<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Dungarvan Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000594</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dungarvan, Waterford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>058 20900</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:paula.french@hse.ie">paula.french@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Barbara Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Ide Batan;Paul Dunbar;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>101</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>15</td>
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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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 25 September 2015 18:30
To: 25 September 2015 21:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Major</td>
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Summary of findings from this inspection
This report set out the findings of a single issue follow up night time inspection in Dungarvan Community Hospital which took place on the 25 September 2015 by the Health Information and Quality Authority’s Regulation Directorate. The provider had applied for renewal of their registration and the registration inspection took place over two days on the 09 and 10 December 2014. Due to the high level of continual non-compliances, the provider and person in charge were called to a meeting in the Authority’s office on the 06 January 2015 to outline concerns regarding the findings of the inspection of the 09 and 10 December 2014 and the potential consequences of continued non-compliance. The chief inspector was not satisfied with the response to the action plan. A 28 day improvement notice was issued. A follow up inspection was undertaken on the 12 May 2015 where a large number of improvements were seen by the inspectors. However, issues relating to staffing levels and premises issues remained non-compliant. A single outcome inspection took place on the 29 July 2015 in relation to staffing and to see where the centre was in relation to the premises. An immediate action plan was issued at that time due to the non compliance with staffing, locks on doors and institutional practices seen.

This single outcome unannounced night time inspection took place to inspect against the actions from the previous inspection. As part of the inspection the inspectors met with the provider, the person in charge the assistant directors of nursing who all came in to meet the inspectors during the inspection. The inspectors also met residents, nurses and care staff. The inspectors followed up on the actions from the previous inspection and observed practices. Overall, the inspectors found that staffing levels in the evening and night time continued to be at the level of major non-compliance and there were no improvements since the last inspection and in fact they had deteriorated as the extra night staff only worked infrequently and not every night as had been in place on the follow up inspection in May 2015.
On the previous inspection the inspectors found that residents rights were severely compromised in the dementia specific unit in that bedroom doors had confusion locks on both sides of the doors. This meant that if the bedroom door was closed the residents could not leave the bedroom unaided and were, in effect, locked into the room. The staff assured the inspectors this never took place and that the doors were connected to the fire system so in the case of fire the door would automatically release. The inspectors required the immediate removal of the locks from the inside of the doors and the inspectors saw the workman arrive to do so whilst they were in the unit. The inspectors required that this practice is subject to a full review and assurance from the centre that locks are permanently removed. On the follow up inspection the inspectors saw that these locks had been removed from the doors and they were no longer in use.

On the previous inspection the inspectors saw institutional practices that required immediate review and action and an immediate action plan was issued. However on this inspection the exact same practices were in place demonstrating continual non compliance and disregard for person centered practice. The inspectors visited every unit in the centre at 18.30 hours on a sunny Friday evening and found that the majority of residents in the centre were in bed and curtains were closed. The inspectors also expressed concern regarding the lack of ongoing supervision of staff by management in that institutionalized practices have continued despite these practices being identified in previous inspections of the centre. The inspectors found that the centre remained major non compliant. The action plan at the end of the report identifies the improvements that were required to comply 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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Staffing levels have been identified as non compliant at night time since the registration inspection in December 2014. On that registration inspection inspectors found that staffing levels decreased from 17.00hrs onwards in all units and most units operated with one nurse and one care staff from 20.00 and earlier in many units. The night nurse had to do the night time medication round and therefore this left only one member of staff to give out evening drinks and assist residents to bed and with other personal care needs. The inspectors found that these staffing levels were not adequate to ensure the nurse administered the medications safely without interruption and to ensure residents had a choice in bedtimes. On the follow up inspection in May the inspectors saw and were informed by staff that staffing ratios had increased in the early evening on most units. Staff reported that this had facilitated residents to stay up later and enabled staff to have more time to give more individual care to the residents. Shift times had also extended to ensure enough staff were available to assist with the later tea time. However, on this inspection and as was found on the single outcome inspection on the 29 July the inspectors saw institutional practices throughout the centre. The inspectors found that at 18.30 on a sunny Friday evening the majority of residents throughout the centre were in bed and curtains were closed. In the dementia specific unit in there were three residents out of the ten residents living there were in night attire before 18.00hrs despite them not retiring to bed until much later in the evening. The nursing staff were not able to give a rational explanation for this practice for two of the residents and it was not recorded in their care plans. These practices did not fit in with person-centred care nor did it promote the privacy and dignity of the residents on the units which were open to visitors for the evening. This was identified on the previous inspection and an
Immediate action plan was issued however this practice remains unchanged and there is continual non compliance with person centred practice. In most areas there were three staff on duty until 18.00hrs which reduced to two staff for the remainder of the evening and night and the inspectors formed the opinion that staffing levels contributed to these institutional practices. There was little happening for those residents that remained up but some did have visitors while a few were observed to be watching television.

Following on from the registration inspection the inspectors found that although there had also been some increase in staffing levels at night this extra one staff member was shared between two units. Therefore, on three out of five units the practice of the night nurse doing the night time medication round left only one member of staff to give out evening drinks and assist residents to bed and with other personal care needs had continued on those units. On this inspection the extra one member of night staff was not on duty every night and there had in fact only been three nights covered out of the previous week demonstrating a lack of ongoing commitment to any staffing levels increase at night time. The person in charge and provider told the inspectors that there were on going negotiations with unions in relation to staffing levels and skill mix. On the previous inspection the inspectors expressed concern in relation to the very low staffing levels at night and the ability of the staff to safely evacuate the residents in the case of a fire. The provider forwarded to the inspector a document completed by the HSE fire officer stating that with horizontal evacuation there were adequate staff available at night to safely evacuate the residents in the case of a fire.

Overall the inspectors were very concerned in relation to the supervision of staff by management as the there was ongoing continuation of institutionalised practices such as having the majority of residents in bed or in night attire at 18.30 on a sunny Friday evening. These practices have been identified at all inspections by the Authority since the first inspections of the centre and the inspectors formed the opinion that the culture of the centre has not changed and improved over time. The centre is not one that promotes individualised person centred practice and is not compliant with the regulations or standards in this regard.

The inspectors required that staffing levels were increased immediately at night and the institutionalised practices cease and the supervision of staff is kept under continual review to ensure the individual needs of residents are met at all times of day and night.

**Judgment:**
Non Compliant - Major

**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.
Centre name: Dungarvan Community Hospital
Centre ID: OSV-0000594
Date of inspection: 25/09/2015
Date of response: 14/10/2015

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 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors were not satisfied that the number of staff at night was sufficient to provide individual care to residents. There was evidence of negative impacts for residents due to poor staffing levels during the evening and nighttime.

1. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Management accepts that the staffing during the evenings and night time requires improvement. It is in this context that staffing rosters had been reviewed in January 2015 in order to incorporate the twilight shift. This change in staff rostering resulted in an Industrial Relations issue in the Hospital. On-going negotiations with union officials over a number of months has not produced an agreed solution to the issue. This included Labour Relations Conciliation on two occasions in July and September. This matter has now been referred to the Labour Court.

In order to provide the appropriate staffing in Dungarvan Community Hospital during the hours of 17.30pm to 22.30pm, it has been decided to provide extra staff in order to ensure correct skill mix to meet the needs of all residents. This has been implemented effective the 2nd October 2015.

Proposed Timescale: 02/10/2015
Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspectors were not satisfied that staff were appropriately supervised as institutionalised practices were allowed to continue in the centre.

2. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Training workshop has commenced with staff to look at patient centred care and rationale as to why patients are in bed at earlier time than normal. Review of assessments of patients choice of bed time has been carried out and same documented in Care Plans.
Increased activities are carried out in the evening time on all wards. Residents whose choice is to go to bed at an earlier time are encouraged to watch television and also there is one to one engagement and visiting is also being encouraged in the evenings.

In the dementia ward, particular attention is been made to ensure that there is patient centred care and that patients right to dignity is been adhered by all staff

The Person In Charge carries out unannounced ward rounds out hours and the findings documented. Feedback is provided to Clinical Nurse Managers and any appropriate actions taken.

Program has been developed to re train all staff in Person Centred Care to commence
on 14th October

**Proposed Timescale:** 02/10/2015