

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carndonagh Community Hospital
Centre ID:	OSV-0000616
Centre address:	Convent Road, Carndonagh, Donegal.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	5

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:
20 July 2017 11:30	20 July 2017 19:30
21 July 2017 08:30	21 July 2017 15:30

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		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. The purpose of this inspection was to determine the standard of care and quality of life for residents with dementia living in the centre.

The inspector observed the delivery of care, reviewed the systems in place in relation to admissions, discharges, assessments and care plans and viewed the premises layout over two days. Staff, residents and visitors that the inspector talked to provided their views on the operation of the centre and the services provided. The inspector found staff who worked in the centre were well informed about residents' care needs and life styles. They conveyed positive attitudes about their roles and described training on dementia care that they had received that had enhanced their awareness of how dementia impacted on day to day life and well being. The inspector observed care practice and interactions between staff and residents. Staff were observed to be respectful and friendly to residents. They demonstrated that

they were familiar with how dementia affected people personally and took this into account during interactions and when delivering personal care. For example, residents who liked to sit alone for periods were enabled to do this, residents who liked personal care delivered at varied times were accommodated and people who required extra time at meal times were supported appropriately by staff. Residents were always greeted by staff when they met and visitors were welcomed throughout the day. The inspector was told by residents that staff took time to ensure they "were satisfied and comfortable during the day " and one resident said " I have made good progress here and feel well". A project to enhance how person centred care was delivered was underway in conjunction with another designated centre and St. Margaret's University in Edinburgh. This initiative was found to have a beneficial impact for residents as staff were ensuring that specific measures were put in place to meet resident's needs and expressed behaviours.

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 is comprised of two units Oak and Elm that provides general care and a dementia care unit called Ard Aoibhinn, which was developed in 2007. The number of registered places is 46 - 16 residents are accommodated in Ard Aoibhinn and 30 residents in the Oak and Elm units. Ard Aoibhinn is designed 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, high levels of natural and artificial lighting and accessible safe garden areas. There are a variety of areas where people can sit in small groups or that can be used to facilitate varied activities. Bedroom accommodation comprises of eight single rooms and four twin bedrooms. All have en suite toilet, shower and wash-hand basin facilities.

Oak and Elm units were noted to be comfortably furnished however there are a number of aspects that are 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. These matters have been highlighted in previous inspection reports and the provider representative has a plan in place to redevelop these units to meet the appropriate specifications. The areas that were noted to require attention include the sitting and dining rooms which do not have adequate space to accommodate all residents in comfort and bedroom areas that are multiple occupancy and do not provide adequate levels of privacy.

The inspector judged there was an adequate complement of staff available to effectively meet the needs of residents however the deployment of staff to ensure appropriate and consistent social care for residents in the dementia unit required review. There were safe recruitment and vetting procedures in place. The person in charge was familiar with the legislation relevant to the recruitment of staff who work with vulnerable people.

There was access to general practitioners (GP) and to allied health professionals when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed by nurses and care staff. There were arrangements in place for residents to receive expedient care from allied health professionals and the team for old age psychiatry when needed.

There were 41 residents accommodated at the time of inspection. The majority of residents were in advanced old age and over half had a diagnosis of dementia either as their primary diagnosis or as an underlying condition. The inspector found that the staff were responsive to residents needs, were well informed on up to date dementia care practice and were kind and caring during their contacts with residents.

There were policies and procedures in place to safeguard residents from abuse. All staff had completed training on abuse and were knowledgeable about the steps they must take if they witness, suspect or were informed of any situation that could be determined as abuse.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas that required improvement included better attention to care records so that residents' progress and responses treatment are evident, more consistent allocation of staff to social care in the dementia unit and a progress update on the plans for refurbishment of Oak and Elm units to ensure the timeframe for completion in 2020 is achieved.

