



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Unannounced
Date of inspection:	24 January 2023
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0035196

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Dungloe Community Hospital is one of 11 community hospitals in Donegal. It is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a one-storey building where a range of community services that include a day hospital, mental health services and out-patient clinics are located. Accommodation is provided for 34 residents. There are 17 places allocated for long-term care and the remaining places are allocated to residents who have rehabilitation, convalescence, respite or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 January 2023	10:15hrs to 17:15hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall the inspector noted that the residents received good quality nursing care in the centre. Staff were found to be respectful towards the need of the residents, and the feedback was positive regarding the service provided in the centre. However, improvements were required to ensure that all residents in the centre were sufficiently supported to engage in meaningful activities.

Some residents commented that "the food is great here", "my room is nice and comfortable", "they (staff) are always here and will help me if I need anything". However, one resident commented that "I would like to go out for outings, my family members used to take me out for outings, but now I need someone to take me out for outings".

Up on arrival, the inspector went through the centre's infection prevention and control procedures at the reception, which included checks for hand hygiene and wearing face masks. Following the introductory meeting with the person in charge, the inspector went for a walk around the centre.

Dungloe community hospital is a two-storey building with residents accommodated on the ground floor. The first floor of the premises provides staff amenities such as changing rooms, staff toilets and staff restrooms, which are away from the residents' accommodation. The centre has two day-rooms and was found to be bright and well-ventilated. One day-room was allocated for long-stay residents while the other was for short-stay residents. Sufficient seating arrangements were available for the residents in two day-rooms, and the residents told the inspector that the day-rooms were warm and comfortable. However, the inspector noted that assistive equipment such as wheelchairs and zimmer frames were stored in some parts of the day-rooms, which posed a trip hazard for residents who utilised these rooms.

Television was playing in the day-rooms during the morning, and some residents were found to be watching television programs. Staff were allocated to provide activities in each day-room. Staff encouraged some residents to participate in artwork, such as colouring, and the inspector found the residents enjoying the activities. However, some residents did not appear to show interest in the activities that were being provided in the day-rooms and were observed to be sleeping in a day-room.

During the morning, the inspector observed that apart from the activity staff, no other staff were available in the day-rooms to support residents in meeting their care needs. As a result, the activity staff were often interrupted in their work to assist the residents to go to the toilet. This interrupted the flow of the activity for the residents and impacted on the quality of the activity on offer. For example, the inspector observed that a card game was constantly interrupted when the staff left the activity to assist residents in meeting their care needs. The inspector noted

some improvements in the continuity of day-room activities in the afternoon when additional staff were available to take residents to the toilet.

The centre was found to be visibly clean on the day of inspection. Sufficient staff were available to carry out cleaning activities, and the inspectors observed clear processes in relation use of cleaning materials, such as the use of colour-coded mops in different areas. Cleaning trolleys were appropriately stocked, and clear arrangements were present regarding the management of waste in the centre. The inspector noted that hand sanitisers were available at suitable locations to promote hand hygiene, and staff were found to be practising hand hygiene at appropriate intervals.

The inspector reviewed the care practices in the centre and noted the staff demonstrated safe and appropriate manual handling techniques when they assisted residents in meeting their needs. Staff were found to be respectful towards the residents, and timely assistance was provided to residents. Staff were seen to offer care and support in a discrete manner, especially when assistance was offered to meet residents' personal care needs. The residents who spoke with the inspector said that the staff were always kind in their interactions, and there were enough staff to provide them with prompt assistance when they needed it.

The inspector observed that the meal time was observed to be a relaxed and social occasion. There were appropriate levels of staff during the mealtimes to help the residents and ensure their nutritional needs were met. The food served was wholesome and nutritious, and the residents who spoke with the inspector were highly complimentary of the food and the choices they were offered.

The inspector visited some of the residents in their bedrooms and found that the bedrooms were beautifully decorated and that residents had sufficient space to store their personal belongings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this is a well-managed service that focused on residents and the care and services they received. Management and staff meetings occurred regularly in the centre, and a review of the meeting minutes indicated that a range of topics, including the outcomes of some audits, were discussed during those meetings.

Residents' meetings were held regularly, and minutes of these meetings were kept in the designated centre. These meeting minutes indicated that residents were consulted in the running of the designated centre.

This was an unannounced risk-based inspection to monitor compliance with the

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the compliance plans of the last inspection and the information submitted by the provider and the person in charge.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent them. As a national provider operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance.

