

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carndonagh Community Hospital
<b>Centre ID:</b>	OSV-0000616
<b>Centre address:</b>	Convent Road, Carndonagh, Donegal.
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Mary Gwendoline Mooney
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Shane Grogan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	38
<b>Number of vacancies on the date of inspection:</b>	8

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 April 2016 09:30 To: 20 April 2016 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It was the seventh inspection of this centre. During the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures and the premises were reviewed. The inspectors talked with residents and staff during the inspection and also reviewed the feedback questionnaires returned to the Authority.

Carndonagh Community hospital is operated by the Health Service Executive (HSE). The main hospital was built in 1956 and provides a broad spectrum of care to people in the Inishowen area. This includes long term continuing care including dementia care, short term assessment, respite, convalescent, rehabilitation and palliative care. It comprises of three units, Oak and Elm provide general care and Ard Aoibhinn is

dedicated to the care of people who have dementia. The centre provided a welcoming environment for residents. The building was comfortably warm, had good natural light and was generally well maintained.

Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and health was promoted by supporting residents to continue to do as much as possible for themselves and by ensuring residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised and this aspect of service delivery had improved significantly since the last inspection when an action plan identified the need for improvement in social care opportunities in the dementia care unit. Staff in the dementia unit conveyed good understanding of distressed behaviours that residents may present and could describe factors that triggered such behaviour such as difficulty communicating and frustration at needing help to do ordinary activities. Relatives and residents described the staff in positive terms and said staff were "caring and kind", "always ready to help" and "good at making contact when there was a change in health or when something needed to be talked about" and described staff as readily available to talk to if they had matters to discuss on a day to day basis.

The inspectors noted that there was good access to medical services including mental health services and that residents had good support from allied health professionals. There were regular reviews of medication and the inspectors saw that there was a coordinated approach to ensuring that residents were informed about their medication and that medication was reduced where this was possible. There were adequate staff on duty to ensure safe care for residents. There was an ongoing training programme in place and staff deployment ensured that the maximum number of staff had an opportunity to participate. All staff had completed training in the mandatory topics of adult protection, moving and handling and fire safety.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyze potential risks and control measures were in place to ensure risk was minimised. There is an upgrade programme in place to address the premises deficits highlighted in previous reports. The areas scheduled for attention include communal sitting and dining space that needs to be increased and better privacy standards in bedroom areas. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated.

The last inspection of the centre was an announced inspection conducted on 30 and 31 March 2015 for the purpose of registration renewal. In addition to the premises issues described above there were improvements required to care plans to ensure they were person centred and reflected residents' individual needs and improvements were also required to some documentation that included the directory of residents and policies and procedures for staff training. These areas were reviewed during this inspection and were found to have been addressed. The

ongoing premises non compliances remain outstanding. In addition the following improvements were noted to need attention to comply with current legislation:

**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 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):**

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

**Findings:**

There is a clear management structure in place. The person in charge is supported by the director of nursing from a nearby community hospital and there are clinical nurse managers in each unit that provide cover when the person in charge is off duty. Senior management support is available from the provider and from the services manager for older people.

There were a number of actions assigned as a result of the previous inspection and these had been satisfactorily addressed. The policies on missing persons, staff training and development, and restraint had been updated. The directory of residents had been updated to bring it into compliance with the requirements of legislation. The premises shortfalls described in previous reports, and still on-going, are scheduled to be addressed through a refurbishment programme put in place by the Health Service Executive.

**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:**

There had been no change to the role of person in charge since the previous registration. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.

She demonstrated good clinical knowledge and she was familiar with the care needs of residents currently accommodated. Residents knew the person in charge and identified her as someone to go to if they had a serious problem. Otherwise they would go to any member of staff they said. She had a good understanding of her legal responsibilities as described in the regulations and standards.

**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):**

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

**Findings:**

A policy on staff training as required by schedule 4 records had been developed since the last inspection. The inspectors found that the administration systems were well established and all records were accessible and available for inspection.

However, the records maintained in relation to wound care did not always provide an overview of the changes or progress of the wound being treated. A narrative record was recorded for residents each day but it was difficult to obtain an overall clinical picture of the resident. The records generally described aspects of physical care only and did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being. For example some residents who had behaviours associated with dementia or who exhibited distressed behaviours at varied times of the day had significant input from staff but the requirement for these interventions to ensure residents comfort, safety and well being

were not fully described in care plans or in the daily records.

**Judgment:**

Non Compliant - Moderate

***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:**

Measures to protect residents being harmed or suffering abuse were in place. The procedures related to the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse document were in place. Staff had received training in adult protection to ensure they could appropriately safeguard residents and protect them from harm and abuse.