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 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):

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

Findings:

The inspector found that the health and wellbeing of residents was promoted by a high standard of nursing care and that appropriate access to medical and allied healthcare services was available to support and guide care practice when required. Suitable arrangements were in place to assess and address the specific health and nursing needs of residents with dementia. Pre-admission information and assessments were available and reviewed by staff to ensure that the service could meet the needs of individual residents. Assessments included the use of validated tools to determine residents' memory, orientation, medical and personal care needs. Areas of risk that included vulnerability to malnutrition, falls, compromised skin integrity and fluctuating behaviours were also assessed. Care plans based on the assessments completed were developed within 48 hours of admission.

Dementia care needs were well described in the sample of care plans reviewed. There were some very good examples that described person centred care. For example, residents who had communication problems and sensory difficulties were found to have care plans that provided detailed guidance on the actions staff should take to address their needs. Staff were advised to ensure they sat by the resident's best "hearing" side, to speak clearly and maintain eye contact and to ensure the environment was quiet. Communication capacity was described well in records with information available that indicated that staff knew when residents could follow instructions and when capacity for understanding was limited. This information was noted to be used by staff when asking residents where they wished to spend time during the day and when establishing food choices at meal times. Residents had a choice of when they got up and went to bed. The inspector saw that such choices were known to staff and facilitated. Residents were observed having breakfast in bedrooms or the dining rooms at varied times during the two mornings the inspector was in the centre.

There was evidence that residents and their families were involved in the care planning process. The consultations with residents or their representatives was recorded and used to inform care plans. The inspector saw that the views and knowledge of life style patterns conveyed by family members were taken into account and used to inform and

guide staff on the delivery of person centred care. The staff team were involved in a person centred care research programme with another designated centre and Queen Margaret's University in Edinburgh. Staff had undertaken an observation exercise in the dementia care unit where they had experienced the environment from a resident's perspective. The inspector was told that this had made them more aware of how intrusive noise levels could be, how they conveyed information to residents and overall made them more thoughtful about how they undertake their duties.

There were arrangements in place to meet the end-of-life care needs of residents in accordance with their wishes where it had been possible to establish their views or the views of family members. Care plans outlined wishes and hopes regarding their physical, psychological and spiritual care including their preferred place for receiving care. Residents had access to clergy and to other pastoral care from different faith groups. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents' GPs.

The staff had established good relationships with local acute hospitals and with specialist services such as the psychiatry of later life service. When admission to acute services was required a detailed transfer form was completed to ease the transition process for the resident. This included details regarding their level of mobility, falls risk, communication needs, dietary requirements and prescribed medications. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

The inspector reviewed the management of clinical matters such as wound care, diabetes care, falls management and nutrition. There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis or more regularly if there were clinical indicators of change thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector noted that regular monitoring of weight was undertaken and actions were in place to address unplanned weight fluctuations. Evaluations of care provided an overview of how the resident had responded and there were onward referrals to doctors to review care if additional actions were required. Details of residents' specialist dietary needs as recommended by dietician and speech and language services, in addition to individual food preferences, were available for reference in the kitchen. Residents had a choice of hot meals at lunch time and could choose their preference for evening meals. Residents requiring assistance with eating were assisted discretely and sensitively. The majority of residents who required assistance had their meals in the dining rooms and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people. The inspector noted that adequate staff were available at meal times to ensure that residents had the support they needed. Residents were satisfied with the meals provided and told the inspector that the food was "as good as at home", "tasty and very varied" and two residents also said that staff provided alternatives when they did not feel like having a full meal. The inspector saw that food was attractively served and that meal times were made enjoyable by staff encouraging interactions and supporting residents to make conversation. Staff were found to have undertaken some interventions that had proved

very successful where residents had percutaneous endoscopic gastrostomy (PEG) nutrition systems in place. Some residents had been supported to eat modified foods that had resulted in a significant reduction in the nutrition supplied by the PEG regime. This meant the resident could eat food in a modified format independently which had enhanced quality of life and social opportunities significantly. Residents admitted for periods of rehabilitation were following their exercise programmes and reported significant improvements in their ability. They confirmed that staff including physiotherapy staff had engaged and advised them on how to undertake their exercises safely. Reviews of care and daily records did not convey the progress made in these instances and did not reflect the effectiveness or outcomes of staff interventions during critical care periods. The inspector concluded that the reviews of care and daily records required improvement so that they described fully the progress made by residents from one review to another and the effectiveness of specific interventions.

