

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007



Centre name:	Dungloe Community Hospital
Centre ID:	618
Centre address:	Gweedore Road
	Dungloe
	Co. Donegal
Telephone number:	074-9521044
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Email address:	sue.islam@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Kieran Doherty
Person in charge:	Sue Islam
Date of inspection:	27 June and 1 July 2011
Time inspection took place:	Day 1: Start: 09:05 hrs Completion: 16:55 hrs Day 2: Start: 10:10 hrs Completion: 15:40 hrs
Lead inspector:	Jude O'Neill
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Dungloe Community Hospital is situated on the Gweedore road, a short walk from the town centre. The hospital is operated by the Health Service Executive (HSE) and provides a range of services that includes a 35-bedded residential centre, a day hospital, outpatient clinics, X-ray department and other specialist services such as physiotherapy, speech and language therapy, mental health and social work.

Accommodation in the designated centre is provided mainly in multiple-occupancy rooms. There are six four-bedded rooms, two twin-rooms and four single rooms. Communal accommodation includes two sitting/dining areas, a laundry, a main kitchen, two pantry kitchens and staff facilities. A palliative care suite is also provided enabling family members to be with their relative at the end of life.

At the time of this inspection, an extension was nearing completion which will provide an additional four single rooms (each with an en suite toilet, shower and wash-hand basin) and a new dayroom.

There is garden space to the front and rear of the building and parking is available.

Date centre was first established:			1958	
Number of residents on the date of inspection:			30	
Number of vacancies on the date of inspection:			5	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	12	14	4	0
Gender of residents:			Male (✓)	Female (✓)
			15	15

Management structure

Dungloe Community Hospital is operated by the Health Service Executive (HSE). The person nominated to act on behalf of the provider is Kieran Doherty. On a day-to-day basis, the person in charge is Sue Islam, Director of Nursing, who reports to Gwen Mooney, Head of Older People Services.

The Person in Charge is supported by clinical nurse managers, staff nurses, healthcare assistants and a range of administrative, clerical and ancillary staff.

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

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

The inspector met with residents, relatives, visitors and staff. He observed care practices and reviewed documentation such as accident/incident logs, fire safety documentation, care plans, medical records, complaint records, maintenance records, audit findings, policies, procedures and personnel files. Fit person interviews were carried out with the provider, the person in charge and a key senior manager all of whom had completed the fit person self-assessment document in advance of the inspection. This was reviewed by the inspector, along with the information provided in the registration application form, supporting documentation and satisfaction questionnaires which had been completed by five residents and five relatives/carers.

The findings of this inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on 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 Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

The inspector also assessed the action taken by the provider and person in charge in response to the 12 actions set out in the Action Plan of the report of the previous inspection carried out on 19 August 2010. In response to the Action Plan, the provider and person in charge had:

- installed thermostatic valves to hot water outlets and radiators to limit temperatures to a safe level and reduce the hazard of burning
- provided handrails to assist residents to move around the centre
- identified a private space for residents to meet with visitors
- ensured all required documentation was available for staff working in the centre
- provided a contract of care for residents within one month of admission
- introduced a draft policy on the management of behaviour that is challenging and provided training to staff on the contents of the policy
- sourced directional signage to guide relatives and visitors around the centre.

However, improvements were still required in relation to activity provision, the need for adequate hand wash facilities in bedroom areas and the provision of additional storage space for hoists, wheelchairs and mobility aids

All requirements which have not yet been fully addressed are reiterated in the Action Plan at the end of this report.

The inspector was satisfied that the care provided to residents was of a good standard and that there were robust systems and practices in place in relation to the management of risk and safeguarding the health and safety of residents. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the needs of residents. The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Discussion with residents and relatives confirmed that they felt involved in care planning and the operation of the centre through daily contact with staff and regular meetings.

Staff were seen to be approachable and to have good relations with residents. In discussion with the inspector, staff were knowledgeable about residents' needs and preferences and of their duties and responsibilities under the legislation and the Authority's standards.

While the centre was clean and tidy, there were a number of areas within the physical environment that needed attention to comply with the relevant legislation and meet the Authority's standards. These included the need to revisit the use of multiple-occupancy rooms for residents in receipt of continuing care; to repair floor coverings and attend to the lack of storage space. Other areas for improvement related to the need for additional directional fire signage, revisions to the management of residents monies and the need to establish a formal system for reviewing the quality and safety of care provided.

