**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 Woods  
**Lead inspector:** Mary McCann  
**Support inspector(s):** Damien Woods;  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 32  
**Number of vacancies on the date of inspection:** 3
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 May 2015 09:00
To: 27 May 2015 16:00

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

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Summary of findings from this inspection
This report set out the findings of a registration renewal inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration of the designated centre.

The inspectors met with the provider, person in charge and staff members. A number of questionnaires from residents and relatives were received prior to the inspection and the inspectors spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Two residents and six relatives completed a pre-inspection questionnaire. On review of these the inspector found that relatives were positive in their feedback and expressed satisfaction about the facilities, services and care.
Residents spoken with on the day of inspection told the inspectors that they were “well looked after”. Comments included “the food is very good, there was always a choice, we are never bored, we are looked after very well, I’m well settled in here”.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents’ needs being met and the staff supported residents to maintain their independence where possible.

Overall, compliance was found in the most outcomes. On this inspection of the 18 outcomes inspected 14 outcomes were compliant, three were substantially complaint and one was non complaint - major. The inspectors were satisfied that the residents were well cared for and that their nursing and care needs were being met. There was evidence of good practice in the provision of medical care to residents and residents had access to allied health professionals as required. Residents were complimentary of the food provided.

An extension of four single bedrooms with en-suite facilities, a day room, an accessible toilet and a hairdresser’s room was opened in 2012. The gardens were easily accessible and well maintained. The inspectors judged there was an adequate compliment of staff with the proper skills and experience on the day of inspection.

Improvements were required as follows:
Outcome 2 - Production of an annual review report of the quality and safety of care delivered to residents and consultation with residents and relatives with regard to review of practices and procedures at the centre
Outcome 12 – Compliance with the national standards with regard to the premises post July 2015

The action plan at the end of this report identifies where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that accurately describes the service that is provided in the centre. It contained all the requirements of Schedule 1 of the Regulations. The statement of purpose is kept under review by the provider.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The quality of care and experience of the residents was monitored. The inspector found there were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability.
Since the last inspection there had been a change to the provider nominee. The current provider nominee had deputised for the previous provider nominee when he was unavailable. Consequently, he had a good knowledge of the service and an understanding of the regulations and standards. He was supported in his role by the service manager for older persons, who has worked with the service for many years. The person in charge has been the person in charge since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

This centre is one of a group of designated centres in Co Donegal. The inspectors reviewed audits completed by the person in charge. There was evidence of quality improvement strategies and monitoring of the service. The information was used to improve the service for example there was a decrease in falls in centre. However the overall auditing system requires review to ensure that it is centre specific and breaches are being detected. For example the medication audit does not review in detail the administration and day to day medication practices in the centre. Consequently the audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

An annual report on the quality and safety of care was not compiled for 2014. This review must include consultation with residents and their relatives and be available to the residents or their relatives for their information.

**Judgment:**
Substantially Compliant

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### Outcome 03: Information for residents

* A guide in respect of the centre is available to residents. 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.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspectors reviewed a sample of three contracts of care. All contracts were signed by relevant parties. No additional expenses are incurred by residents. Residents accommodated for respite or convalescent care did not have a contract detailing the terms and conditions of their care. No fees are payable by these residents. There is a residents’ guide available containing the information required by the Regulations.
Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has not changed since the last inspection. She is a registered nurse and commenced working at the centre in 1999. She holds a full-time post. She was well known by residents and had good knowledge of residents care needs. The person in charge and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. There is dedicated time allocated to manage the clinical governance and administration duties. The person in charge maintained her professional development and had completed training in end of life care, nutritional care, falls prevention training, understanding dementia care and achieving excellence in care of the older person. Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were found to be complete accurate and easily retrievable.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors. All of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available.

