00hrs which reduced to two staff for the remainder of the evening and night and the inspectors formed the opinion that staffing levels contributed to this institutional practice.

The inspectors also found on this unit that residents' rights were severely compromised in that bedroom doors had confusion locks on both sides of the doors which meant that if the bedroom door was closed the residents could not leave the bedroom unaided and were in effect locked into the room. The staff assured the inspectors this never took place and that the doors were connected to the fire system so in the case of fire the door would automatically release. The inspectors required the immediate removal of the locks from the inside of the doors and the inspectors saw the workman arrive to do so whilst they were in the unit.

Following on from the registration inspection the inspectors found that although there had also been some increase in staffing levels at night this extra one staff member was shared between two units. Therefore, on three out of five units 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 those units. The person in charge and provider told the inspectors that there were ongoing negotiations with unions in relation to staffing levels and skill mix. The inspectors were also concerned in relation to the very low staffing levels at night

and the ability of the staff to safely evacuate the residents in the case of a fire. They have requested a report to be forwarded to the authority by a person competent in fire safety to assure them that the current staffing levels are sufficient to safely evacuate the residents in the case of a fire.

The inspectors required that staffing levels were increased at night and kept under continual review to ensure the individual needs of residents were met at all times of day and night.

Judgment:

Non Compliant - Major

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Dungarvan Community Hospital
Centre ID:	OSV-0000594
Date of inspection:	29/07/2015
Date of response:	20/08/2015

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 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 on the dementia specific unit that residents rights were severely compromised in that bedroom doors had confusion locks on both sides of the doors which meant that if the bedroom door was closed the residents could not leave the bedroom unaided and was in effect locked into the room.

Action Required:

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

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

Locks were deactivated by the electrician immediately on the day of inspection.

Proposed Timescale: 29/07/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The inspectors were not satisfied that the number of staff at night was sufficient to provide individual care to residents.

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 Twilight shift has been identified as requiring a variance in the current staffing levels and at present negotiations have commenced with the unions involved and that management will be using the Industrial Relations mechanisms available to address same as a matter of urgency. Extensive negotiations have commenced with the Union involved over the last number of weeks.

Proposed Timescale: 07/09/2015

Theme:

Workforce

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

The inspectors were not satisfied that the staffing levels at night would enable the staff to safely evacuate the residents in the case of a fire. They have requested a report to be forwarded to the authority by a person competent in fire safety to assure them that the current staffing levels are sufficient to safely evacuate the residents in the case of a fire.

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 HSE Fire Officer will issue a report which will provide assurance that the current staffing levels are sufficient to safely evacuate the residents in the case of a fire.

Proposed Timescale: 31/08/2015