Areas for improvement are described under the relevant outcome statements and related actions are set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007

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

1. Statement of purpose and quality management

Outcome 1

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.

References:

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

Inspection findings

The statement of purpose was substantially compliant with the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and accurately described the range of services provided in the centre.

Throughout the inspection, the inspector observed that the services and facilities outlined in the centre's statement of purpose to meet the diverse needs of residents were reflected in practice.

Outcome 2

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

References:

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

Inspection findings

The inspector was satisfied that the quality of care and experience of residents was monitored and developed on an ongoing basis through daily contact with staff, focus group/resident committee meetings (with external facilitation), the use of suggestion boxes and evidence that action had been taken in response to complaints.

In addition, the person in charge and staff undertook a range of audits which included for example; fire safety, accidents and incidents, medication management, hygiene and the use of bedrails.

Documentation reviewed by the inspector confirmed that audits had been carried out regularly and that action had been taken in response to any identified shortcomings.

However, discussion with the provider confirmed that a system to formally review the quality and safety of care and quality of life in the centre (as required by Regulation 35) had not yet been introduced.

Outcome 3

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Through discussion and from the information contained in pre-inspection questionnaires, the inspector was satisfied that residents and relatives felt confident to approach any staff member with concerns and that these had been addressed in a timely manner. One resident stated "they (the staff) always try to sort things out for me and always listen to what I say".

The complaints procedure was prominently displayed within the centre and also described in the residents' guide and statement of purpose. The person in charge was identified as the nominated complaints officer and an appeals process was available through the HSE, Head of Consumer Affairs.

In discussion with the person in charge and staff, it was apparent that a positive attitude had been adopted towards complaints which were viewed as an opportunity to improve practice.

A review of the complaints log maintained within the centre indicated that nine minor complaints had been received during 2011 and that these had been addressed at a local level and to the satisfaction of complainants.

2. Safeguarding and safety

Outcome 4

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

References:

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

Inspection findings

Measures were in place to protect residents from being harmed or suffering abuse. All residents and relatives who spoke to the inspector and those who completed questionnaires confirmed that they felt safe in the centre.

Documentation reviewed confirmed that all staff had completed training on identifying and responding to elder abuse, had watched the DVD "Open Your Eyes" and that abuse was the subject of ongoing discussion at staff and resident meetings.

A centre-specific policy and procedure was also in place and staff who spoke to the inspector were knowledgeable on the different forms of abuse and the actions to take in the event of an allegation, incident or suspicion of abuse.

However, discussion with the administrator and review of a sample of three records confirmed that robust systems were not in place to ensure residents' finances were handled in a transparent manner and in accordance with the Authority's standards. Documentation reviewed indicated that only one signature was in place to evidence transactions; receipts of expenditure for individual residents were not available and that money held in the centre on behalf of residents was not subject to regular reconciliation.

Outcome 5

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

References:

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

Inspection findings

Throughout the inspection, the inspector observed that the centre was clean and tidy despite the construction work ongoing in completing the new extension. The construction site was seen to be appropriately secured and there was no means of unauthorised access by residents, relatives or other visitors.

Measures were in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste. All staff had received training in infection control and in discussion with the inspector were knowledgeable of the relevant policies and procedures in place. Staff also had ready access to latex gloves and disposable aprons and were observed using the alcohol hand gels which were available throughout the centre.

Documentation reviewed confirmed there was a low level of incidents and accidents in the centre.

These were subject to ongoing audit by the provider and person in charge. The inspector observed that a range of measures were in place to prevent accidents and facilitate residents' mobility. These included the recent provision of hand rails on all corridors to promote independence.

While training on moving and handling had been provided to all staff, the inspector observed two staff assisting a resident transfer from a chair to a wheelchair without the appropriate use of any moving and handling equipment.

A risk management policy and health and safety statement was in place. The person in charge had also maintained a risk register which included a description of the risk, the impact of the risk, any existing or additional control measures, the person responsible and the date due. The inspector noted that the register had been updated to reflect the risks associated with the ongoing construction work and that all areas of risk identified in the centre had been formally communicated to the General Manager, Kieran Doherty.

