Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Dungarvan Community Hospital
Centre ID:	OSV-0000594
Centre address:	Dungarvan, Waterford.
Telephone number:	058 20900
Email address:	paula.french@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Barbara Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	Catherine Rose Connolly Gargan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	89
Number of vacancies on the date of inspection:	27

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 April 2016 10:30	05 April 2016 18:00
06 April 2016 09:00	06 April 2016 14:10

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially	Non Compliant -

	Compliant	Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Compliant
Outcome 09: Statement of Purpose		Compliant

Summary of findings from this inspection
This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. There was a specific dementia care unit and ten residents lived together in this unit. Inspectors also assessed St Michael's Unit which was a 12 bedded male unit. Ten residents had a diagnosis of dementia in this unit also. Inspectors observed that all of the residents required a high level of assistance and monitoring due to the complexity of their individual needs.The inspection also followed up on progress of the action plans from the last inspection of the centre and reviewed notifications and other relevant information.

As the centre had previously been served with a 28 day regulatory improvement notice inspectors added three further outcomes on this inspection which included:
*Governance and management
*Health and safety and risk management
*Statement of purpose.

The provider had completed a self assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant. The findings of this inspection are broadly in agreement with the provider's assessment with the exception of premises and health and social care needs which were found to be moderately non-compliant.

As part of the inspection, the inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as policies and procedures, staff rosters, care plans, medical records and risk management processes. They found that progress was made by the provider in implementing the required improvements identified by the registration inspection and subsequent follow up inspections.

However, acceleration was required to progress the refurbishment of the premises in order to meet the required standards particularly in relation to the dementia specific unit. Some improvements were also required in relation to care assessment and planning, medication management, and infection control practices in the centre.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3. There was a total of 89 residents in the centre on the day of this inspection; 36 residents had assessed maximum dependency needs and 20 had high dependency needs. 32 residents had a formal diagnosis of dementia.

Inspectors focused on the experience of residents with dementia in St Ann's and St Michael's units. They tracked the journey of four residents with dementia in these and also reviewed specific aspects of care such as nutrition, wound care and end-of-life care in relation to other residents residing in these units.

Inspectors found that there were systems in place to optimise communications between the resident/families, the acute hospital and the centre. All residents admitted under 'Fair Deal' had a Common Summary Assessment (CSARs) completed, which detailed the pre-admission assessments undertaken by the multidisciplinary team. Inspectors observed that residents transferred to hospital from the centre had appropriate information about their health, medications and their specific communication needs included with their transfer letter. Additional information to support residents, with behaviours that challenge was also included.

Comprehensive nursing assessments, using validated assessment tools were carried out on admission of all residents including those with dementia. Each resident had a care plan developed to address their individual needs. Residents' care plans were reviewed and updated if necessary every four months or more frequently in response to their changing needs. The documentation supported evidence that residents and or their families were involved in the development of care plans. While staff told inspectors residents and their relatives were consulted when care plans were reviewed, this was not documented.

Residents had access to general practitioner, specialist medical psychiatry and palliative care services. Residents also had access to allied health professionals such as dietician,

speech and language therapy and occupational support services. The inspectors observed that referrals made on behalf of residents were tracked to ensure timely consultations. Recommendations made from specialist consultations were documented and implemented.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis or more often when unintentional weight loss or gain was identified. Appropriate referral and consultation was evidenced by residents documentation. Recommendations made were recorded in care plan interventions and were observed to be implemented. Inspectors observed the lunchtime meal in one resident area on the day of inspection. Residents had a good choice of menu.

