Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Dungloe Community Hospital
Centre ID:	OSV-0000618
Centre address:	Gweedore Road, Dungloe, Donegal.
Telephone number:	074 952 1044
Email address:	sue.islam@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Doherty
Lead inspector:	Damien Woods
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:	To:
21 August 2014 10:00	21 August 2014 16:00

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

Outcome 07: Safeguarding and Safety
Outcome 10: Notification of Incidents
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

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 and Food and Nutrition and to follow up on actions from the previous report. In preparation for the thematic area's, providers attended an information seminar, received evidenced based guidance and undertook a self –assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records and care plans.

The nutritional needs of residents were met to a high standard. Food was nutritious, varied and provided in sufficient quantities. Systems and processes were in place to ensure that residents did not experience poor nutrition or hydration. Residents' nutritional needs were assessed and their preferences were facilitated.
There was a good standard of nutritional assessment, monitoring and care planning with residents having good access to the ancillary health services
services. The inspector found that practices were in place to ensure that residents residents received good care at end of life . There was a person centred approach to care which focused on meeting residents emotional and psycho-social needs as well as physical needs. Care was provided by appropriately trained staff . staff.
Questionnaires were received from relatives of deceased residents and discussions with family members showed that families were happy with the care given.

The inspector followed up on the progress of action plans from the previous inspection of 15th August 2013 and found the majority of required actions completed. The new home maker role in place in the centre has ensured an enhanced activity and supervision provision. The actions under safe and suitable premises, require, require further work in order to fully comply with regulatory requirements and standards. These and other matters are discussed further in the report and in the Action Plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
There was adequate supervision of residents in place in all areas of the centre on the day of inspection. There was an appropriate level of staffing for the assessed needs of residents. Enhancement works to the fire alarm system were under way at the time of inspection. Fire doors were no longer propped open. A key pad entry system was in place to control access to the centre.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The report as requested was submitted. A review of records and notifications received showed that all relevant notifiable events/occurrences were notified to the Chief Inspector as required.

Judgment:
Compliant

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 inspector found that the centre provided a good standard of end of life care. The centres end of life policy was the Donegal HSE area document and was comprehensive . The policy included that the resident's wishes and choices concerning end-of-life care were discussed, recorded, implemented and reviewed on a regular basis with the resident. The plans included details of where a resident wished to be waked, the church to be buried from and the graveyard to be buried in. All staff spoken to by the inspector were knowledgeable about how to physically care for a resident at end of life and were aware of the procedures in place for the care of the body. There was an ongoing consultation to ensure that the procedures outlined provided appropriate guidance for staff. The centre facilitates admissions from the community to its palliative care service and supports same. The inspector noted a high level of positive interactions between staff and residents this during inspection and observed staff caring for and conversing with residents in a caring and respectful manner.Pain assessment and monitoring was in place.
Staff had completed training in end of life care including Princess Alice Hospice certification, Hospice Friendly Hospital and Final Journey. Hospice Friendly Hospital practices were being implemented.

The responses received from relatives of deceased residents in relation to end of life were positive about their experience and interaction with the centre. They were complimentary of the care and support received from staff in the centre for both their loved one and themselves. The centre has close links with the community it serves and the local customs as regards death and dying were followed according to staff and from the responses to the questionnaires reviewed. Relatives were encouraged to remain with relatives approaching death. Funerals were facilitated from the centre and the local practice in relation to the funeral and death followed. Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre and ministers from a range of religious denominations visited the centre to provide spiritual care. Deceased residents' belongings are stored appropriately and returned in special bags whenever relatives wish to collect them.

Judgment:
Compliant

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):

Findings:
The centres kitchen provided food to both residents in the centre and those availing of day care services. The kitchen was adequate in size and well equipped. The staff in the kitchen had worked in the centre for a number of years and knew the likes and dislikes of residents. The menu offered a good choice at meal times. All food was cooked on the premises. The centre had a food and nutrition policy in place to guide practice. The chef described how fortification was provided in specific meals. Drinks were readily available. Staff could prepare snacks for residents during the evening and night. Staff had had detailed training on nutrition in older people by the Senior Community Dietician in January and May of 2014. All relevant food hygiene training such as HACCP had been completed by kitchen staff. The chef on duty could clearly identify without reference to notes those residents with special dietary needs and those who had specific likes/dislikes. There was access to clear and precise guidance of appropriate meals for those with diabetes and which resident required same.

Staff monitored the food and fluid intake of all residents who required assistance with their meals. Two residents on peg feed(Percutaneous Enteral Gastrostomy) were regularly reviewed and assessed. Where risk such as unintentional weight loss was identified detailed dietary monitoring records and fluid balance charts were implemented according to policy. There was evidence that where resident had been identified as underweight or malnourished in the past this had beeen addressed in timely manner with dietician's review and staff ensuring they ate appropriately. Care plans reviewed ongoing monitoring of residents nutritional, hydration, skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at regular intervals. Clinical documentation reflected residents' needs and the actions required of staff to meet their needs. Assessments were noted to underpin care plans for food and nutrition.

The centres dining room had sufficient space for residents to eat in and also doubled as the centres day room giving it a homely and comfortable aspect. Food was brought to the dining room and served from a bain-marie. The inspector observed the service of the main lunch time meal. There was lively interaction between staff, residents and visitors at the main lunchtime meal. Residents were appropriately assisted by staff and received their meal in a timely manner. The food served was hot, attractively presented and portions were varied according to residents' personal choices. Residents were

offered a choice and the menu choices were displayed. Residents spoken with stated they were satisfied with the quality and choice of food provided to them.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
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.

Theme:
Person-centred care and support

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

Findings:
New wardrobes/storage units had been provided in some rooms but not all at the time of inspection. These provided adequate storage for clothing and personal items but such storage was not available to all residents.

Judgment:
Non Compliant - Minor

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
There was adequate supervision of residents in place in all areas of the centre on the day of inspection. There was an appropriate level of staffing for the assessed needs of residents. Throughout the inspection the person in charge was present and there were

3/4 nurses and 3/5 care staff on duty as well as the new home-maker, 3 catering staff, 3 laundry staff and 2 administrative staff.
Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Dungloe Community Hospital
Centre ID:	OSV-0000618
Date of inspection:	21/08/2014
Date of response:	18/05/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure all residents have appropriate storage for their clothing and personal possessions.

Action Required:
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

[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:
Wardrobes have been provided for all residents to store their clothing in their bedrooms. Two of the two-bedded wards have insufficient space to install wardrobes and alternative facilities have been provided for the residents of these ward to store their clothing. While this is not ideal the Estates Department along with a design team are in the process of finalising plans to upgrade this facility to comply with all regulations/standards.

Proposed Timescale: 30/06/2016