A clearly defined management structure was in place with lines of authority and accountability in the centre. A new person in charge commenced in the role on January 2023 and met the regulatory requirements. Deputising arrangements were in place for when the person in charge was absent.

An annual review of the quality and safety of care delivered to residents for 2022 was available in the designated centre.

The provider has arrangements in place to ensure that the accidents and incidents occurring in the centre were monitored, and action plans were developed following the review of the incident. A range of audits, such as infection prevention and control and care plan audits, were carried out at regular intervals in the centre; however, the inspector noted that action plans were not developed for some of the audits that were carried out more recently. For example, action plans were not developed for audits with poor results, such as responsive behaviour support audits, activities and holistic engagement audits and pain assessment and management audits.

The inspector noted that there were a number of residents who were at risk of falls in the centre who stayed in the day-rooms, and the activity staff had to constantly supervise the day-room. In addition, the day-room was found to be often unattended during the morning hours of the day when the activity staff left the day-room to attend to the care needs of residents. Even though sufficient staff were available in the centre, the allocation of staff was not managed to ensure residents were appropriately supervised and their care needs were met in a timely manner. For example, the activity staff were found to be busy in both day-rooms attending to the personal care of residents and preventing residents from falling. As a result, the quality of the social care program was found to be insufficient. In addition, on one occasion, a staff member asked the inspector to stay in the day-room so that they could attend to the personal care needs of the residents. This was a particular concern, especially in the morning hours of the day when all other staff were busy caring for residents.

The inspector observed that the fire safety works were in progress on the first floor of the building, and the majority of the action plans identified in the provider's fire safety risk assessment had been completed. This was a significant improvement since the last inspection. The provider was asked to submit a certificate of completion of fire safety works when the fire safety works are completed.

Regulation 14: Persons in charge

A new person in charge commenced in the role and is a registered nurse, and has the appropriate experience and management qualification as required by the regulations. She worked full-time in the centre and was supported in her management role by clinical nurse managers.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure that staff have access to training appropriate to their role. There provider maintained a schedule of training to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. Arrangements were in place to ensure records were stored safely and the policy on the retention of records was in line with regulatory requirements. Current registration with regulatory professional bodies was in place for nurses.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management and oversight systems required more focus and effort to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Audits that had been completed in key areas, such as the provision of meaningful activities, pain management and the management of responsive behaviours, did not include clear action plans for those areas where improvements were required. These improvement areas reflected the findings of this inspection and had not been addressed through the provider's own quality assurance processes.
- The provider's current allocation of staff during the morning hours did not ensure there were enough staff to provide care and supervision for residents in the day-rooms. For example, the inspector observed that the day-rooms were left unattended for more than four occasions when the staff left the room to assist residents to go to the toilet.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents in the centre as required within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective complaints procedure which includes an appeals procedure

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed by the provider and updated within the previous three years as required by the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector noted that a good quality care was provided to the residents in the centre. However, improvements were required to ensure that the residents received appropriate support to engage in meaningful activities in line with their preferences and capacity to participate.

There was an activities programme in place which included a range of one-to-one and group activities for the residents. Activities were carried out in the day-rooms. Overall, residents said that they enjoyed the activities that were on offer. However, the programme offered no opportunities for residents to go out into the community, which one resident expressed a wish to do. In addition, the inspector noted that a resident with higher cognitive needs was not sufficiently supported to engage in meaningful activities in line with their preferences and ability. The activity staff informed the inspector that they do not provide one-to-one sessions with the resident who stayed in their room, and the inspector observed that on the day of the inspection, the resident spent long periods with nothing to do and no social interactions with staff or other residents.

The inspector reviewed the resident's care plans which indicated that their favourite activities were trips out of the designated centre and meetings with their peer groups in the community. However, records showed that these activities had ceased since the start of the COVID-19 pandemic and had not recommenced. In addition, a review of the resident's daily care records recorded that the resident had not engaged in any activities for several days in the previous week. This was brought to the attention of the person in charge and they informed the inspector that the activity programme on offer is currently under review and action plans are being developed to address the shortcomings.

The design and layout of the centre were suitable to meet the individual and collective needs of the resident profile and were in keeping with the centre's statement of purpose. The building was well-constructed and maintained. Provisions were in place to address health and safety hazards, including call-bell systems and grab rails where necessary. However, improvements were required to ensure that there was adequate storage space available to ensure the safe storage of

equipment, such as hoists and wheelchairs.

The inspector reviewed the care files and noted that each resident in the centre has a care plan; however, the care plans of some residents were not sufficiently detailed to guide staff, and some care plans had not been reviewed and did not reflect the current needs of the resident.

Residents had access to a general practitioner (GP), and an out-of-hours GP service was available if needed. However, improvements were required to ensure that all residents were supported to access specialist healthcare professionals in a timely manner when their health and well-being deteriorated.

Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6 of the regulations. This was evidenced by the lack of storage for assistive equipment, such as wheelchairs and hoists, which were stored in the residents' day-rooms. This reduced the space available for residents to safely move around the day-rooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

Regulation 20: Information for residents

An information guide about the designated centre, which contained a summary of the services and facilities, complaint procedures and arrangements for residents to receive their visitors, was made available to residents.

Judgment: Compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre has a risk management policy which contained appropriate guidance on identification and management of risks. A register of risks was maintained which were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' assessments and care plans and found that some improvements were required to ensure that each resident's care needs were sufficiently reviewed following changes in the resident's health or well-being. For example, the care records of one resident with a history of recurrent falls and who needed high levels of supervision when they were mobilising had not had their care plan updated following a fall. Although staff confirmed that this resident's mobility has deteriorated since admission to the centre, this was not reflected in the resident's assessments and care plans.

In addition, a review of one resident's care records by the inspector indicated that behavioural assessments were not always carried out to effectively manage this resident's responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in line with the centre's policy and their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that one resident with a recurrent history of falls and responsive behaviours had not been referred to a physiotherapist or community mental health services for specialist review when their condition deteriorated.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy. Staff were found to be knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse which included staff access to safeguarding training. All staff were appropriately vetted prior to the commencement of their employment in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents in the centre received sufficient opportunities to participate in social care activities that suited their needs, interests and capabilities. Furthermore, the inspector found that the residents who stayed in their bedrooms did not get sufficient opportunities to participate in activities. This was validated by feedback from some residents who told the inspector that there would be some days they felt they had too little to do in the centre and that they could not go out for outings.

In addition, the inspectors noted that the residents who were under 65 years were not facilitated with appropriate social care programs and to access community resources in line with their care plan.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0035196

Date of inspection: 24/01/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Statement of purpose and the rosters has been reviewed and issues identified had been addressed to ensure safe, appropriate, consistent and effective services are provided for residents. For ex- rosters were reviewed to ensure staff are available to attend resident`s need and support Activity coordinator in the dayroom. - The person in charge will ensure the quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis. There is a quality improvement plan in place for the areas identified through the audits, which will be monitored and reviewed by the PIC on a monthly basis. - An audit of the care plans are now completed and clear action plans are now developed for all areas where improvements are required, which was communicated to relevant staff to ensure action plans are carried out in the time frame after consulting with the Residents and family. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - The Person in Charge will ensure use of available resources is planned and managed to provide effective and safe services and supports to resident. Storage space has been identified for storage of assistive equipment such as hoists and wheel chairs, therefore, causing no hindrance to the residents when moving around in the unit. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> - Each resident`s care plan is reviewed based on comprehensive assessment of their needs, which is then implemented and evaluated as residents changing needs. - Person in charge will ensure that the assessment and care plan will reflect any changes in the resident`s health or well-being through the audits. - All residents care plans were audited and an action plan was developed. - The result and action plan of the Audit are communicated to staff to ensure action plans are carried out in the timeframe. - Once the action plans are completed, Care plan will be audited again to ensure compliance. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> - The person in charge and CNM will meet monthly to identify the healthcare needs of each resident and appropriate support or service are provided to meet the change in their physical or psychological conditions. - A pathway has been developed locally to support staff to ensure the appropriate support is utilized to meet any identified healthcare needs. For ex- Residents with frequent falls to be referred to physio, Falls prevention team and Community CNS Gerontology. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - HIQA questionnaire of residents were completed and in consultation with the residents, a comprehensive activity plan has been developed which included, outings to the local amenities, weekly group activities such as Music by local musicians, comedy/ magic entertainment, exercises sessions, group games, hairdressing, Mass, reflexology. 	

- The staff are rostered to attend resident's person-centered activities to ensure residents who stayed in the bedroom get sufficient opportunities to participate in activities.
- Two-day Carepal training was attended by 3 Staff to provide physical exercise and group activities for the residents.
- Family are supported and facilitated to arrange family outings with the residents
- The resident under 65 has a comprehensive social care plan with the support of community resources, Physio, family and the staff.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	30/04/2023

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	16/02/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	27/02/2023