Menus were displayed on dining tables and text included photographs of the various dishes available to support residents with making informed choices about their food and fluid intake. Staff were observed discussing menu choices with residents whilst referencing the menu to give them opportunity to change their mind if they wished. There was evidence of efforts made to ensure residents with dementia had their individual food tastes and choices met. Residents were discreetly assisted with eating by staff who were observed to gently prompt and encourage residents to maintain their independence with eating and drinking. Meal-times were a social and relaxed occasion.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The inspectors reviewed a sample of residents' medication prescription and administration records. Inspectors observed that not all medication as required(PRN) was individually signed by the prescriber. In addition, discontinued medications were not signed by the prescriber as required. Frequency of audits by the pharmacy service required improvement to ensure their completion on a quarterly basis. While residents' medications were dispensed as needed, improvement was required to ensure the pharmacy service was facilitated to meet their obligations as required by the regulations. Staff told inspectors that the pharmacist did not routinely meet with residents.

Staff provided end-of-life care to residents with the support of their medical practitioner and community palliative care services. Accommodation was available for end of life care and relatives were accommodated to stay with the resident during this time. The centre had a large church which was available to residents for end-of-life religious services. The hospice-friendly-hospital (HFH) philosophy and standards for end of life care were observed to be integrated into the culture of the centre. A recognised symbol to indicate to visitors and staff that end-of-life care in progress for a resident in one of the units was displayed on the entrance door. Palliative care services were available to support residents and staff with symptom control, including pain management.

Inspectors observed that the end-of-life assessment of of residents wishes and preferences was commenced on admission, however, subsequent review was infrequent. Most residents did not have a corresponding end-of-life care plan developed to inform their 'end of life' preferences and wishes for their physical, psychological and spiritual needs, including their preferences regarding their preferred setting for delivery of their end of life care. Advance care plans for some residents were not supported with

documented multidisciplinary input including the involvement of the resident concerned.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls. A national incident management system (NIMS) was populated with this information. Falls audits were completed and included action plans that informed falls management. The Health Information and Quality Authority (HIQA) was notified of four skin lacerations since 01 January 2015 resulting from resident falls. Wound management records were informative regarding care procedures and photography was used to track wound healing. Tissue viability nurse specialist advice was available to support staff with care of residents' wounds in the centre if required. Inspectors reviewed pressure ulcer preventative care and found residents at risk of developing pressure ulcers had appropriate assessments and care plans completed. Pressure-relieving equipment such as, mattresses and cushions to prevent ulcers developing was available and observed in use.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were measures in place to ensure residents were safeguarded and protected from abuse. The safeguarding policy had been updated to reference the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2015). Staff training records indicated that all staff had annual training on the prevention, detection and response to abuse. Staff spoken with confirmed to inspectors that they had received this training and were aware of what to do if they suspected or were informed of an allegation of abuse. There were no allegations of abuse documented in the centre or notified to HIQA. Arrangements were in place for management of any allegations of abuse to residents.

Some staff had attended training on dementia care and managing behaviours that challenge. Inspectors observed that residents' behaviours that challenge were satisfactorily managed. Care plans were in place to direct care of residents with behaviour that challenges. Some residents prescribed for PRN (as required) psychotropic medications to de-escalate behaviours that challenges did not have this intervention documented in their care plans to be used when all non-pharmacological interventions were tried. This finding is actioned in outcome 1. The inspectors observed staff knowledgeably managing incidents of resident behaviours that challenge using a

respectful and gentle approach to de-escalate in each case. Residents had been regularly reviewed by their GP, and referred to mental health of later life for further specialist input.

From the cases tracked, it was evident that physical or chemical restraint was used as a last resort. Incidents where restraint was used were notified to HIQA. There was evidence that efforts were made to promote a restraint-free environment and bedrail use had been reduced in both units.

The person in charge managed some residents' finances. The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed. Residents could access their money kept in safekeeping as they wished.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Inspectors were satisfied that residents were consulted on the organisation of the centre. Residents' privacy and dignity was respected, and there were opportunities for residents to participate in activities that suited their interests. Inspectors reviewed the minutes of resident meetings, and records were maintained of issues raised by the residents at these meetings. Activities within the centre, and the menu were discussed, and it was clear that residents were individually given the opportunity to raise their own issues at these meetings.