A sample of five staff files to include the files of the two most recently recruited staff was reviewed. The files were examined to assess the documentation available, in respect of persons employed. Verified photographic identification for two staff was not in place. A directory of residents was maintained. The directory contained all the information required by schedule three of the Regulations and was maintained up to date.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspectors of the proposed absence of the person in charge for a continuous period of 28 days. There is a clinical nurse manager nominated to deputise while the person in charge is absent.

Judgment:
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The inspectors were provided with a copy of the centre’s policy on prevention, detection and response to elder abuse. The policy was specific to the centre. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. Staff to whom the inspectors spoke with were able to confirm their understanding with regard to protecting residents and reporting any allegations of abuse. All staff had up to date training in Safeguarding of vulnerable adults. There is a policy on the management of behaviour that is challenging. Staff spoken with were familiar with resident’s behaviours. Staff had received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately. Psychotropic medications used were regularly monitored by the psychiatry of later life services. A behavioural log was available for completion on incidents of behaviours that challenge. Residents were reviewed regularly by the mental health team. Care plans were in place to guide staff on their interventions to respond to any inappropriate behaviour. The policy on restraint was based on the national policy on promoting a restraint free environment. The inspectors reviewed a sample of assessments that underpinned physical restraint practice (bed rails) and found that practice was reflective of the national policy on promoting a restraint free environment. Approximately 25% of residents had bedrails in place. Documentation indicated some alternative options prior to using restraint measures were explored. Staff explained that some residents used bedrails as an enabler, however there was no rationale detailed to outline how the raised bedrail supported the resident and ensured an enabling function.

**Judgment:**
Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The health and safety statement and risk assessments were recently revised. There was an emergency plan with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person’s policy and procedures on incident reporting and risk escalation were in place.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for dependent older people in advance of this inspection.

The inspectors reviewed the fire safety register and training records. Staff to whom the inspectors spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. Training records supported that all staff had up to date fire training.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required.

Evacuation maps were displayed at various locations throughout the centre. Fire exits were checked daily but this was done by observation and no record was available. The Person in charge said she would immediately enact a written checklist of this procedure. Fire exits were noted to be unobstructed on the day of inspection. The fire alarm was activated routinely and automatic door closer checked.

There were procedures in place for the prevention and control of infection and hand gels were located around the building. Audits of the building were completed at intervals to ensure the centre was visibly clean. A separate cleaning and sluice room was provided. There was sufficient moving and handling equipment available to staff to meet residents needs. A contract was in place for servicing of equipment to include breakdown and repairs of equipment. Each resident’s moving and handling needs were identified and available to staff at the point of care delivery in bedrooms outlining whether a resident required the assistance of a hoist, size of sling or one or two staff members. Falls risk assessments and dependency levels were regularly reviewed. All staff had up to date training in safe moving and handling of residents.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspectors noted that falls and near misses were well described in the sample of accident report forms reviewed. Vital signs for residents were checked and recorded and specific neurological observations charts were available and these were completed when a resident hit their head. However they were not completed in all unwitnessed falls so where a resident was ‘found on the floor’ neurological observations were not routinely recorded to check neurological function. The centre had adapted the ‘Forever falls programme’. Staff had received training in this model of falls prevention. A post falls assessment was completed in the aftermath of a fall by the person in charge or senior nurse on duty in the absence of the person in charge. Monthly comprehensive falls audits were completed by the person in charge.

Judgment:
### Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
A comprehensive medication management policy and system was in place which protected residents and ensured safe management of medication. One of the inspectors reviewed a sample of medication charts. Photographic identification was available for each resident.

The prescription sheets reviewed were legible. Medication was dispensed from individual packs which were delivered to the centre on a monthly basis by the supplying pharmacist.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident.

There was space to record when a medication was refused on the administration sheet. Medication was being crushed for some residents. Alternative liquid or soluble forms of the medication were sought where possible through consultation with the pharmacy.

Medications being crushed were not signed individually by the GP. There was a collective statement on each prescription.

Medicines were stored safely and securely in the treatment room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations.

Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and two signatures were in place each time the medications were checked.

One of the inspectors checked a selection of the balances and found them to be correct.

**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):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
There were 32 residents in the centre during the inspection. There were 16 residents who were assessed as maximum dependency, 15 residents as high dependency and one as medium dependency. Residents had a range of medical conditions with a high percentage additionally having dementia. The inspectors found that care plans reviewed provided direction to staff in the delivery of safe person centred care. The arrangements to meet residents’ assessed needs were set out in individual care plans. The inspectors found a good standard of care and appropriate medical and allied health care access. There was a good emphasis on personal care and ensuring personal wishes and needs were met. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. There was a record of the resident’s health condition and treatment given completed at a minimum twice daily. The inspectors reviewed aspects of seven residents care plans. Issues reviewed included nutritional care, wound care, challenging behaviour, and falls management. There was a detailed person centred plan outlining each residents’ like and dislikes. The information detailed the important people in their life and how they like to spend their time now. Their hobbies and interest were well documented and regularly reviewed. A comprehensive varied activity programme was run by the home maker supported by staff. Residents spoken with and in completed questionnaires from residents and relatives were very complimentary of the homemaker and the work she done. There was good linkage between the risk assessments completed the care plans in place.
and their reviews. Staff demonstrated good knowledge and understanding of each resident’s background in conversation with the inspectors. There was evidence in the progress notes of good communication with families and documentary evidence that residents or their representative were involved in the development and review of their care plan was available.
Resident’s had access to General Practitioner services and there was evidence of regular review by medical staff. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy, dental services, chiropody and occupational therapy was available to residents. These services were included in the overall fee paid.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The action with regard to accommodating residents in multi occupancy rooms remains live. This impacts on residents’ privacy and dignity. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. However, staff have made significant efforts to ensure the centre is homely and the dignity and privacy of residents is respected to the best of their ability given the constraints of the environment.

There is a large sitting cum dining room which is very well utilised by residents. In the afternoon residents tended to move to the sitting room to relax and partake in activities. The inspectors noted the building was comfortably warm. Hand testing indicated the temperature of hot water or radiators did not pose a risk of burns or scalds.

There are seven single bedrooms, two twin rooms and six four bedded rooms. At feedback the provider produced a draft plan to reconfigure multiple occupancy bedroom accommodation. This is required in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland.
There were a sufficient number of toilets, baths and showers provided for use by residents. However the location of toilets requires review to ensure they are in close proximity to residents’ bedrooms. Each resident had sufficient space to store their clothing and personal belongings. Staff facilitates were provided with space for the storage of personal belongings.

A final plan of the proposed refurbishment is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

**Judgment:**
Non Compliant - Major

### 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:**
A designated individual was nominated with overall responsibility to investigate complaints.
A comprehensive policy which outlined the timeframes to acknowledge a complaint, investigate and respond to the complainant was outlined. There was an independent appeals process if the complainant was not satisfied with the outcome of their complaint.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

**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:

This outcome was the subject of a thematic inspection in August 2014 and all aspects of end of life were examined in detail during the inspection. No areas were identified for improvement.

Inspectors found that resident’s end-of-life care preferences/wishes were being identified and documented in end of life care plans. Records reviewed evidenced good input by the palliative team to monitor and ensure appropriate comfort measures. Nursing and care staff had completed end of life care training. Care plans for the management of pain were in place and a validated pain assessment tool was in use and was filed in the resident's plan of care.

### 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

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

No actions were required from the previous inspection.

### Findings:

This outcome was the subject of a thematic inspection in August 2014 and all aspects of food and nutrition were examined in detail during the inspection. No areas were identified for improvement.

Aspects of resident’s food and nutrition care were further reviewed on this inspection in particular monitoring of nutritional intake and care of residents who were losing weight or at risk of nutritional deficit or on modified diets. Specific instructions with regard to nutritional care were contained in the care plans for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff monitored the fluid intake of residents at risk of dehydration. Fluid charts were totalled and reviewed to ensure adequate nutritional intake was consumed. Staff were trained in nutritional care.