A policy was in place on responding to emergencies. The policy included an emergency plan (dated January 2011) which contained relevant contact details and guided staff on how to respond. Staff consulted were familiar with the plan and could describe to the inspector, what actions to take in the event of an emergency.

The person in charge informed the inspector that a centre-specific missing person's policy had been developed and a missing person's file was under development at the time of inspection that would include a photograph and biographical information of all residents assessed as being at risk.

All staff had received training on fire safety and evacuation. The last training event took place on 10 May 2011, was attended by 25 staff and included practical experience of discharging extinguishers. The last fire drill was carried out on 14 April 2011. However, there was limited directional fire signage throughout the centre to indicate the nearest emergency exits.

Documentation reviewed confirmed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced on a regular basis and in accordance with the relevant legislation. The fire alarm had last been serviced on 10 February 2011 and records (including a fire register) relating to fire safety had been maintained in accordance with the relevant legislation.

Documentation reviewed by the inspector confirmed that all beds, wheelchairs, hoists and assistive equipment had been routinely serviced on a regular basis.

Outcome 6

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

References:

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

Inspection findings

Robust processes were in place within the centre for the handling of medicines, including controlled drugs. These were assessed as safe, secure and had been managed in accordance with current guidelines and legislation. Controlled drugs were stored securely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

Policies and procedures were in place with regards to prescribing, administering, recording and storing of medication. Documentation reviewed and observation of care practices indicated that these procedures were implemented and adhered to. There were also appropriate procedures in place for the handling and disposal of unused and out of date medicines. The person in charge told the inspector that she was looking at options for secure storage at residents' bedsides with a view to introducing self-administration where appropriate.

A list of names and a copy of the signatures of all nurses involved in the administration of medication was retained by the administrator.

The person in charge advised of the actions taken in response to a recent drug error. The inspector was satisfied that all actions had been taken in a timely manner. In addition, an investigation was undertaken by the person in charge which culminated in the production of an action plan. In response to the action plan, medication prescribing and administration documents, and the drug transcribing policy were reviewed. Furthermore, online update training on drug administration was provided to nursing staff through An Bord Altranais.

Medication management is subject to regular audit. The inspector reviewed the outcomes from the last audit undertaken on 24 May 2011 and noted that the actions identified for improvement in the action plan had been addressed.

3. Health and social care needs**Outcome 7**

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

of the resident and reflect his/her changing needs and circumstances.

References:

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

Inspection findings

The inspector found that residents were provided with a high standard of evidence-based medical, nursing and allied health care. Within the hospital, residents could access a range of services that included x-ray, physiotherapy, chiropody, speech and language therapy, dietetics and occupational therapy. Ward staff were also able to access additional specialist nursing services which included an infection control nurse, a stoma-care nurse and a continence advisor. A mental health day facility is also on site and staff were available for advice and guidance.

All residents remained under the care of the hospitals medical officer who visited the centre daily. The sample of medical records reviewed confirmed that the health care needs and medications of residents were monitored on an ongoing basis and no less frequently than at three-monthly intervals.

The centre used an electronic record management system to capture the personalised care provided to residents. A registered nurse demonstrated to the inspector how residents' assessed needs were set out in individual care plans, which were drawn up following consultation with the resident and as appropriate his/her representative. Discussion with a number of residents and relatives confirmed that their views had informed the planning and review of care. The sample of four care records reviewed had been maintained in accordance with An Bord Altranais guidelines and residents care needs were subject to ongoing assessment and review. A suite of recognised assessment tools were used to promote health and address health issues. These included risk assessments for falls, moving and handling, nutrition and tissue viability. Appropriate measures had been put in place to manage and prevent risk. Care plans were also subject to regular audit by the person in charge and clinical nurse manager. The last audit took place on 12 May 2011.

The person in charge informed the inspector that two staff had recently completed training for trainers' course on the HSE's national restraint policy and were shortly to roll out this training to all other staff in the centre.

