Centre name: Dunmanway Community Hospital
Centre ID: OSV-0000599
Centre address: Dunmanway, Cork.
Telephone number: 023 8845102
Email address: catherine.white3@hse.ie
Type of centre: The Health Service Executive
Registered provider: Health Service Executive
Provider Nominee: Teresa O'Donovan
Lead inspector: Breeda Desmond
Support inspector(s): None
Type of inspection: Unannounced
Number of residents on the date of inspection: 23
Number of vacancies on the date of inspection: 0
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 02 July 2014 07:30
To: 02 July 2014 15:00

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

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care (EOL care) and Food and Nutrition. In preparation for this thematic inspection the person in charge received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed the EOL care policy and the self-assessments. The inspector met residents, and staff and observed practice on inspection. Documents were also reviewed such as training records, care plans, medication management charts, complaints log, minutes of residents' meetings.

The person in charge who completed the provider self-assessment judged that the centre was compliant regarding food and nutrition and had a minor non-compliance with end-of-life care. The inspector found that the dining space was inadequate to meet the needs of all the residents and deemed a moderate non-compliance in the area of food and nutrition. The person in charge identified the policies and documentation in relation to end-of-life care required attention and this was remedied at the time of inspection. The person in charge had judged that there was a minor non-compliance relating to end-of-life care; following review of care plans the inspector concurred with this judgement, but found minor non-compliance with care planning documentation and moderate non-compliance with contracts of care.

Overall, the inspector noted a warm and calm atmosphere throughout the centre. The centre was clean and appeared well maintained. There was an enclosed courtyard with seating and raised shrub/flowerbeds which residents were observed
enjoying. There was a large well maintained garden to the rear of the centre with paved walkways and an enclosed activities area which the centre shared with the adjoining day-centre. Residents spoken with voiced how happy they were in the centre and were very complimentary of the food, choice available, and meal times.

There was evidence of improvements arising from the findings of the self-assessment and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited an in-depth knowledge about the residents and their care needs, however, this was not always reflected in their plans of care.

The person in charge and staff displayed a commitment to the delivery of person-centred care and continuous improvement and the person in charge demonstrated knowledge of the Regulations and National Standards.

The actions necessary to ensure 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 are detailed in the action plan at the end of this report.

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**Section 41(1)(c) of the Health Act 2007. 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.**

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

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

**Theme:**

Safe care and support

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

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

**Findings:**

Non-compliances are described under Outcome 15.

**Judgment:**

Non Compliant - Minor
### 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:**
Person-centred care and support

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

**Findings:**
Non-compliance are described under Outcome 14.

**Judgment:**
Non Compliant - Minor

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

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

**Findings:**
Non-compliances are described under Outcome 15.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Complaints procedures

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

**Theme:**
Person-centred care and support
### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:
Non-compliance are described under Outcome 14.

### Judgment:
Non Compliant - Minor

### Outcome 14: End of Life Care
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

### Findings:
The provider's self-assessment and overall assessment of compliance identified minor non-compliance with Outcome 14 and Standard 16 End-of-Life Care (EOL) and the inspector concurred with this evaluation. Non-compliances related to Outcomes 11 and 13.

Following completion of the self-assessments a staff meeting was convened to discuss the end-of-life care policy. They identified several items for inclusion in their policy in line with best practice guidelines; also, notification to the acute care hospitals regarding the death; inviting other residents to the rosary following the death of a fellow resident; offering family choice regarding packing their next-of-kin's belongings.

Overall, the policy was comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

Eight questionnaires had been sent to relatives, on behalf of the Authority, but none had been returned at the time of inspection. Residents who spoke to the inspector relayed very positive feedback with regard to their care, access to the staff and their freedom to speak with staff regarding any issue. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin and some residents had signed their own care plans. Some residents had spoken with their families and given details to the next-of-kin of their EOL care wishes.

Staff training records and the provider’s self-assessment indicated that staff had received training in end-of-life care and one staff member had commenced a programme relating to palliative care.
Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre every Saturday and this was also relayed through the television if residents wished to listen. Ministers from a range of religious denominations visited regularly. There was an oratory with ample seating for residents to attend services or for reflective time, however, this was not within the main centre and residents had to be escorted to and from the oratory. A separate family room was recently converted and comprised a seating and dining space with kitchenette and full en suite facilities. The person in charge relayed that this was invaluable for families during the difficult time of end-of-life care.