Staff knew what constituted abuse and could describe aspects of abuse such as neglect. They knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment however the inspector found that the format for the assessments needed review. In the sample of restraint assessments reviewed the inspectors found that the information available indicated why equipment such as bed rails was in use. The most frequently recorded reason for bedrails was to protect residents from falling out of bed. The use of bedrails was reassessed periodically and the inspectors found that there was emphasis on promoting a restraint free environment and alternatives were put in place before the option of bedrails was selected.

There were some residents with fluctuating behaviour patterns that required intensive



staff input at times. The inspectors saw that additional care and supervision care was provided where required and that interventions were put in place to minimise disruption to other residents. There was a policy that provided staff with guidance on how to manage fluctuating and responsive behaviours and some staff had training that provided them with additional skills to manage such behaviour effectively in a manner that protected the dignity of the resident. While all staff in the dementia unit had this training, few staff in the general unit had completed training and the inspectors found that all staff required training as many residents were admitted to the general unit for respite care had problems associated with dementia or confusion.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Safe care and support

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

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

**Findings:**

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had an up to date Health and Safety Statement dated January 2015. The risk management arrangements in place were overseen by a health and safety committee that comprised of representatives from the multidisciplinary staff group and included the pic, a health and safety representative from the maintenance team, a nurse, clerical staff and allied health professionals. There was good emphasis on general hazard identification and control measures to prevent adverse outcomes were outlined. For example, an evidenced based falls prevention programme had been introduced and this had reduced the incidence of falls by 55% since it was introduced in 2014. Residents' vulnerability to falls was assessed on admission and measures were put in place to reduce the risk of falls relevant to the degree of risk identified. Varied coloured leaves were displayed near residents' beds or on bedroom doors to alert staff to the degree of risk and to prompt extra vigilance in the case of high risk. Each falls incident was reviewed and factors that could have contributed to the fall together with prevention measures were identified as part of learning from incidents/adverse events involving residents. A review of the accident log showed that regular audits of falls were being performed. Falls risk assessments were reviewed following incidents and records showed that neurological observations were recorded where falls were unwitnessed or where head injury was suspected.

The systems in place for infection control management met good practice standards. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff when they moved from area to area or

from one activity to another. There were supplies of personal protective equipment readily available in all areas. An external audit of infection control practice in both units indicated that cleaning standards were satisfactory and that overall compliance across the audit was 85%. The findings had been communicated to the staff team the person in charge reported.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were assessed and used to inform care plans. There were good descriptions of the risks presented and the control measures in place were described in the relevant areas of care records.

The building was generally clutter free despite the limitations on space in some bedroom areas and a lack of storage space. An action plan outlined in the last inspection report highlighted the risk associated with the storage of equipment such as hoists in hallways. This matter had been addressed satisfactorily.

There was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. A review of fire equipment and staff training showed that all staff had up to date fire training and all fire equipment had received regular servicing in line with the requirements of legislation. There was a schedule of training identified for 2016 to ensure staff had opportunity to update their knowledge on fire safety. There were regular fire drills undertaken and there was evidence of learning from these events which was used to inform future exercises. The inspectors noted that a number of fire doors were held open with wooden wedges which prevented them from automatically closing in the event of a fire.

The centre had a missing person procedure and there were personal profiles outlined that described safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and the dementia unit was secure. There were moving and handling procedures in place and 65 out of 70 staff were up to date with training in moving and handling techniques. Plans were in place to ensure the remaining staff including kitchen staff received the required training. Equipment such as hoists was noted to be in good condition and regularly serviced.

A risk associated with the open sluice room door was identified during the inspection meaning this area could be accessed by residents.

**Judgment:**  
Non Compliant - Moderate

***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):**

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

**Findings:**

The inspectors found that there were safe systems in place for the management of medication. There were clinical areas where the medication trolleys used in both units were stored. These areas were noted to be clean, well organised and contained clinical equipment and the policies and procedures that applied to medication management. The fridge used to store medication was clean and functioning at an appropriate temperature that was checked and recorded daily by staff.

Staff were well informed about the medication in use and residents' medication regimes. The inspectors found that arrangements were in place to have resident's medication reviewed at three month intervals by doctors, specialist services and nursing staff. Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There was one action outlined in the last report. This related to prescribing for "as required" PRN medication and was addressed. The maximum dose to be administered in a 24 hour period was identified for staff on medication administration records. There was a regular audit system to ensure that medication management systems were in line with good practice. The most recent audit had indicated that arrangements met the established standards with the exception of the use of generic names for drugs which were not always used.