Residents had access to GP services and out-of-hours medical cover was also provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and mental health services. There was also an occupational therapist allocated part – time to the dementia unit. The inspector reviewed residents' records and found that residents had been referred to specialist services when this was assessed as necessary. The results of appointments and recommendations were available in care records and staff were observed to adhere to guidance on food consistency, the use of pressure relieving equipment and exercise programmes.

The inspector reviewed medication administration arrangements and found that the systems in place were safe and met good practice standards. A sample of administration and prescription records was reviewed in both units. Nurses said they make ongoing efforts to ensure that residents are only prescribed the medication required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medications. There were some instances where sedative medication was prescribed to alleviate distress or behaviour fluctuations that could not be managed by other interventions. This was discussed with medical staff and found to be only used as a last resort. Some residents required their medication to be administered in crushed format and instructions to crush medications were authorised by the prescriber. Where nurses transcribed medication there were two signatures to indicate that a checking system was in place to ensure accuracy. Prescriptions were all signed by doctors.

Residents considered at risk of pressure area vulnerability were identified and measures to reduce the possibility of pressure area problems developing were implemented. These included pressure relieving mattresses, support cushions and repositioning schedules. The inspector saw the required equipment was in place and used appropriately. No resident had a pressure wound when the inspection took place.

The centre had a social programme to entertain residents. The activity coordinator in the general unit was new in post and was reviewing the current schedule. She was observed to be actively involved in encouraging residents to participate to their maximum ability in music and singing sessions which were underway on the days of inspection. The current activity programme was noted to be varied and included group, individual activities and celebrations of events such as birthdays. Other events were

organised on a seasonal basis the inspector was told. Regular activities include reading the local papers and discussing the news in the morning, crafts, reminiscence and exercise sessions. The centre is well integrated with the local community and varied groups visit to entertain residents. Residents with dementia are assessed regularly in relation to the activities they enjoy and the programme in the dementia unit is adapted to ensure that they can participate fully as their needs change. The occupational therapist has a lead role in organising the activity schedule. There were also part-time staff on work placements that assisted regular staff with the organisation and facilitation of the activity schedule. Despite these arrangements the inspector noted that organised social activity was limited. There was individual work undertaken with some residents but there were significant periods of the day when no specific activity took place apart from personal care and taking residents to and from meals. The inspector concluded that the activity schedule should be facilitated as planned and that staff who were experienced and appropriately skilled should be allocated to this role on a consistent basis to ensure residents had regular social stimulation.

The staff had established good contacts with the local community. A recent local shopping initiative had proved very popular with residents. A supermarket had organized a "quiet" shopping evening where there was no music or noise. Several residents had gone there to shop and had found the experience pleasurable and enjoyable. Staff intended to continue taking residents to such events the inspector was told as it meant they could shop for their own personal items when the store was less busy and more comfortable.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

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 procedures and guidance in place to ensure that residents were protected from harm or abuse. Residents were provided with support that reflected a positive approach to the management of behaviours and psychological symptoms of dementia. Staff conveyed a good knowledge of adult protection issues. There was an ongoing programme of refresher training to ensure that all staff were familiar with the indicators of abuse, the procedures to follow should an abuse situation arise and to ensure they were up to date with evidenced based practice. While staff had completed training on elder abuse, training on the revised protection procedures introduced by the Health Service Executive had not commenced but was scheduled to start in the autumn. The person in charge had received training to equip her for her responsibility as "the

designated person” to manage safeguarding issues.

Staff told the inspector that regular interaction with residents, time devoted to listening to what people were saying and their own awareness of how to deliver appropriate care were all factors that contributed to ensuring residents were safe.

Residents who exhibited behaviours associated with dementia and distress were observed to be supported effectively by staff. There were plans in place to guide interventions that ensured the well being of residents and staff. Records of all instances of distressed or unpredictable behaviour were maintained. The records viewed indicated that the circumstances prior to the behaviour were reviewed to inform staff when prevention measures were considered to prevent further episodes. Care plans also included guidance on contributory factors that staff should consider when behaviour changed such as constipation or the presence of infection. In conversation with nurses and carers the inspector found that they had knowledge of symptoms displayed by residents that indicated when such problems were present.