Medical notes were examined and residents had regular access to their chosen GP. Referrals to specialist services were evidenced. Residents were reviewed in-house by the dietician and speech and language specialist services; occupational therapy was not available. Diagnostic services, dental and diabetic services were available off-site upon request. Residents had access to palliative care services based in Bantry Hospital. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service.

A sample of residents’ care plan documentation was reviewed. Previously it was identified that while a daily checklist was used to outline the resident’s involvement in activities, a daily narrative of care relaying the residents’ status was not in place. This was now remedied with a daily narrative including responses to interventions was evidenced. Assessments and care plans were based on the activities of daily living. One resident’s documentation reviewed demonstrated that care plans were not in place for five of the activities of daily living. It was not evident whether a nutritional, oral or incontinence assessment was completed; even though this resident had specific dietary requirements, this detail was not documented as part of their nutritional care plan. While some of the narrative in care plans was resident-specific, people were referred to as ‘patients’ rather than by name. (Non-compliance action under Outcome 11.)

Medication management policy was reviewed. The overarching medication management policy was developed in conjunction with the pharmacist, who was also involved in monthly meeting, audits and education sessions in the centre. Power-point presentations given by the pharmacists on divergent topics were included in the medication policy folder as reference for staff. The medication policy described that medication be administered and then recorded in line with professional guidelines, however, staff recorded prior to administration of medications. Controlled drugs were reviewed. The nurse and delivery agent co-sign for the drugs upon delivery of controlled medications. It was identified that while the drug count was correct, the balance of drugs was not brought forward upon receipt of controlled drugs to ensure the correct number of drugs was documented. This was remedied before the end of the inspection. Residents’ prescription charts were examined. Photographic identification was in place for residents. The maximum dosage for PRN (as required) medicines was included in the sample of prescriptions viewed. Transcription of medications did not occur in this centre.

Contracts of care formed part of the residents’ documentation and these were reviewed. The contract assessed was not dated, the fees to be charged and additional fees to be charged were not included; while the contract was signed by the next-of-kin and a
witness, it was not dated and the address and occupation (as requested in the form) were not completed. (Non-compliance action under Outcome 13.)

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

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

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

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

**Findings:**
The inspector reviewed the person in charge’s self-assessment questionnaire of compliance with Regulation 20 and Standard 19 Food and Nutrition. The person in charge had assessed the centre compliant regarding food and nutrition, however, the inspector judged this to be a moderate non-compliance.

The centre had an up-to-date policy on food and nutrition and this was reviewed on inspection.

Kitchen staff spoken with and staff training records reviewed demonstrated that staff had completed the following courses in 2013/2014:

1) a refresher course in hazard analysis and critical control point (HACCP) in line with the recommendations of the Environmental Health Officer’s report
2) food consistencies
3) dysphagia
4) nutritional risk assessment

Specialist dietary requirements were catered for and kitchen staff relayed that the nurse in charge communicated changes to residents’ needs as well as speech and language reports and these were evidenced by kitchen staff. Menus with choice were displayed and residents were shown the menu choice each evening for the following day and their preferences were relayed to the kitchen.

A nutritional assessment tool was part of documentation with current records maintained in residents’ notes. There was evidence that staff completed a daily record of residents’ nutritional and fluid intake/output when the resident’s condition warranted. Residents' weights were recorded three-monthly or more often if indicated.

There was a sitting/dining room where ten out of 23 residents could be accommodated
in the dining area. This severely curtailed residents’ choice regarding where they could
dine.

The inspector observed mealtimes including breakfast, mid morning refreshments and
lunch. Three residents requested their breakfast at 7:30hrs and this was facilitated. All
other residents had their breakfast from 08:30hrs onwards either in bed or at their
bedside. Residents were given choice of cereals and juices, bread and toast at breakfast.
Approximately half the residents required assistance with their meals. The inspector
observed that medication rounds were completed at the same time as breakfast and
lunch. The need for a review of staff allocation at mealtimes was discussed at the
feedback meeting, because of waiting times experienced by residents. Mid-morning and
mid-afternoon snacks and hot and cold drinks were served and fresh drinking water was
replenished throughout the day. Lunch was served from 12:30hrs, however, as
described above, residents’ had to wait some time to be assisted.