Residents were facilitated to exercise their civil, political and religious rights. Residents could attend mass in the centre as there was a church on site. Each resident had a section in their care plan that set out their religious or spiritual preferences. There were no restrictions on visitors and residents could meet visitors in private. On the day of inspection visitors were observed spending time with residents in the private spaces available. Voting rights were respected, and the activities coordinator outlined the arrangements in place to inspectors. Inspectors saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents.

There were opportunities for all residents to participate in activities. There was a

structured program of activities in place which was facilitated by two activities coordinators, seven days per week and up to 20:00hrs four days per week. The inspectors spoke with the activity coordinators who confirmed the range of activities in the weekly program and they were well informed. They understood the needs of residents with dementia and were creative to ensure residents were provided with activities that met their interests and capabilities. In relation to residents with dementia there was evidence of appropriate techniques such as life stories, reminiscence, reality orientation or music used to enhance communication. Inspectors were satisfied that the activity schedule provided for both cognitive and physical stimulation.

The centre had purchased a minibus through local fund raising. However it was not yet in operation. In the meantime the centre used a local bus to provide day trips for residents to places of their choice. Links were being developed with the local community and on the first day of inspection students from the local secondary school went to the dementia unit and played the piano and sang songs. An inspector observed that residents enjoyed this entertainment.

There were notice boards available throughout the centre providing information to residents and visitors. The person in charge outlined details of independent advocacy services that were available to the residents. There were no residents presently requiring the service. However, this information was available and referrals would be made on the resident's behalf if required. To enhance family and friends knowledge of dementia, a dementia coffee morning had been held in February 2016. Families were provided with information on advanced dementia and advocacy services.

Inspectors found that in the dementia specific unit residents' capacity to exercise personal autonomy and choice was maximised. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room. Inspectors observed residents with dementia being encouraged and supported to follow their own routines. Inspectors saw that some residents did household chores, another resident wrote a daily diary. Staff told inspectors that breakfast times were at the residents choosing, and could go on till the late morning some days. Inspectors observed staff providing late meals for residents who missed breakfast or lunch. Residents choose what they liked to wear and inspectors saw residents looking well dressed, including jewellery and makeup.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two units. Inspectors observed that the person in charge and her team had also completed the QUIS tool on all units within the centre prior to inspection.

Observations of the quality of interactions between residents and staff in for selected periods of time indicated that the majority of interactions demonstrated positive connective care. Staff were observed to be very familiar with residents' physical care needs and their family backgrounds, efforts to chat to them about their family, previous interests or working life were found. Opportunities to discover how they were feeling, how their mood was emotionally or psychologically was evident particularly during meal

times. Inspectors heard staff talking to residents about their own childhood and school days.

Overall, staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tone of voice. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a written operational policy and procedure for making, handling and investigating complaints from any person about any aspect of the care or service provided. There was evidence from records and interviews that complaints were managed in accordance with the HSE "Your Service Your Say" policy.

The complaints log on two units were viewed by inspectors. Inspectors saw that five complaints had been reported to the complaints officer in 2015 and all had been resolved at local level. The clinical nurse managers outlined that most complaints were managed at a local level. If these complaints could not be resolved they were escalated up to the person in charge. The complaints procedure and a picture of the complaints officer with contact details was on display in the unit and at other locations in the centre.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. Inspectors observed that call-bells were answered in a timely fashion. Staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting rooms. An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster.

There was a written staff recruitment policy in place. An inspector reviewed a sample of staff files and found that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector observed that An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for nursing staff were in place in the staff files that were viewed.

Training records viewed and staff confirmed that all staff had up to date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. 100% of staff had been trained in dementia care. Staff had also undertaken other training such as medication management, restraint, person centeredness, responsive behaviour and hand hygiene. The nurse manager on the dementia specific unit had completed the first year of a masters programme for dementia. The inspectors saw that the assistant directors of nursing and some staff nurses had lead roles for specialist areas that included end of life, hand hygiene, adult protection , dementia care and were responsible for ensuring adherence to good practice standards and training on these topics. There was a training plan in place for 2016.