Nursing staff spoke of monitoring for infections, constipation, and changes in vital signs in order to establish the causes for fluctuating or changeable behaviour. Staff conveyed competence in this area and told the inspector that knowing residents well, being aware of trigger factors and ensuring that residents had active meaningful occupation were factors that limited distressed behaviours. When issues arose there was evidence of multidisciplinary review. There was evidence in care plans that good working relationships with mental health services had been established. There was a policy in place to guide staff in the management of fluctuating behaviours and several staff had received training on understanding and managing aspects of dementia care. While some staff had training in dementia care and the promotion of well being in dementia care the prevalence of dementia care needs including complex care needs across the service indicated that all staff required training on this topic. The centred was judged to be moderately non compliant in the self assessment and the inspector made a similar judgment based on the inspection findings.

Residents that the inspector talked to said they felt safe and secure in the centre, and felt the staff were very helpful and kind. They said that “staff were always on hand”, “answered bells when help was needed” and “were kind and considerate” in their approach.

There were arrangements in place to review accidents and incidents within the centre. Falls risk assessments were completed and there was a comprehensive falls prevention programme –Forever Autumn in place. This was well understood by staff and was found to have reduced the incidence of falls by 50% during the past two years.

Judgment:

Non Compliant - Moderate

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:

Residents including residents with dementia were consulted and their views were used to inform the organisation of the activity schedule, menu plans and social outings. Information in care records indicated consideration had been given to peoples' levels of capacity and their abilities to make their own choices and decisions.

There were no restrictions on visits and many residents were observed spending time with family or friends in the sitting areas in both units during both days. Some residents went out regularly with family and friends.

The inspector spent time observing staff and resident interactions during the morning and before the mid day meal using the observation tool QUIS. These observations took place in the communal sitting areas. The observations took place at two different times for intervals of 30 minutes each. The engagement between staff and residents was positive, inclusive and contributed to the well being of residents. For example in the early morning staff chatted to residents as they had breakfast and greeted residents as they came into the sitting rooms. Staff were observed to communicate clearly, and they took time to communicate with residents at a pace that suited them. Residents were given time to make decisions and were given clear choices to avoid causing confusion and distress from excessive information. Residents who liked to be active were encouraged to help in areas such as the dining room where they could lay tables or sort out crockery and cutlery. The inspector saw that staff provided positive reinforcement by thanking them or working alongside them to ensure their contribution was valued.

The inspector saw that staff generally engaged residents in conversation whenever they were nearby. Staff were familiar with residents' day to day personal care needs, family backgrounds and interests and used these aspects of life to chat with them about their family and the news of the day. The increased emphasis on person centred care has meant that staff consider closely how residents' behaviour reflect their mood and possible difficulty communicating their needs. Staff described an example of when residents expressed a wish to go out that staff took them for walks around the grounds where they were able to chat, meet other people and returned to the unit happier and more content. These "person centred" moments are being recorded to guide staff in enhancing this approach day to day. Overall the observation of interactions between residents and staff indicated that conversations were meaningful and contributed positively to the quality of life of residents. All residents including residents who spent time in their bedrooms had some personal interventions at regular intervals. There was good use of prompts, eye contact and touch. The activity coordinator said that part of her duties included going to residents rooms to spend time with them and also to offer them the opportunity to take part in the activities planned for the day.

During the midday meal the inspector observed that staff were available in adequate

numbers to encourage resident's independence and to assist them with meals in a discreet and sensitive manner. In the dementia unit the two dining rooms were in use and this enabled a small number of residents to eat together with appropriate supervision from staff. The inspector observed that residents were given plenty of time to have their meal and that the experience was a pleasant social occasion. The inspector observed that staff communicated and engaged with residents while assisting them. The delivery of care at this time reflected a person-centred approach and supported residents to maintain their independence, dignity and functioning.