**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:**

The inspectors reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief

Inspector.
<b>Judgment:</b> Compliant

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

**Findings:**  
All residents had care plans and the required improvements outlined in the last inspection report were in progress. Care plans for residents with dementia were being reviewed to ensure they conveyed information to guide staff interventions and inform care practice. There was more specific information on what personal care activities residents could undertake independently and how distressed behaviour patterns presented. However, care plans required further attention as there were no care plans specifically related to dementia care for some residents with this condition and some lacked essential details on communication that would guide practice such as detail on levels of orientation, information on who residents still recognised and capacity to understand or take part in conversation.

On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspectors noted that the assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence that residents and relatives are involved in care plans and that their views are incorporated into daily care practice. This was confirmed by the occupational therapist who had a role in coordinating care between the centre and the community where residents were admitted for respite care. Information on residents' life styles and the views of family were used to develop care plans and ensure that care was delivered in accordance with residents' wishes and normal routines. Nursing staff could describe residents care needs comprehensively and it was evident from the conversations the inspector had with them that they were familiar with the health and cognitive capacity of

residents and were aware of times when distressed behaviours could occur.

However, care plans did not in many instances reflect the level of knowledge that staff described. In one instance a care record conveyed that the resident had dementia and would require prompting with personal care however there was no information or assessment of the level of cognitive impairment, how it impacted on day to day life or what interventions the resident required to ensure his care needs were addressed. Care plans did not provide adequate information on communication capacity or where assistance may be needed.

A narrative record was recorded for residents each day but it was difficult to obtain an overall clinical picture of the resident. The records generally described aspects of physical care only and did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being. For example, some residents who had behaviours associated with dementia or who exhibited distressed behaviours at varied times of the day had significant input from staff but the requirement for these interventions to ensure residents comfort, safety and well being were not fully described in care plans. In summary, where residents had dementia the assessment and impact of this condition was not clearly defined and consequences such as behaviour problems were not specifically related to dementia although some would be a recognised part of specific stages of dementia progression.

Residents had access to appropriate medical and allied healthcare professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. The residents' files contained relevant risk assessments, consent forms and emergency contact information.

The care plan to address a leg ulcer wound was reviewed. This was noted to provide comprehensive information on the size and condition of the wound, the dressings to be applied and pain management. There was a wound management policy to guide staff in the prevention and management of wounds and the practices in place reflected the policy. The inspectors saw that records outlined the progress of the wound and responses to treatment. Staff were well informed on wound care practice.

There were some residents with behaviours that fluctuated such as wandering, intruding on others, resistance when personal care was in progress, hoarding and who required high levels of observation. The inspectors saw that staff engaged residents constructively and supervised them closely to ensure their safety. The inspectors formed the opinion that appropriate care was delivered to residents and that their welfare was promoted.

Food and nutritional requirements were assessed and monitored and residents were able to provide their views on the menus and indicate their particular preferences. There was regular monitoring of weight to detect fluctuations and staff were aware of the

indicators that required referral to allied health professionals and medical staff. The inspectors saw that the residents that were being monitored closely because they had lost weight were responding to enhanced nutrition and the care interventions in place. Residents who had increased in weight were also referred to the dietician and a weight reduction plan was implemented. Education was provided to residents to encourage them to adhere to the plan. The inspectors noted that significant weight increases had usually occurred before referrals were instigated and while weight monitoring continued there were few references to how the plan was progressing or what weight loss had been achieved. The inspectors concluded that weight fluctuations upwards and downwards should have similar management strategies to ensure good outcomes for residents.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The centre is comprised of two units Oak and Elm and a dementia care unit called Ard Aoibhinn, which was developed in 2007. The number of registered places is 46 - 16 residents in Ard Aoibhinn and 30 in Oak and Elm wards. Previous inspection reports have outlined aspects of the Oak and Elm units that are were not in compliance with requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas that have been noted to require attention included, the sitting room was confined for the number of residents who used the area and it was difficult to manoeuvre residents in wheelchairs and specialist chairs when the room was fully occupied. The dining space was also inadequate and could not accommodate all residents comfortably. Some residents remained in their bedrooms or in the sitting room for their meals which limited opportunities for social engagement at mealtimes. A number of bedroom areas are multiple occupancy and accommodate more than two residents. Elm unit had a bedroom that accommodated four residents and another that had three occupants. Oak had two bedrooms that accommodated four residents. This communal layout

compromised privacy and the way staff could provide person centred care. These matters have been highlighted in previous inspection reports and the Health Service Executive has informed the Authority of plans to redevelop the centre to appropriate specifications.