There was a clear organisational structure and reporting relationships in place. There were designated CNM posts of responsibility on the unit for the supervision of care and services to residents and the supervision and direction of staff. The inspector saw records of regular meetings between these post holders and senior nursing management at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the nurse manager and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

Throughout the inspection process it was found that staff were aware of their roles and responsibilities under the legislation. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents. Inspectors observed that residents were at ease in their surroundings and with staff.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre is a two-storey premises. Ten residents with dementia were accommodated in St Ann's dementia specific unit and the remaining 31 residents with dementia were integrated with other residents in the centre. The provider and person in charge were working to improve the quality of life and privacy and dignity for residents in the centre, in particular residents in multiple occupancy bedrooms. Refurbishment plans were forwarded to HIQA and were demonstrated to be in progress on this inspection.

All resident accommodation was located on the ground floor and comprised five separate units:
- St Ann's Unit is a dementia-specific unit providing accommodation for 10 residents incorporating nine long-term care residents and one respite resident. The unit also provides day care services from Monday to Friday for a maximum of three residents, one per day for three days each week :

- St Vincent's Unit is a 32-bedded unit for male and female residents. Four residents with dementia were accommodated on this unit
- Sacred Heart Unit is a 27-bedded unit for male and female unit. 3 residents with dementia were accommodated on this unit
- St Francis Unit is a female unit providing accommodation for 23 residents. 14 (60%) residents on this unit had dementia
- St Michael's Unit is a 12-bedded male unit and was recently refurbished. Ten residents on this unit had dementia.
- St Enda's Unit was closed for refurbishment. The 24 residents from this unit were accommodated in St Michael's and St Vincent's units.

This inspection focussed on care of residents in St Ann's dementia specific unit and St Michael's Unit. The inspectors viewed the accommodation provided for residents in all areas with the exception of Sacred Heart unit which was closed to visitors due to a suspected communicable infection outbreak.

Resident accommodation was primarily provided in two-bedded, four-bedded and six-bedded rooms. The significant number of multi-occupancy rooms impacted on the privacy and dignity of residents and resulted in most residents having limited scope for personalising their bed-spaces and limited facilities to secure personal belongings. On the inspection of the centre in December 2014, residents' meals were served in the sitting rooms in St Francis and Sacred Heart Unit. The inspectors findings confirmed that

the sitting room in Sacred Heart was sufficient in size to also function as a dining area. However, the sitting room in St Francis unit were inadequate in size for residents to dine comfortably as the room provided 2.8m² floor space for each resident. 11 (57%) of residents in this unit had assessed maximum dependency level necessitating their use of large assistive wheelchairs to meet their needs. While, inspectors were told on this dementia thematic inspection that no changes to these areas had taken place to date, refurbishment of St Michael's unit had been completed and work on St Enda's unit was due to commence.

St Ann's Unit, is the dementia-specific unit. The communal areas of this unit consisted of a dining room, a sitting room and a quiet room off the sitting-room. A room off the six bedded female bedroom was used for activities and storage. This room was not used on the days of inspection. While it provided an additional area for residents, it did not meet its stated purpose as access to the room was through a bedroom.This did not meet the privacy and dignity needs of residents residing in this bedroom. The communal dining-room was spacious and decorated in a traditional domestic style with familiar memorabilia and furniture. The room provided adequate space for residents to dine comfortably in and for staff to assist residents if necessary. The communal sitting-room was bright, spacious and homely.

The windows provided natural light and view of the garden for residents, The seating was varied and comfortable. There was one six-bedded room and one four-bedded room. These rooms were sparsely furnished and had been redecorated since the last inspection. Some personalisation bed spaces had taken place but the environment hindered a reasonable level of personalisation including storage and display of personal possessions, photographs and ornaments for residents with dementia. The internal corridors in St Ann's unit were arranged in a loop design, providing residents with good access around the unit and room to walk. There was an internal courtyard within the perimeter of the unit and a courtyard external to the unit, both were safe and secure. However, the doors were locked with a key to one area and a keypad controlled access to the second area. Therefore residents were unable to access either area independently.