The complaints log was reviewed and one complaint documented related to meals.
Issues raised were dealt with comprehensively, in a timely manner and to the
satisfaction of the complainant. The complaints procedure was displayed at main
reception and this detailed the person in charge as the complaints officer for the centre.
Feedback forms were available at main reception with a box for completed
complaints/compliments. The complaints policy was reviewed and it did not contain all
the detail as listed in the Regulations.

Hand hygiene opportunities were observed to be taken by staff and completed in line
with best practice. While there were adequate hand wash sinks and hand foam
dispensers throughout, many did not have appropriate hand hygiene advisory signage.
While there was personal protective equipment (PPEs) consisting of white coats,
disposable gloves and hats at the entrance to the kitchen, hand foam was not available
to ensure hand hygiene prior to donning PPEs.

Judgment:
Non Compliant - Moderate
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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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.

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there were adequate hand wash sinks and hand foam dispensers throughout, many did not have appropriate hand hygiene advisory signage.

While there was personal protective equipment (PPEs) of white coats, disposable gloves and hats at the entrance to the kitchen, hand foam was not available to ensure hand hygiene prior to donning PPEs.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Hand hygiene advisory signage is now displayed in all hand wash sinks.
Hand foam is now available at the entrance to the main kitchen.

Proposed Timescale: Actions complete.

Outcome 11: Health and Social Care Needs

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One resident’s documentation reviewed demonstrated that care plans were not in place for five of the activities of daily living.

It was not demonstrated whether a nutritional, oral or incontinence assessment was completed; even though this resident had specific dietary requirements, this detail was not documented as part of their nutritional care plan.

While some of the narrative in care plans was resident-specific, people were referred to as ‘patients’ rather than by name.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
All Care Plans are reviewed and updated to ensure a plan of care for all activities of daily living exists for each resident within 48 hours of admission.

This review included the resident referred to with specific dietary requirements.

Person Centred Care Policy was reviewed with staff as a reminder to ensure all residents were referred to by their intended choice for respectful communication, both oral and written.

Proposed Timescale: Action Complete.

Outcome 12: Safe and Suitable Premises

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Adequate sitting, recreational and dining space other than the resident's private accommodation as described in Schedule 6 was not available.
**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:**
Currently residents are offered a choice when attending the day room for meal times and recreational activities.

Many choose to stay in their private accommodation (in room or bedside). Those that prefer to go to the day room are facilitated accordingly through the rotation of days/ mornings / afternoons in accordance with their wishes.

At present, very few residents choose to stay in the day room all day.

Extending and upgrading the day room into separate recreational and dining accommodation will be considered for future capital development funds when available.

A site visit was completed by maintenance on 19/08/14 and plans were drawn up to reconfigure the existing building to ensure compliance.

Action ongoing.

**Proposed Timescale:** 19/08/2014

**Outcome 13: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints policy was reviewed and it did not contain all the detail as listed in the Regulations.

**Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**
The Person in Charge is the nominated complaints officer as detailed in the complaints policy.

The provider nominee is now included in the complaints policy as the nominated person under the regulation to ensure that all complaints are appropriately responded to.
**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector found that placement of food in the cold storage area was not in line with best practice and posed a potential risk.

**Action Required:**
Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

**Please state the actions you have taken or are planning to take:**
Immediate action was taken to ensure the placement of food in the cold storage area did not pose a potential risk.

The delivery and storage of chilled goods was reviewed with staff to ensure no reoccurrence.

**Proposed Timescale:** Action Complete

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**Proposed Timescale:** Action Complete

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A review of activities at mealtimes was necessary because residents had to wait some time for assistance with their meals.

**Action Required:**
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

**Please state the actions you have taken or are planning to take:**
Currently priority is given by all staff to assist residents at meal times. Many of our residents require assistance due to high dependency levels so not all residents can be attended to at the same time.

Hence a system of rotation is observed by staff to ensure all residents get the dedicated assistance they require. This will be reviewed in consultation with staff to identify if greater efficiencies can be achieved.

**Proposed Timescale:** 30/09/2014