Ard Aoibhinn is purpose designed unit established to meet the needs of people with dementia. The unit has many features that reflect good dementia design and that promote independence. These include different colours on bedroom doors, good lighting and varied areas to sit or to take part in activities. It comprises eight single rooms and four twin bedrooms. All bed rooms have an en suite toilet, shower and wash-hand basin.

There was an appropriate range of equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records indicated that equipment was maintained in good working order. The centre was noted to be visibly clean and equipment such as commodes and hoists were clean and in good condition.

The inspectors noted that bedroom spaces were personalised with photographs and items that residents wished to have by their beds. In the dementia unit there was meaningful signage to assist residents find their rooms and communal areas. Signage reflected residents' interests and took in to account vision problems. Photographs, pictures of occupations, leisure activity and favourite flowers were used to illustrate locations in a meaningful way.

In addition to the space issues that require attention the following areas also require remedial action including that some communal bedroom areas had limited storage space for personal belongings which significantly restricted the possessions that residents admitted for long term care could take in to the centre. Lockable space to enable residents to retain valuable items was not available for everyone. There was evidence of wear and tear to the building both to the internal and external areas of the Oak and Elm units. In Ard Aoibhinn there was damage noted to the floor in the kitchen areas in front of sinks. Windows throughout the centre required cleaning and a schedule to ensure windows were maintained appropriately clean all the time.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The inspectors found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. This aspect of practice was noted to have improved significantly in the dementia care unit with good outcomes for residents. An action plan in the last report highlighted the absence of a structure to support social care in this unit and inadequate arrangements to ensure that social activities took place daily.

The inspectors observed that a varied programme was now available. This was coordinated by an occupational therapist and the staff team. Activities were based on residents' interests and included reminiscence activity, gardening and music. An activity was scheduled morning and afternoon. Playlists of residents' favourite music had been compiled so that they could listen to this at leisure or if they did not want to participate in an activity. There was good use of the outdoor garden area with several residents noted to sit there to enjoy its amenity.

The day to day life patterns of residents admitted for respite care were recorded so that staff could continue their regular routines and ensure they retained their levels of independence while in the centre. The occupational therapist worked across the residential centre and the community. This ensured that there was appropriate information on residents health and condition at the time of admission and discharge and ensured safe arrangements were in place at the time of these transitions.

The inspectors observed that staff engaged and acknowledged residents when they met, when they undertook personal care and when they entered and left rooms. Contacts were noted to be pleasant and respectful and there was plenty of general every day conversation in evidence. Staff could describe to the inspectors how they helped residents orientate to their environment and participate in day to day life to their maximum ability. Residents were offered clear choices, given time to respond to questions and were encouraged to do as much as they could for themselves.

Residents in the general unit also had a wide ranging activity programme which was facilitated by an activity coordinator throughout the week and over weekends when specific events were scheduled. The regular activities included crafts, music and the celebration of birthdays and occasions of significance. Residents said that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and being kept up to date with community events.



**Judgment:**  
Compliant

***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:**

The inspectors reviewed staffing levels on each unit and discussed the staff allocation with the person in charge and the staff team. They observed the impact of the deployment of staff on care practice and the provision of social care. Staff described how they allocated workloads and determined staffing requirements. Staff told the inspectors that they generally worked in one area to maintain continuity of care and to ensure they were familiar with residents and their care needs. The inspectors found that the day and night staff allocation was appropriate to meet the needs of residents. There were three staff shortfalls due to illness absence and these were covered by agency staff employed on a continuous basis.

The inspectors talked to varied staff members and found that they were knowledgeable about residents' individual needs, the emergency procedures including fire safety and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit had been developed within the centre. Nurses, carers and ancillary staff worked well together the inspectors was told.

The inspectors talked to residents about their experiences of being cared for in the centre. They were positive about the care they received and made the following comments:

"Staff are always on hand and I can have a quiet time while I am here"

"Care is good here and I don't want to go anywhere else".

Other residents said that aspects of the service such as food and laundry were also satisfactory.

The inspectors observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms

and sitting rooms throughout the inspection.

**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:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Carndonagh Community Hospital
<b>Centre ID:</b>	OSV-0000616
<b>Date of inspection:</b>	20/04/2016
<b>Date of response:</b>	07/07/2016

### 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 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:**

A narrative record was recorded for residents each day but it was difficult to obtain an overall picture of the residents health and condition. The records generally described aspects of physical care only and did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being. For example some residents who had behaviours associated with dementia or who exhibited distressed behaviours at varied times of the day had significant input

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

from staff but the requirement for these interventions to ensure residents comfort, safety and well being were not fully described.

Wound care records did not always convey the condition and response to the treatment plan in place.

**1. 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:**

Clinical nurse managers have been assigned the task of reviewing the care plans in the areas of social and psychological care to ensure that all residents who have behaviours associated with dementia or who exhibit distressed behaviours at varied times of the day have interventions that are fully described in their care plans.

Wound care refresher training scheduled for the 13th and 20th July for all nursing staff to ensure that wound care records include ongoing evaluation of treatment plans

**Proposed Timescale:** 30/09/2016

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff who worked in the general unit required training in responsive behaviour management due to the changing profile of the resident group.

**2. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**

Training to be completed for the remaining staff in the areas of how residents respond in certain circumstances, actions to be taken to support and including how to avoid the situation escalating

The training programme to support this will be rolled out in 2 further sessions before the year end.

**Proposed Timescale:** 30/12/2016

## Outcome 08: Health and Safety and Risk Management

**Theme:**

Safe care and support

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

A small number of staff required refresher training in moving and handling procedures according to records reviewed by inspectors.

**3. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**

Date scheduled for refresher Manual Handling training on the 27th July 2016 for the few remaining staff.

**Proposed Timescale:** 30/09/2016

**Theme:**

Safe care and support

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

The open sluice door created a risk due to the possibility of unauthorised entry.

**4. 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:**

Review of the risk with Infection Control Officer. The key pad that was in use had been discontinued with advice from the Community Infection Control officer as it is a potential medium for infection. A heavy, slow closing door is in use on the sluice room. There is a locked cupboard within the sluice room for the safe storage of any products. There have been no incidents of unauthorised entry to date.

**Proposed Timescale:** 07/07/2016

**Theme:**

Safe care and support

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

Some fire doors were wedged open which compromised the fire safety containment

arrangements as the doors would not close in the event of a fire.

**5. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**

The wedge has been removed and staff advised of risk by email. Request for review of the slow closures/magnetic locks on the doors have been made to the Fire Inspection Team on June 28th. This risk will be highlighted during our regular fire training.

**Proposed Timescale:** 30/09/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

Some residents with dementia did not have a care plan that identified their care needs in relation to this condition. Some care plans in place lacked essential details on communication that would guide practice such as detail on levels of orientation, information on who residents still recognised and capacity to understand or take part in conversation.

There was in some cases no information or assessment of the level of cognitive impairment, how it impacted on day to day life or what interventions the resident required to ensure his care needs were addressed. Care plans did not provide adequate information on communication capacity or where assistance may be needed.

Residents were appropriately assessed in relation to nutrition requirements and weight loss and gain was addressed but weight gain was not referred for specialist assessment expediently to ensure residents' optimal good health.

**6. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**

All care plans are under review /reassessment to include the essential details on communication that would guide practice such as detail on levels of orientation, information on who residents still recognised and capacity to understand or take part in conversation in relation to their level of cognitive impairment.

Where weight gain has occurred referrals will be made in a timely fashion for specialist assessment.

**Proposed Timescale: 30/09/2016**

### **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:**

The sitting space in Oak and Elm units was confined and did not provide appropriate space for the number of residents the centre could accommodate.

Dining space was also inadequate and could not facilitate all residents in comfort.

A number of bedroom areas were multiple occupancy and the communal layout compromised how staff could deliver person centred care and promote adequate levels of privacy.

Residents could only have a small amount of possessions near their beds in the general unit due to space restrictions and limited storage facilities. Lockable space was not universally available.

There was evidence of wear and tear on paintwork on parts of the building.

The floor was damaged in the kitchen areas in Ard Aoibhinn.

**7. 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:**

1. Quotes are being sought for the painting of the inside and outside of the building and a programme of works; dependent on funding approval will follow.
  2. Floor covering in the kitchen areas of Ard Aiobhinn have been measured for replacement. To be replaced by August 30th 2016
  3. Review of existing space to create a personalised space for resident's belongings is under review. A lockable drawer for the remaining residents will be completed by September 30th 2016
- Extension to the sitting and dining room and review of the multiple occupancy rooms in relation to space are scheduled in planned works and are to be completed by 2021.

Proposed Timescale: September 30th 2016 and 2021 for extension

**Proposed Timescale: 30/09/2016**

**Theme:**

Effective care and support

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

The windows throughout the building required cleaning and a schedule to ensure they were maintained in an appropriately clean condition.

**8. 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:**

Cleaning of the windows scheduled for the 11th August and a schedule for cleaning will be developed.

**Proposed Timescale:** 30/08/2016