Residents were facilitated to exercise their civil, political and religious rights. Residents were enabled to vote in elections. Choices and preferences were respected on a day to day basis. Residents were noted to be able to get up and return to bed at times that suited them and were asked by staff whether they wished to stay in their room or spend time with others in the communal rooms. Residents told the inspector that there "was no pressure put on them to do anything that they did not want to, I sit here, do my exercises and listen to the radio" one resident said.

Newspapers including local papers and magazines were available. Residents also listened to local radio in the mornings and discussed local events and news.

Residents' privacy was respected. They received personal care in their own bedrooms. Areas that were shared had full screens to contribute to privacy however as described in outcome 6 there are some areas where privacy is compromised due to the number of residents in bedrooms and the size of rooms. Residents with good cognitive ability choose what they liked to wear and inspector saw that where resident were unable to give a view on what they liked staff talked to them about the colours they might like to wear that day. Residents were observed to be well dressed and well groomed.

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:

The centre maintained a complaints policy that met the requirements of the Regulations. It was on display and was included in the residents' guide. Residents and relatives interviewed knew how to make a complaint and said that they had confidence that matters raised would be addressed.

The person in charge explained issues of concern are addressed immediately at local

level and resolved if possible. All complaints were identified to her even if resolved immediately by staff and more complex complaints were addressed through the formal complaints procedure.

All complaints were documented. A review of complaints recorded showed that they were dealt with promptly and resolved. A range of matters that included the quality of communication with relatives and issues related to respite care had been addressed. There was access to an advocacy service where required. The outcome of complaints and the level of satisfaction of the complainant were recorded. There was an appeals process included in the complaints procedures.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

There was an appropriate number of staff allocated for duty in both areas during the day and night. Extra staff were made available when residents had fluctuating needs and the inspector saw instances where staff had been allocated for temporary duty to support the regular staff team. However, the inspector found that the organisation of social care and the delivery of personal interventions required by residents in the Ard Aoibhinn unit needed review. While there were adequate numbers of staff available the specialist needs of some residents required skilled staff interventions to ensure regular social activity took place daily, was meaningful and consistent as described in outcome 1.

Training records were reviewed and showed that staff had been provided with training on fire safety, moving and handling and elder abuse within the last two years. There were arrangements in place to identify when staff required refresher training. Several staff had completed training on topics such as nutrition, infection control and dementia care during 2015, 2016 and 2017. Staff who had completed the "Virtual Dementia Tour" were very enthusiastic about the impact this had on practice and how it influenced their care practice on a day to day basis. The clinical nurse manager in the dementia unit had attended training on the person centred care approach being introduced and had cascaded information to other staff to ensure that changes being introduced were understood by everyone. As a result the inspector found that staff had good awareness of how to help residents communicate their wishes even when their communication capacity was impaired and were able to facilitate personal choices to ensure the well being of residents.

Staff reported that they had good opportunities for training and development. Varied staff interviewed said that a good team spirit had been fostered and said that they worked together and in cooperation with the multidisciplinary team to meet the needs of residents.

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 located a short drive from the shops and business premises in the town of Carndonagh. It is comprised of two units Oak and Elm which form the general care unit and Ard Aoibhinn which is a dementia care unit developed in 2007. The number of registered places is 46 - 16 residents are accommodated in Ard Aoibhinn and 30 in Oak and Elm wards.

As described in previous reports the inspector found that there were a number of aspects of Oak and Elm which 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 provider has informed HIQA that the plans to develop the site will ensure the centre meets the appropriate specifications by 2020 in accordance with condition 8 of the centre's registration conditions.

The areas that require attention are related to the original building where the Oak and Elm units are located and include:

- The sitting room is confined for the number of residents who use the area and the space makes it difficult for residents in wheelchairs and specialist chairs to move in and out when the room was fully occupied.
- The dining space is also inadequate and does not accommodate all residents comfortably.
- 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
- All rooms provided storage space for residents' belongings. There was generous space

in some bedrooms however in communal rooms this was more restricted. This impacted on residents receiving long term care who could only keep a limited number of possessions near their beds.

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.