At the time of this inspection, nine residents had bed rails in place, two residents used lap belts when seated and one resident required the use of a specialist frame for posture. Discussion with the person in charge and other staff confirmed that the centre was committed to the provision of a restraint-free environment for residents. She also advised that any restraint was subject to ongoing audit in accordance with the new policy. Documentation reviewed by the inspector confirmed that all restraint was subject to ongoing monitoring (records confirmed this took place on a half hourly basis when restraint was in use) and that residents had periods when restraint was not used.

While two staff had completed an activity programme based on the assessed needs of residents, the person in charge advised that due to reduced staffing levels it was not always possible to provide dedicated activities. Documentation reviewed confirmed that facilitated activities had only been provided on seven days in June 2011. However, some residents have been enabled to participate in the day hospital programme. In addition, children from local schools visited occasionally and musicians and singers played in the centre on a regular basis.

Outcome 8

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

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Discussion with staff confirmed that end of life care was regarded as an integral aspect of the service provided within the centre. An end of life policy was in place and there was a dedicated palliative care suite which provided opportunity for relatives to remain in the centre with the resident at end of life.

Two registered nurses had recently completed dedicated training in palliative care and plans were in place to provide training to other staff.

The inspector was told by staff that good arrangements were in place with the local HSE palliative care team and that specialist input from the local general hospital and a nearby hospice was readily available.

The sample of care plans reviewed indicated that residents' wishes regarding end of life care had been discussed, and staff members spoken to were knowledgeable about individual resident's preferences.

There is an oratory in the centre and arrangements were in place with local clergy to provide regular services and visits.

Outcome 9

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Mealtimes were observed to be relaxed and unhurried social occasions which provided opportunities for residents to interact with each other and staff. During meals, the inspector observed staff chatting with residents and offering assistance as and when required in a discreet and sensitive manner. Good relations between staff and residents were observed and there was general discussion about current affairs and life in the local community.

Residents were provided with a nutritious and varied diet that offered them choices. The sample of care records reviewed indicated that nutritional risk assessments had been completed for each resident with the involvement of the community dietician where indicated. As necessary, residents had also been prescribed supplements by the hospital's medical officer.

The inspector also observed that residents who needed their food pureed or mashed had the same menu options as others. The food was also presented in appetising individual portions. Residents consulted were complimentary of the food provided and told the inspector that additional choices were available which were not listed on the menu.

Water and a variety of juices were available in communal areas and staff were observed to offer drinks on a regular basis. There was also a water cooler located along the corridor for the convenience of residents, visitors and staff,

Residents said that they could have coffee, tea or snacks any time and two ward pantries were available to facilitate this.

4. Respecting and involving residents**Outcome 10**

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The person in charge confirmed that each resident was provided with a contract of care within a month of admission. Documentation reviewed by the inspector confirmed that contracts had been agreed as appropriate and were seen to set out the overall care and services provided to residents and the fees charged, including any additional fees.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political and Religious Rights
Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 20: Social Contacts

Inspection findings

Residents and relatives who spoke to the inspector and those who completed pre-inspection questionnaires were positive in their comments on the quality of care provided in the centre. Examples of residents' comments included "staff are always very helpful", "staff are very good and kind" and "I am completely satisfied with the care I receive".

The inspector observed that there were good interactions between staff, residents and their relatives/visitors. He noted that staff took extra time when speaking to residents with dementia and/or cognitive impairment. Staff were seen to speak slowly and clearly, repeating the information as necessary to ensure that the resident understood what was being said to them.

Good relations were evident between relatives, visitors and staff. The person in charge advised the inspector that a dedicated room had recently been made available for residents to meet with visitors in private.

Within multiple-occupancy rooms, the privacy and dignity of residents was promoted by staff through the use of screens and dedicated signage to indicate that personal care was being delivered. Staff were also observed to knock on residents doors and await permission before entering.

The person in charge informed the inspector that a family forum took place annually which was attended by residents and their relatives. In addition, a residents' focus group met on a two-monthly basis. This group had an external facilitator and comprised a number of residents and staff and afforded opportunity for discussion on the quality of life experienced within the centre. The inspector viewed the minutes of the meeting that took place on 30 March 2011. The issues discussed included the impact on bed numbers as a consequence of the national moratorium on recruitment and the forthcoming extension to the centre. Residents were also recorded as saying "...the standard of care was very good and that overall the staff were caring and efficient".