While residents with dementia had wardrobe space in St Michael's and St Ann's units, it did not provide adequate space for residents to store and maintain control over their personal clothing. A room was provided in each unit for storage of residents clothing. Residents did not have independent access to their clothing in this room as the door was secured by a key-coded lock.

St Michael's Unit unit was a 12 bedded male unit. Ten residents had a diagnosis of dementia. Residents were provided with a sitting and dining-room. Although these communal rooms were adequately furnished, further improvements in the style and layout of furnishings would benefit the high number (83%) of residents with dementia in this unit. Bedroom accommodation was arranged in two four bedded multioccupancy rooms, one twin and two single bedrooms. The unit was bright and attractively painted. Residents had access to a comfortable quiet room.There was a secure external garden arranged on two levels with ramp access provided to lower level. Residents could not access the garden independently as the doors were secured by a key-code electronic lock and the topography of the garden posed risk of fall for some residents.

On the days of inspection the centre was bright, clean and appeared to be in a reasonable good state of repair. The grounds were well maintained. Although the topography of some garden areas posed a risk to residents who were at risk of fall, there was adequate external areas for residents. However, as outlined in this and previous inspection reports areas of the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities. The corridor leading to from the main entrance to St Michael's and St Ann's units was narrow in places and contained ramps. The link corridor between St Michaels and St Anns units did not have a handrail fitted. While, residents were provided with assistive equipment as required including pressure-relieving mattresses, cushions, hoists and walking aids, some toilets did not have a grab-rail fitted on either side. There were insufficient grab-rails fitted in some resident showers. Paint was peeling on one wall in St Michael's unit.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The provider and person in charge had measures in place to promote and protect the health and safety of residents, staff and visitors to the centre and the specific. However, the inspectors identified areas for improvement regarding risk management in the centre.

Fire safety measures were in place. Residents' evacuation needs were assessed with associate plans and evacuation drills in place, however, residents risk assessments required review to ensure they reflected residents' night-time needs and reflected night-time conditions.Training records confirmed that staff had received fire safety training and an ongoing training plan was in place.

There was a risk management system in place which included a health and safety statement and risk management policy. Arrangements and precautions were established for specific risks identified in the Regulations including resident absence without leave and self-harm. Hazards to residents were identified with associated controls put in place to mitigate level of risks. However, the inspectors found that some hazards found on inspection were not identified in the risk register including but not limited to;

- absence of handrails on some corridors posed a risk of fall to some residents,

- some uncovered radiators on narrow corridors were very hot to touch and posed a risk of burn
- risk of fall to residents on corridors with ramped surfaces
- risk of fall to residents in some gardens laid out on different ground levels.

Staff were observed to carry out hand hygiene as appropriate. While the centre was visibly clean throughout and arrangements were in place to ensure all areas were routinely cleaned, infection prevention and control procedures required improvement where a suspected infection outbreak was identified. One of the units which accommodated residents in long stay care was closed to visitors due to a suspected communicable infection outbreak on the days of this inspection. The entrance to the unit was not fitted with doors and a bed table was placed at the entrance with a notice advising restriction of visitors displayed on it. Inspectors requested that the trolley was replaced by a full width screen which was completed immediately. Procedures to ensure cleaning equipment was not used in other areas outside of this unit also required improvement. Inspectors observed that cleaning staff were using the same equipment to clean the floor of the unit with a suspected outbreak and an adjoining corridor which was used by the public to access all other units.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre. This included a nominated provider, person in charge and a clinical nurse manager. The nominated provider and person in charge had not changed since the previous inspection. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

The person in charge and clinical nurse manager demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. They demonstrated a sufficient knowledge of the legislation and their statutory responsibilities according to the Regulations. The person in charge was actively engaged in the governance, operational management and administration of this centre on a daily basis. Inspectors observed that the person in charge conducted regular out of hours unannounced visits to the centre.