### Judgment:

Compliant
Outcome 16: Residents’ Rights, Dignity and Consultation
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. During the day, residents were able to move around the centre freely.
Residents could practice their religious beliefs. Mass took place daily. There was evidence of a good communication amongst residents, the staff team and relatives. A variety of newspapers and magazines were available to residents. An independent advocate was available if required. A full time homemaker worked in the service. A planned programme of activities was scheduled throughout the day. Themed events for example on special days and seasonal activities were organised.
There was evidence that residents had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated weekly and voting arrangements were made when required. Residents had access to the television and/or radio. A cordless phone was available so that residents and could receive or make telephone calls in private.
Consumer group meetings which included resident and relatives were held monthly. Minutes of these meetings were available. Items discussed included social activities and the day to day running of the unit.
Visiting times were flexible and visitors could avail of a private facility if they so wished.
A quarterly newsletter is prepared detailing any changes in the centre and locality. Details of audits undertaken and any improvements as a result of these are documented together with any training that staff have recently attended.

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

**Findings:**
There was evidence that residents had adequate space for their belongings, including secure lockable storage in their bedrooms. This had been an improvement since the last inspection. Residents clothing were laundered in the centre. A system was in place to ensure all clothes were identifiable to each resident. The inspectors spoke with a member of staff who worked in the laundry. He explained how all clothes were separated and heavily soiled or infected clothing was washed separately. A property list was completed with an inventory of all residents’ possessions on admission and updated routinely.

**Judgment:**
Compliant

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### Outcome 18: Suitable Staffing

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

**Theme:**
Workforce

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

**Findings:**
There 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 are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspectors judged there was an adequate complement of staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspectors noted that the planned staff rota matched the staffing levels...
on duty.
There was a detailed policy for the recruitment, selection and vetting of staff. There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. In addition to mandatory training required by the regulations staff had attended training on infection control, end-of-life care, dementia care including challenging behaviour, diabetes, falls prevention and cardio pulmonary resuscitation.

**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:**

Mary McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
<th>Dungloe Community Hospital</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000618</td>
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<tr>
<td>Date of inspection:</td>
<td>27/05/2015</td>
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<tr>
<td>Date of response:</td>
<td>30/06/2015</td>
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</tbody>
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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 02: Governance and Management

Theme: Governance, Leadership and Management

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

The overall auditing system requires review to ensure that it is centre specific and breaches are being detected. For example the medication audit does not review in detail the administration and day to day medication practices in the centre. Consequently the audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
The current audit systems in place (Metrics) will be reviewed to ascertain if it can be configured to comply with HIQA Standards/Regulations. If this is not possible then we will revert to a paper based more in-depth auditing tools.

**Proposed Timescale:** 30/09/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual report on the quality and safety of care was not compiled for 2014.

**Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
An annual review of the quality and safety of care will be kept in the designated centre.

Proposed Timescale: 31st August 2015 for 2014

**Proposed Timescale:** 31/08/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The annual review must include consultation with residents and their relatives and be available to the residents or their relatives for their information as required by the Regulations.

**Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.
Please state the actions you have taken or are planning to take:
The annual review will incorporate a consultation process with residents and their relatives and will be available with the quarterly newsletter for residents and their families.

Proposed Timescale: 31st August for 2014 and 31st December for 2015

Proposed Timescale: 31/12/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Verified photographic identification for two staff was not in place.

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

Please state the actions you have taken or are planning to take:
All staff files will be updated to comply with regulatory requirements.

Proposed Timescale: 31/08/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A final plan of the proposed refurbishment is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

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:
Plans are currently in the process of being finalised (subject to funding approval & resources being available). Consultation has taken place with HIQA, final planning costs
will be submitted to HIQA

| Proposed Timescale: 31/07/2015 |