Outcome 12

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

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

There were satisfactory laundry arrangements in place and the samples of clothing examined by the inspector were found to be appropriately personalised to named residents. Residents and relatives consulted and those who completed pre-inspection questionnaires were satisfied with the laundry provision. One relative stated "it could not be better".

Multiple-occupancy rooms were generally clinical in nature and provided only limited space for residents' belongings. As a consequence, residents' personal clothing was stored in communal wardrobes located along the corridor which was institutional and not reflective of the person-centred care seen to be provided elsewhere in the centre.

While there were small lockers at bedsides, residents had not been provided with a lockable space to securely store personal items.

5. Suitable staffing

Outcome 13

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge is a registered general nurse with the required experience in the area of nursing of older people. She has been director of nursing in Dungloe Community Hospital since 2005 and holds post registration qualifications in a number of areas that include cancer care, gerontology and renal care. She also has qualifications in management, teaching and assessing. During interview and throughout the inspection, she demonstrated strong leadership and management skills and was knowledgeable about the relevant legislation, the Authority's standards and her responsibilities for the general welfare and protection of residents.

The inspector also interviewed a clinical nurse manager (CNMII) who deputised in the absence of the person in charge. She was also found to be knowledgeable of the regulations, the Authority's standards and her statutory responsibilities when working as the person in charge.

The person in charge and the clinical nurse manager demonstrated a strong commitment to the provision of good quality person-centred care to residents and were actively engaged in the day to day management of the centre. Their approach was informed by daily consultation with residents and relatives, regular audit, and ongoing reviews of policies, procedures and care practices.

The management structure in place ensured sufficient monitoring of and accountability for practice. The person in charge informed the inspector that the person nominated to act on behalf of the provider, Kieran Doherty, visited the centre quarterly and the acting head of older people services, Gwen Mooney, visited monthly. However, there was no formal record retained of these meetings or of the issues discussed. The person in charge also advised that while there were no formal arrangements in place for clinical supervision, managerial supervision was provided on a monthly basis through a director of nursing forum.

Throughout the inspection, the inspector spoke to a number of staff members who were very aware of the likes, dislikes and needs of the residents in their care. They also demonstrated an understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Authority's standards. Copies of the relevant legislation and standards were available in clinical areas and had been discussed with staff during meetings and daily handovers.

Outcome 14

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

References:

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

Inspection findings

A HSE policy was in place for the recruitment, selection and vetting of staff. The documentation contained within the sample of three personnel files reviewed by the inspector indicated that records for staff had been maintained in accordance with the relevant legislation. Vetting arrangements were also in place for volunteers.

At the time of this inspection, the numbers and skill mix of staff were adequate to meet the assessed needs of residents. The inspector viewed the staff duty rota for a three-week period which indicated that the staffing levels on duty during the inspection were the usual arrangements in place within the centre. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. The person in charge informed the inspector that she was reviewing shift times with a view to the better deployment of staff throughout the 24 hour period.

All qualified nurses were registered with An Bord Altranais and the administrator maintained an up to date record of professional identification numbers. Of the twenty care staff employed, sixteen had completed training in the care of older people at Further Education and Training Awards Council (FETAC) level five or equivalent.

The person in charge had a comprehensive training programme in place for all groups of staff and had maintained individual staff training records. These were seen to be up to date and reflective of the variety of training attended by staff which included for example, moving and handling, fire safety, infection control, elder abuse, palliative care, food hygiene and cardio-pulmonary resuscitation. A training schedule was also in place which highlighted the dates of forthcoming events.

A number of registered nurses had received additional specialist training in a variety of different interventions and acted as a link nurse for other staff. At the time of inspection there were six link nurses in the specialities of continence management,

infection control, cardio-pulmonary resuscitation, cultural diversity and moving and handling.

Communication is promoted in the centre through daily handover meetings and regular staff meetings, the use of a communication book and notice boards. The last formal staff meeting took place on 09 June 2011. Documentation reviewed confirmed that the issues discussed related to the operation of the centre and the needs of residents and included for example; hygiene in the centre, the use of restraint, the risk register and the Authority's standards.