The location, design and layout of the unit is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and home like way. The modern design, provides a bright environment and has a variety of communal spaces where residents can spend their time. It was well maintained both internally and externally. Areas inspected were found to be clean, comfortable and welcoming. The unit is divided into two areas that have their own sitting and dining spaces. There are good cues to the purpose of each area to orientate residents. For example, the kitchen is clearly visible from the entrance to the dining rooms and sitting areas are open plan so residents can see where they are as they walk along the hallways. Communal areas were furnished in a domestic style. The unit also had a sensory/relaxation room where residents could relax or have one to one support from staff.

There was appropriate 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.

There was a good level of personalisation evident in the majority of residents' bedrooms. Rooms viewed were noted to have items such as books, photographs and ornaments that reflected residents taste and lifestyle Residents the inspector spoke to confirmed that they felt comfortable in the centre.

All parts of the building were comfortably warm, well lit and ventilated. Bedroom windows enabled residents to have a view of the gardens and outdoors. There was good use of pictorial signage to identify communal rooms, bedrooms, bathrooms. The signage assisted residents to find their way.

Judgment:

Non Compliant - Moderate

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 report¹

Centre name:	Carndonagh Community Hospital
Centre ID:	OSV-0000616
Date of inspection:	20/07/2017 and 21/07/2017
Date of response:	07/09/2017

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:

The regular reviews of care did not fully describe the changes in residents' health profile or the progress made that enhanced quality of life for residents.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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

it, after consultation with the resident concerned and where appropriate that resident's family.

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

The 4 monthly review document has been revised and amended to include all changes and progresses made to every residents health profile and quality of life.

Proposed Timescale: 25/07/2017

Theme:

Safe care and support

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

The provision of social care and the allocation of staff to deliver appropriate social care required review as there were periods of the day when some residents had no social stimulation.

2. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Activity schedules are currently under review which includes the provision of an identified staff member facilitating a consistent schedule to ensure residents have regular social stimulation.

Proposed Timescale: 30/10/2017

Theme:

Safe care and support

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

The nursing records completed daily by nurses in accordance with schedule 3, regulation 21- Records to be kept in a designated centre did not fully convey the interventions of staff or the outcomes of these interventions that ensured residents' well being.

3. 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:

Review of daily nursing records has been undertaken and nursing staff have been advised to include, in all cases, the daily progress made by each resident.

Proposed Timescale: Completed

Proposed Timescale: 07/09/2017

Outcome 02: 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:

Dementia was a factor in the care of over 50% of the resident group and while some staff had training on responsive behaviours, dementia and well being all staff required training on this topic to effectively protect and support residents.

4. 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:

Virtual Reality Training in the area of Dementia is scheduled for 15th September. This training will deliver insight to the daily life of a resident with dementia. A follow up training session will be delivered in the management of complex care needs of a client with dementia to the remaining staff across the service.

Proposed Timescale: 30/12/2017

Outcome 05: Suitable Staffing

Theme:

Workforce

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

There were periods of the day when residents had no planned social activity and the deployment of staff required review to ensure that social care took place, was meaningful and consistently available.

5. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Review of staffing and the provision of an identified staff member facilitating a

consistent schedule to ensure residents have regular social stimulation is currently being undertaken.

Proposed Timescale: 30/10/2017

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:

There are aspects of the premises where space is not adequate to meet the needs of residents. A condition applies to the registration and requires that work is completed by 2020. An update on the plan for this work is required to ensure the timeframe is met.

The areas that require attention are related to the original building where the Oak and Elm units are located and include:

- The sitting room is confined for the number of residents who use the area and the space makes it difficult for residents in wheelchairs and specialist chairs to move in and out when the room was fully occupied.
- The dining space is also inadequate and does not accommodate all residents comfortably.
- 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
- All rooms provided storage space for residents' belongings. There was generous space in some bedrooms however in communal rooms this was more restricted. This impacted on residents receiving long term care who could only keep a limited number of possessions near their beds.

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:

There is a planned schedule of improvement works. These works are to be completed by 2020 and include meeting the appropriate specifications in accordance with condition 8 of the centres registration.

Proposed Timescale: 30/12/2020

Theme:

Effective care and support

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

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:

Proposed Timescale: