

**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:	OSV-0000618
Centre address:	Gweedore Road, Dungloe, Donegal.
Telephone number:	074 952 1044
Email address:	sue.islam@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	9

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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: 15 December 2016 09:00 To: 15 December 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection that took place over one day. The inspector talked to residents and members of staff during the inspection. The delivery of care, practice in relation to risk management, infection control measures and documentation that included care plans, fire safety checks and the activity schedule were reviewed. While areas for improvement were identified, overall the inspector found a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

The person in charge was fully involved in the management of the centre. She worked full time and was familiar with residents and their individual care needs. Residents said that they had opportunities to talk to her and knew the location of her office if they wished to see her there. There was due to be a change to this role due to the retirement of the current post holder. The clinical nurse manager who was due to take on this responsibility was interviewed during the inspection. She was familiar with the legislation and standards that underpin designated centres as she had been

actively involved in the management of the service for a number of years.

The inspector found that the individual needs of residents were met and that staff supported residents to achieve maximum independence and enjoy a good quality of life. Staff had for example ensured that residents continued to make decisions for themselves and that they contributed to routines and activities in the centre. They had for example made a considerable number of Christmas decorations that were displayed throughout the centre and on Christmas trees and had also personalised wrapping paper for presents. Residents told the inspector that they enjoyed living in the centre as it was local to most of them and one resident said "it is near my friends and family and they can visit regularly". The food was described as "varied and very good", and one resident said "there is great variety and staff encourage us when we don't feel like eating". The inspector observed that residents were offered snacks and drinks throughout the day and saw that people who needed assistance were promoted and helped to have regular liquids. Staff were praised for their "hard work", "cheerfulness" and the efforts they made to help people understand their health problems. Residents also said that families received considerable support and that the respite care service helped them remain at home. Care plans contained good descriptions of residents' backgrounds and social interests and this information was used to plan activities. Care plans also contained details of residents' end of life care and were found to contain information on the wishes and preferences of residents including their religious and spiritual practices.

The inspector found staff were committed to providing a high standard of care to residents. They were observed to be respectful, cheerful and engaged with residents throughout the day. Visitors were greeted warmly, advised about the whereabouts of residents and to contact staff if they had queries. The staff group was up to date with training on the required topics of adult protection, fire safety and moving and handling. The inspector was satisfied that residents received an appropriate standard of care that reflected up to date practice. There were arrangements for residents to receive primary care services and access to allied health professionals was sourced in a timely way when required. The inspector judged there was an appropriate allocation of staff with relevant skills and experience to meet the needs of on the day of inspection.

The centre is located in the town of Dungloe. It can accommodate 35 residents who require long term care or who have respite care, rehabilitation, convalescence or palliative care needs. Accommodation is provided in seven single bedrooms, two double rooms and six bedrooms that are multiple occupancy and accommodate up to four residents. The building was upgraded in 2012 when four single bedrooms with en-suite facilities, a day room, an accessible toilet and a hairdresser's room were added to improve facilities for residents. Additional staff facilities had been provided during 2016 as part of the infection control management plan. The inspector saw that all areas were clean and accessible supplies of personal protective equipment were available. Residents had garden space that was accessible, safe, well maintained and cultivated to provide interest for them.

Since March 2016, staff had been managing the presence of a resistant infection Carbapenem-resistant enterbacteriaceae (cre). This infection had been notified as

required to the local public health office, the Health Protection Surveillance Centre and to the Chief Inspector. Isolation and screening protocols had been in place and admissions to the centre had been suspended from March to November. Two separate care areas with distinct staff teams had been set up to ensure transfer risk was minimised. At the time of this inspection, enhanced infection control measures were still in place but the most critical infection management period had ended and the protocols for de-escalation had commenced.

The last inspection of this centre was conducted on 27 May 2015 for the purpose of registration renewal. There were five actions identified for attention and these were reviewed during this inspection. The inspector found that three actions were addressed and the remaining two actions were in progress. Deficits in the premises that included the accommodation of residents in multiple occupancy rooms were due to be addressed by a refurbishment plan and a timescale for completion had been forwarded to the Chief Inspector in 2015. A condition of registration is in place to ensure this work is complete by 3 May 2017. Revised plans and a revised completion schedule is required and outlined in the action plan of this report to ensure the centre does not operate outside the condition of registration applied.

The action plan identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. The inspector found the format for care plan reviews required alteration as some reviews were indicated by a date only and did not convey what was reviewed or if residents or relatives had been consulted. Some records for example the record of visitors to the centre were not up to date and staff could not determine at any time who was present in the building.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

A revised Statement of Purpose is required when personnel changes are finalised to reflect the details for the new person in charge and any changes in whole time equivalent numbers following scheduled retirements of other staff. The inspector found the service provided was reflective of the information described in the Statement of Purpose.

Judgment:

Substantially Compliant

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):

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

Findings:

The lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and how to report through the senior management structure. There was an established communication system for persons in charge to communicate with the provider and senior managers in the HSE. The inspector found the arrangements ensured that information on the operation of the service was relayed in a timely way.

There were systems were in place to ensure that the service provided met residents' needs, was safe, managed appropriately and monitored regularly. The inspector found there were sufficient resources to ensure the effective delivery of care in accordance with the Statement of Purpose. The audit system in use was identified for review at the last inspection as it did not support the person in charge to identify non compliances with legislative requirements or standards that underpin the management of designated centres. This action was found to be in progress. The inspector found that staff had added new areas to the audit to elicit better quality information to inform practice. For example, audits of documentation related to restraint use had indicated compliance and audits of care plans related to falls risks had been found to require updates as the falls risk had not been reassessed within the required timeframes. This information was more meaningful to staff and identified where improvements were needed however the overall outline of the audit system required review to effectively guide practice and ensure that non compliances were identified.

The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had not changed since the last inspection however she was due to retire and the clinical nurse manager due to assume responsibility for this role was interviewed during this inspection. She was found to have good knowledge of the regulations, standards and the notifications to be supplied to HIQA within specific time frames. She is a registered nurse and has a full-time post. She conveyed a good knowledge of residents care needs and was well informed about the critical factors and

current status of residents in relation to the management of the cre outbreak. Admission and discharges were discussed with primary care and acute hospital staff in the context of the current infection so that appropriate arrangements were in place to ensure rigorous infection control management when residents were admitted from or discharged to other facilities.

She had maintained her professional development and had completed training in falls prevention and infection control. She was in the process of completing an advanced dementia care course and was using her course work assignments to improve practice. For example she had identified the times when the frequency or risk of falls were more prevalent and had described measures that would reduce this risk that she hoped to implement. This included reorganisation of staff so that additional staff were available between 17:00 and 19:00 hours. Her mandatory training in adult protection, moving and handling and fire safety was up to date. Registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was also in date.

Judgment:
Compliant

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

Findings:
The record of visitors to the centre was not up to date and did not convey to staff who was in the building at any time to enable them to protect residents effectively .

Judgment:
Substantially Compliant

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 is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the Health Service Executive (HSE) procedures on the protection of vulnerable adults at risk of abuse were available for staff and that staff had been provided with training on the prevention, detection and response to elder abuse and abuse to vulnerable persons. Staff conveyed that they were confident that they could identify an abuse situation and that they knew what to do in relation to making the required reports and ensuring the safety and welfare of residents. A recent safeguarding matter which concerned a resident but was not related to staff in the centre had been promptly identified and addressed to ensure the well being of the resident. Residents told the inspector that they felt safe and well cared for in the centre. They said that they did not have to wait for assistance and that staff responded quickly to call bells.

There was a visitors' record in place but this was not up to date and would not give staff an up to date view of who was in the centre at any time. This did not effectively protect residents or staff and is identified for attention in outcome 5-Documentation to be kept at a designated centre.

There was a policy to guide staff on the management of responsive behaviours, behaviours that fluctuated and on restraint management. There were assessments and associated care plans in place to guide staff actions where residents exhibited responsive behaviours. Staff had developed good working relationships with the team for old age psychiatry and residents were regularly reviewed to ensure their well being. Psychotropic medications prescribed were also regularly monitored by residents' own doctors and by the team.

The policy on restraint was based on the national policy for the promotion of a restraint free environment. There were assessments completed to identify risk factors and the need for restraint measures to be in place. The assessments conveyed that alternative solutions had been put in place and found to be unsuccessful at achieving the appropriate level of safety to prevent falls before the decision to use a restraint was made. Some residents used bedrails as enablers to help them move in bed or to prop themselves up and staff were clear about when bedrails were restraints to prevent falls or used as enablers.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The centre had a health and safety statement and risk assessments were completed for a range of risk factors. The inspector reviewed the health and safety procedures, the organisation of the service and how staff managed practice in relation to infection control, moving and handling situations and the management of residents with swallowing problems to determine how health and safety was addressed in practice.

The inspector noted that a range of good practice initiatives were in place to manage infection control hazards. The control of the cre outbreak over the past eight months had been a priority for all staff who had adhered to the good practice directions advised by the public health office and the specialist nurse for infection control. Staff were observed to handle laundry with care, to use hand gels regularly and to wash their hands thoroughly when they moved from one area and one activity to another. All staff had attended training sessions on infection control and hand hygiene and could describe the critical factors that had to be observed to limit cross infection. Audits of the building were completed at intervals to ensure the centre was clean and a thorough deep clean was scheduled to minimise infection risk.

The inspector saw that there emphasis on supporting residents to maintain their independence. Staff were observed to encourage residents to mobilise and to use their equipment safely when they walked from one area to another. There were moving and handling assessments available for all residents. Staff had up to date training in moving and handling and in the use of the hoists and other mobility equipment. There was a system in place to record all accidents and the record included falls and other untoward incidents. The records were noted to be complete and to contain factual and substantiated information about the incidents that had occurred. Falls risk assessments and dependency levels were regularly reviewed. A falls prevention programme called Forever Autumn was in place and there were alerts by each resident's bed to indicate the level of risk that has been determined. Staff had received training on this programme of falls prevention. A post falls assessment was completed following a fall by the nurses and preventative actions were identified to prevent further incidents. A review o fall falls was competed monthly and this information had been used by the clinical nurse managers to identify periods when the majority of falls took place and the actions that could be put in place to reduce this hazard.

Medication errors were recorded and monitored. Staff were provided with training where such incidents occurred to prevent further episodes. Other hazards such as swallowing

problems or choking risks were identified and managed appropriately. The support of allied health professionals such as speech and language therapists was engaged when residents were assessed as at risk. The recommendations for modified foods and liquids were followed by staff including catering staff who ensured that the appropriate textures were served.

The inspector reviewed the fire safety register and training records. Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. There was a complete record of all fire fighting equipment. The fire alarm and fire door closures were checked weekly and these checks were recorded. The record conveyed that checks were completed on 14, 21 and 28 November. Fire exits were checked daily to ensure that they were accessible and not obstructed. The record was up to date when viewed.

The routes to be followed if the building had to be evacuated were on display at various locations throughout the centre. Staff confirmed that they had attended fire training and could describe the actions they were expected to take should the fire alarm be activated. Training records supported that all staff except one who was recently recruited had up to date fire training. The orientation programme for this staff had included an introduction to the fire safety arrangements. The training completed had included guidance on the actions to take should clothing catch fire. Staff could describe the use of fire blankets and the need to restrict air to smother and extinguish a clothes related fire.

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):
No actions were required from the previous inspection.

Findings:
The medication management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurses on duty were familiar with all residents' medication needs and any specialist requirements in relation to administration such as residents who required their medication to be crushed. The medication administration sheets viewed were signed by nurses following the administration of medication. Medicines were administered within the prescribed timeframes. There was space on the administration sheet to record when a medicine was refused or not given for any

reason.

The medication administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The General Practitioner's signature was present for all medication prescribed. The maximum amounts of PRN (as required medication) to be given in a 24 hour period were outlined. The inspector saw that where residents were on complex medication regimes or on psychotropic medication there were regular reviews of residents' progress and response to treatment.

There was good evidence of pharmacy input to support medication management practice. A number of pharmacies supplied medication to the centre and residents admitted for periods of respite care took their medication supplies from their own pharmacists into the centre with them.

Medicines that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled medicines and the stock balance was checked by two nurses at each shift change.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

There were 26 residents including four residents in receipt of respite care in the centre during the inspection. Twenty residents were assessed as maximum dependency and the remaining six had medium level care needs. Many residents were noted to have a range of healthcare problems and 60% had a diagnosis of dementia or Alzheimer's disease or other cognitive impairment.

All residents had a care plan and these were maintained on a computer programme. This was well understood by the staff team who described to the inspector how assessments, care plans, reviews, accidents and incidents were recorded on the system.

The inspector found that residents usually had an assessment prior to admission however this was not always possible when residents were admitted from the acute hospital or as a result of a crisis in the community. There were comprehensive assessments completed following admission and a range of evidenced based assessment tools were used to determine care interventions and risk in relation to areas that included falls, vulnerability to the development of pressure sores, poor nutrition and evidence of cognitive decline or memory problems.

The arrangements to meet residents' assessed needs were set out in individual care plans. The care plans provided good guidance for staff and interventions outlined were being adhered to so that residents' welfare was protected. The inspector found that in areas such as epilepsy and nutrition management a good standard of evidenced based care was in place. There was routine access to medical and allied health professionals and assessments were undertaken when acute situations arose so that appropriate interventions were outlined to guide the staff team.

There was a good emphasis on personal care and ensuring personal wishes and choices were respected. There were appropriate connections between the risk assessments completed and the care plans in place. Reviews were completed at the required quarterly intervals and the inspector saw that some care records outlined that the GP, family, resident and staff had been present. Areas reviewed had included medication, changes in dependency, nutrition and weight. Some reviews however did not have details of what aspects of care were reviewed and were indicated to have been completed by a date and signature only. It is a requirement of this report that reviews are described in a consistent way that is meaningful and includes the contribution of residents and significant others.

Staff conveyed that they knew residents personally and they had good knowledge and understanding of each resident's background and lifestyle prior to admission. There was evidence in the record that communication with families had a high priority. Residents' preferences and dislikes were outlined and these were established with family members if residents had memory or communication problems. There was information about leisure interests and these were taken into consideration when the activity schedule was planned. A comprehensive varied activity programme was run by a member of staff identified as the home maker who was supported by care staff.

There was a record of the residents' health condition and treatment given completed twice daily and more frequently when changes in health were evident.

Judgment:
Substantially 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 centre was in good decorative order, warm, clean and well furnished. There is garden space available where residents can go out and enjoy the fresh air. Suitable outdoor furniture was provided and surfaces were noted to be flat and safe. There are a range of communal areas where residents can sit together however the presence of infection had resulted in access being restricted to defined areas. Residents' accommodation is provided in seven single bedrooms, two twin rooms and six rooms that are multiple occupancy and can accommodate up to four residents. The multiple occupancy rooms limit the way staff can provide privacy and promote dignity when addressing personal care. It also limits residents' ability to live a private life. The current building presents a challenge to the delivery of care and the aims described in the Statement of Purpose. However, the inspector noted that staff have made efforts to ensure the centre is home like, comfortable and that the values of dignity and privacy are respected and promoted despite the constraints of the environment. Staff were observed to knock on bedroom doors before entering and they ensured that curtains were fully drawn around beds when personal care was in progress.

A plan that outlines the proposed refurbishment with commencement dates is required to be submitted to the Chief Inspector. The plan must include confirmation that the associated finance has been agreed and allocated and this must be provided to ensure the centre does not operate outside the conditions of registration that apply. Currently there is a condition in place based on the information that was supplied when registration of the centre was renewed in 2015. This condition requires that the works are completed by May 2017 however this requires review as work is not yet underway.