6. Safe and suitable premises

Outcome 15

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

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

The centre has three single bedrooms (one with an en suite toilet, shower and wash hand basin), three twin bedrooms, one four-bedded and five six-bedded multiple occupancy bedrooms. While staff had made efforts to make multiple-occupancy rooms homely, the centre had been constructed as a local community hospital and the use of multiple-occupancy rooms does not accord with the Authority's standards or comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) in terms of meeting the needs of each resident.

Communal facilities included two dayrooms (one of which also served as the dining room), an oratory, a visitors room and an overnight guest room. There was no dedicated dining room and the inspector noted that staff had to move tables and chairs to set up for meals which caused obvious disruption to residents in the dayroom. There was also a treatment room, a main kitchen, a cleaning room, a sluice room and staff facilities. The kitchen had separate cleaning facilities and a HACCP system was in place.

At the time of this inspection, an extension was nearing completion. This will provide an additional four single bedrooms (each with en suite toilet, shower and wash-hand basin) and a new dayroom. The person in charge also informed the inspector that the garden area around the new extension is to be extensively landscaped and will include a sensory garden and areas to walk and sit.

Corridors and circulation areas throughout the centre were wheelchair accessible. Corridors were wide and handrails had recently been fitted to assist the independent movement of residents while using corridors. The inspector noted that a range of pressure relieving mattresses/cushions, hoists, electric beds and other mobility aids were available to meet the needs of residents. In addition, three rooms had been fitted with tracking hoists. Documentation confirmed that equipment was routinely serviced and the records of all maintenance checks were reviewed and found to be in order.

During the inspection, directional and other signage was being erected to guide relatives and visitors around the centre and identify the various areas. The person in charge informed the inspector that the designation of the different areas on the fire panel would accord with the new signage.

During the inspection, the inspector identified to the person in charge that there was inadequate hand-wash facilities in bedroom areas, insufficient storage space for hoists, wheelchairs and mobility aids and floor coverings along a number of corridors needed attention, for example, outside the smoke room and sluice room.

7. Records and documentation to be kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

- Regulation 21: Provision of Information to Residents
- Regulation 22: Maintenance of Records
- Regulation 23: Directory of Residents
- Regulation 24: Staffing Records
- Regulation 25: Medical Records
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

Inspection findings:

Resident's Guide

Substantial compliance

Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General Records (Schedule 4)

Substantial compliance

Improvements required*

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of Residents

Substantial compliance

Improvements required*

Staffing Records

Substantial compliance

Improvements required*

Medical Records

Substantial compliance

Improvements required*

Insurance Cover

Substantial compliance

Improvements required*

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The centre's approach to the notification of incidents/accidents was satisfactory. The person in charge had a printout of all incidents, accidents and untoward events required to be notified to the Authority and had also affixed this information to a notice board in the nursing office.

The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection and confirmed that relevant incidents had been notified to the Chief Inspector of Social Services as required.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

A clinical nurse manager oversees the delivery of care in the centre when the person in charge is off duty or on leave.

There had been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and a clinical nurse manager (CNMII) to report on the inspectors' findings, which highlighted both good practice and where some improvements were needed.

Acknowledgements

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

Report compiled by:

Jude O'Neill

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 September 2011

Action Plan

Provider's response to inspection report*

Centre:	Dungloe Community Hospital
Centre ID:	618
Date of inspection:	27 June and 1 July 2011
Date of response:	10 October 2011

Requirements

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

Outcome 2: Reviewing and improving the quality and safety of care

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

There was no system in place for reviewing and improving the quality and safety of care

Action required:

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

Action required:

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

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

Action required:	
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and to the Chief Inspector by end of 2011.	
Reference:	
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The centre will consult with the Nursing Practice Development Unit to develop an audit tool which measures the quality of life and the quality of care of our residents. This will be developed in consultation with residents, carers and their families and the Centre will furnish the Authority with a report by the end of 2011.	December 2011

Outcome 4: Safeguarding and safety

2. The provider and person in charge is failing to comply with a regulatory requirement in the following respect:	
All reasonable measures had not been taken to protect residents from all forms of abuse as robust systems were not in place to manage personal money on behalf of residents.	
Action required:	
Put in place all reasonable measures to protect each resident from all forms of abuse.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The system in place at the time of inspection was insufficient due to inadequate clerical staffing levels, which led to a backlog in the work process. However measures have been put in place to address these issues.	October 2011

<p>Patients' Private property accounts are in place for all residents that the HSE acts as an agent on their behalf.</p> <p>All pocket money/expenses are reconciled on a monthly basis and signed off by management.</p>	
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Outcome 5: Health and safety and risk management

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was limited directional fire signage throughout the centre to indicate the nearest emergency exits.</p>	
<p>Action required:</p> <p>Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>A fire risk assessment was carried out on the 29 June 2011 by an external auditor.</p> <p>A draft report with recommendations in relation to fire safety in Dungloe hospital was issued in August.</p> <p>All non-capital actions are currently being addressed.</p> <p>The Estates Department are in the process of costing all capital works. A planned programme of works is ongoing that increases access to all wards and replacing existing doors with doors that comply with fire regulations.</p> <p>Directional signage and emergency lightning have been improved and further work is planned as part of a Capital Programme by Donegal Area Office of upgrades for 2012.</p>	<p>June 29 2011</p> <p>August 5 2011</p> <p>November 2011</p> <p>To complete in November 2011</p> <p>Ongoing</p>

Outcome 7: Health and social care needs

<p>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There was a limited provision of activities for residents within the centre.</p>	
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The management team in the centre is committed to complying with providing an activities programme for residents. A planned programme of activities has been developed based on the resident's preferences. Local voluntary groups, community groups and schools are involved in providing scheduled events. Families are encouraged to be actively involved. Resident's spiritual needs are met to on a daily basis with Mass via intercom-link with the local church. Unfortunately due to the moratorium on recruitment and the further cost containment measures by the HSE, the allocated hours of activities has not always been possible to achieve, due to utilising staff to maintain safe levels of resident care.</p> <p>A number of staff have since returned from long-term sick leave/maternity leave so it is envisaged that the current activities programme will be provided on a more frequent basis. Furthermore an enclosed garden has been developed as part of the new extension with soft pore pathways and a variety of sensory stimulus is currently being sourced.</p>	
<p>November 2011</p> <p>Spring 2012</p>	

Outcome 12: Residents' clothing and personal property and possessions

<p>5. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>There was very limited space in multiple-occupancy rooms for residents to appropriately store, maintain and use his/her own clothes.</p>	
<p>Action required:</p> <p>Provide adequate facilities for each resident to appropriately store, maintain and use his/her own clothes.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 13: Clothing Standard 4: Privacy and Dignity</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Companies are being sourced re costing for bedside wardrobes/lockers.</p> <p>Existing storage areas are also being upgraded to provide wardrobes for each continuing care residents.</p>	<p>March 2012</p> <p>December 2011</p>

Outcome 15: Safe and suitable premises

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The physical design and layout of the centre did not meet the needs of the residents due to the use of multiple-occupancy rooms, the absence of a dining room, the absence of wash facilities in bedroom areas and limited storage space for hoists, wheelchairs and mobility aids. There were also floor coverings which needed repair.</p>	
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>	
<p>Action required:</p> <p>Provide sufficient numbers of toilets and wash-basins which incorporate thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	

Action required:	
Provide adequate dining space separate to the residents' private accommodation.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: The Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Donegal Area Office has given a commitment to a capital programme of upgrading facilities to meet the Authority's requirements.</p> <p>A new extension has been completed in September with four single en suite rooms, a new day room, hairdressing room and an enclosed garden.</p> <p>All six- bedded wards have been reduced to 4 bedded providing greater privacy and space for residents.</p> <p>A separate dining room will be available when the new day-room is refurbished and utilised as communal room/sitting room.</p> <p>Adequate storage facilities remains a challenge, but it is envisaged with the new day room having adequate space to house all the current specialised chairs and wheelchairs, that more space will be available in the existing storage rooms for hoists etc.</p>	<p>Ongoing</p> <p>October 2011</p> <p>June 2011</p> <p>November 2011</p> <p>December 2011</p>

Any comments the provider may wish to make:

Provider's response:

Dungloe Hospital is committed to providing care to the highest standards to all our residents. We endeavour to continue updating our standards in order to comply with the recommendations outlined in the Health Information and Quality Authority's inspection reports.

Provider's name: Kieran Doherty

Date: 10 October 2011