The clinical nurse manager worked on the floor supervising staff and directly in the delivery of care to residents. The quality of care and experience of the residents was reviewed regularly through a quality care metric system that reviewed varied aspects of the service at different intervals. The inspectors viewed trends from October 2015 to January 2016 completed by the management team which included medication management, restraint, documentation and falls. There was an adequate level of compliance found throughout the audits and corrective actions were recorded for any issues were highlighted in the audits.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. Inspectors saw that a quality improvement plan as a result of the annual review had been developed for 2016 which included action plans, responsible persons and dedicated timeframes.

Judgment:
Compliant

Outcome 09: Statement of Purpose

Theme:
Governance, Leadership and Management

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

Findings:
Inspectors found that the statement of purpose met the requirements of the Regulations. It accurately described the services and facilities that was provided in the centre and was kept under review by the person in charge and the provider. The statement of purpose was available to residents. Overall, inspectors found that in general the services offered were in line with the content of the statement of purpose.

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

Action Plan

Provider's response to inspection report[1]

Centre name:	Dungarvan Community Hospital
Centre ID:	OSV-0000594
Date of inspection:	05/04/2016
Date of response:	11/05/2016

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff told inspectors residents and their relatives were consulted when care plans were reviewed, this was not documented.

1. Action Required:
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of that resident or where the person-in-charge considers it appropriate, to his or her family.

Please state the actions you have taken or are planning to take:
An audit has been carried of all care plans and system in place to ensure that there is consultation and consent from the residents or where the person in charge considers appropriate to consult family.

Proposed Timescale: 10/05/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Most residents did not have a corresponding end-of-life care plan developed to inform their 'end of life' preferences and wishes for their physical, psychological and spiritual needs.

2. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Nursing administration has commenced a process to discuss the residents preferences and wishes when approaching end of life including the client and relative and this is ongoing process. "Think ahead form "has been introduced to residents who choose to participate.

Proposed Timescale: 30/05/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure the pharmacy service was facilitated to meet their obligations as required by the Regulations. Staff told inspectors that the pharmacist did not routinely meet with residents.

3. Action Required:
Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

Please state the actions you have taken or are planning to take:
Choice of pharmacists will be given to residents on admission.

Proposed Timescale: 06/05/2016

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that not all medication as required (PRN) was individually signed by the prescriber. In addition, discontinued medications were not signed by the prescriber as required.

4. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Meeting held with medical officer on 14 April 2016 to inform him of his non compliance with Regulations. Nurses also have completed HSE LAND medication management to ensure that they are administering within regulations and policy.

Proposed Timescale: 25/04/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The significant number of multi-occupancy rooms impacted on the privacy and dignity of residents and resulted in most residents having limited scope for personalising their bed-spaces and limited facilities to secure personal belongings.

5. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
Refurbishment of St Ann's Ward is to be completed by the 17 July 2016 to provide single rooms x 2 and also reduce 5 bedded areas to 4 bedded area.

Proposed Timescale: 17/07/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Some toilets did not have a grab-rail fitted on either side. There were insufficient grab-rails fitted in some resident showers.

6. 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:
An audit of all toilets and showers have been completed to ensure that sufficient grab rails are in place.

Proposed Timescale: 06/05/2016

Outcome 07: 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:
Inspectors found that some hazards found on inspection were not identified in the risk register including but not limited to;

- absence of handrails on some corridors posed a risk of fall to some residents,
- some uncovered radiators on narrow corridors were very hot to touch and posed a risk to residents
- risk of fall to residents on corridors with ramped surfaces
- risk of fall to residents in some gardens laid out on different ground levels.

7. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All risks have been updated within the designated centre and they are reviewed on monthly basis.

Proposed Timescale: 13/05/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors observed that cleaning staff were using the same equipment to clean the floor of the unit with a suspected outbreak and an adjoining corridor which was used by

the public and all staff to access other units.

8. 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.

Please state the actions you have taken or are planning to take:
Refresher training for staff on standard infection control procedures in management of outbreaks.

Proposed Timescale: 29/06/2016