The inspector was told that flooring was due to be replaced in some areas and also a proportion of the mattress supply was scheduled for disposal and replacement. There are some areas where paintwork is damaged due to damp and the surfaces and paintwork require repair.

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):
No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers in a suitable skill mix to meet the assessed needs of residents taking into account the size and layout of the designated centre and the challenge presented by the infection control precautions in place. The rota showed the staff complement on duty over each 24-hour period. There were four nurses and seven carers on duty during the morning. This reduced to three nurses and five carers during the afternoon and in the evening after 17:00 hours there were two nurses and three carers on duty. This staff allocation was supported by catering, household and administration staff. The homemaker who was responsible for activities was also on duty. At night there were two nurses and a carer on duty.

Staff had up-to-date mandatory training on the topics of elder abuse, fire safety and moving and handling. There was regular access to training the inspector was told to ensure that staff had appropriate skills to meet residents' needs. The homemaker for example had completed training on how to conduct chair exercises and was also attending training on dementia care. All staff are supervised on an appropriate basis, and recruited, selected and vetted in accordance with good practice for staff who work with vulnerable people. Agency care staff when employed have to provide evidence of qualifications, identification and that vetting has been completed.

Judgment:
Compliant

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:

Geraldine Jolley
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:	Dungloe Community Hospital
Centre ID:	OSV-0000618
Date of inspection:	15/12/2016
Date of response:	15/02/2017

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose requires review to reflect the change in person in charge and the staff changes consequent to retirements if the whole time equivalent numbers in different roles change.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of

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

purpose at intervals of not less than one year.

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

The Statement of Purpose has now being updated to reflect the changes in the person in charge, reflecting the change in the wte. Copy forwarded to HIQA 14/2/17

Proposed Timescale: 15/02/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The audit system required review to effectively guide practice and ensure that non compliances were identified as part of the reviews of the quality and safety of care..

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The practice development office is involved in the National review of metrics for older person and when complete the revised format will be implemented in the Community Hospital.

Proposed Timescale: 30/09/2017

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:

The record of visitors to the centre was not up to date and did not convey who was in the centre at any time.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

In addition to the current notice already in place at the designated sign in area, a further notice is now placed on the double doors on entrance to the ward area,

reminding visitors of their requirement to sign the visitors book. Clerical staff will also monitor and review the visitor book weekly, reporting back to the Acting Director of Nursing to ensure compliancy.

Proposed Timescale: 15/02/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some reviews of care plans did not have details of what aspects of care were reviewed and were indicated to have been completed by a date and signature only. Reviews are required to include the contribution of residents and significant others when undertaken.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Staff advised about completing a written evaluation for each review that reflects resident/family involvement where possible. Also monthly audits will be completed to assess if any deficits persist.

Proposed Timescale: 15/02/2017

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:

A plan that outlines the proposed refurbishment with commencement dates is required to be submitted to the Chief Inspector. The plan must include confirmation that the associated finance has been agreed and allocated and this must be provided to ensure the centre does not operate outside the conditions of registration that apply. Currently there is a condition in place based on the information that was supplied when registration of the centre was renewed in 2015. This condition requires that the works are completed by May 2017 however work had not commenced when the inspection was undertaken.

5. 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:

On 07/02/17 the Project Manager in the Estates Department in Letterkenny confirmed by email that he and the Service Manager had a recent meeting with HIQA in January'17, where the project was discussed and phasing drawings presented. The Project Manager is to forward a written explanation of the phasing/timescale to HIQA when the design team have updated the programme

Proposed Timescale: 15/02/2017

Theme:

Effective care and support

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

There are some areas where paintwork is damaged due to damp and the surfaces and paintwork require repair.

6. 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 time maintenance person has commenced working on 06/02/17. All required paintwork will be completed in a phased basis.

Proposed Timescale: 30/04/2017