**Health Information and Quality Authority**
**Regulation Directorate**

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

| | |
|---|---|
| **Centre name:** | Dunmanway Community Hospital |
| **Centre ID:** | OSV-0000599 |
| **Centre address:** | Dunmanway,<br>Cork. |
| **Telephone number:** | 023 8845102 |
| **Email address:** | berm.power@hse.ie |
| **Type of centre:** | The Health Service Executive |
| **Registered provider:** | Health Service Executive |
| **Provider Nominee:** | Ber Power |
| **Lead inspector:** | Caroline Connelly |
| **Support inspector(s):** | None |
| **Type of inspection** | Unannounced Dementia Care Thematic Inspections |
| **Number of residents on the date of inspection:** | 23 |
| **Number of vacancies on the date of inspection:** | 0 |

## 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: |
|---|---|
| 21 March 2017 10:00 | 21 March 2017 18:15 |
| 22 March 2017 09:15 | 22 March 2017 16:30 |

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

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. This was the sixth inspection undertaken by the Health Information and Quality Authority (HIQA) in the Health Services Executive (HSE) Dunmanway Community Hospital.

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in June 2015 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which was submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 8 of the 23 residents residing in the centre with a formal diagnosis of dementia. With one further resident suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. The inspector found that residents' overall healthcare needs were well met and they had very good access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect for residents was evident. Inspectors found that residents appeared to be very well cared and residents and relatives gave positive feedback regarding aspects of life and care in the centre. Overall, the inspector found the person in charge; Acting Clinical Nurse Manager 2 (CNM2) and the staff team were committed to providing a quality service for residents with dementia. However residents' privacy and dignity was compromised due to the layout of the centre and screening in the multi-occupancy and two bedded rooms was seen not to fully encircle bed spaces.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of the inspector generally concurred with the centers judgments with the exception of the premises and residents rights dignity and consultation which the person in charge assessed as substantial compliance but the inspector found major non-compliance in premises as further work is required to create an environment where residents with dementia could flourish. The inspector found moderate non-compliance in residents rights dignity and consultation as although the overall atmosphere in the centre was comfortable residents' privacy and dignity was compromised in the multi-occupancy rooms. Following the registration inspection in June 2015 the provider had submitted costed time bound plans to HIQA for an extension and substantial renovation to the building so that all bedrooms would be single or twin bedrooms and there would be an increase in communal space for the residents. This was to be completed by 01 April 2017 and the centre was registered with a condition stipulating this. On this inspection the building/renovations had not commenced and the centre was found to be in breach of the condition of registration.

The inspector found that the governance and management of the service required review as the provider nominee had recently been replaced on 06 March 2017 due to restructuring of roles and responsibilities within the (HSE). HIQA received notification of this change on the 14 March 2017. However this information had not been communicated to the person in charge at this time and they only received confirmation of the new provider nominee on the 20 March 2017.

The inspector found that a number of improvements required on the inspection in May 2015 had generally been implemented with the exception of the premises. Actions required were identified in relation to premises and privacy and dignity and these are discussed throughout the report and 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 Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

**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:**
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 23 residents in the centre on the day of this inspection, 13 residents has assessed maximum and high dependency needs, five residents had medium dependency needs and five residents had low dependency needs. 8 residents had a formal diagnosis of dementia. With a further resident with a level of cognitive impairment.

There was a local GP practice providing medical services to Dunmanway Community Hospital and the GP's attended the centre on a daily basis including Saturday mornings if required. Out-of-hours medical cover was available where necessary but staff reported that due to the daily service from the GP's, it is used infrequently. The inspector met two different GP's during the inspection and a sample of medical records reviewed confirmed that resident's were reviewed on a regular basis. Specialist medical services were also available when required. Reviews and on-going medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life via a clinic in the town and the psychiatrist also visited the centre to review residents if required.

The centre provided in house physiotherapy services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre two days per week and provided an exercise class on a Thursday. The dietician visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including occupational therapy, speech and language therapy, dental, chiropody and ophthalmology services.
Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents health care needs were very well met.

The inspector focused on the experience of residents with dementia in the centre and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, medication and end of life care in relation to other residents.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Since the last inspection the centre had implement a whole new system of assessment and care planning documentation. The inspector saw that each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Pain charts in use reflected appropriate pain management procedures. The inspector reviewed a number of care plans for residents and these were seen to be person centred with evidence of residents and/or their relative's involvement in the development of care plans. Care plans were up to date and were individualised. The inspector saw "key to me" information and support plans that had been completed for residents which included detailed information on residents likes, dislikes, hobbies and interests. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Relatives confirmed this was the case and there was evidence of sign off on care plans by families. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection.

There was a policy in place for end-of-life care. Spiritual needs were facilitated with mass held weekly in the centre; other denominations visited the centre regularly as required. There was a prayer room with seating for residents however, this was not easily accessible for residents. This is discussed further under Outcome 6 premises. Residents had access to consultant palliative care and the hospice services. Staff had completed professional development training regarding end of life care and palliative care. Whilst there was no resident at end of life during the inspection. Care practices observed would suggest that residents would be cared for with the utmost respect at end of life. There was a single room with en-suite facilities available for palliative care as required.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and the inspector saw staff assist residents with eating and drinking and this was undertaken in a discrete and sensitive manner. Residents were complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector saw lists of residents likes and dislikes and special dietary requirements written in the kitchen. Mealtimes in the centre was observed by inspector to require improvement to be more of a social occasion. Although a number of residents attended the day/dining room for their meals this room was too small to accommodate all of the residents and

there were only two dining tables seating up to 10 residents. Many residents were seen to eat their meals in their bedrooms by the side of their bed where some residents spent all day. This is discussed further under outcome 3 residents rights and outcome 6 premises. The room was not large enough to accommodate all of the residents. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents which were updated since the last inspection. Photographic identification was in place for residents as part of their prescription/drug administration record chart to mitigate risk, as described in best practice professional guidelines. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained. The medication fridge was located in the secure CNM2 office. Medications were discontinued in line with best practice. A list of medications which cannot be crushed formed part of their medication management protocol. There was evidence on the medication prescription sheets of regular review of medications by the medical team.

Medication administration was observed during the two days of the inspection and the inspector found that the nursing staff generally did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. However the inspector did witness one episode of administration practice that did not adhere to best practice in that the staff member did not fully check the medication to be administered against the administration chart prior to administration which could lead to errors. There was also unnecessary touching and handling of tablets prior to administration. The person in charge said there was ongoing monitoring of medication errors in the centre and medication management was the subject of audit.

**Judgment:**
Substantially Compliant

***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:**
The inspector was satisfied that there were measures in place to safeguard residents and protect them from abuse. The inspector reviewed staff training records and saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse and in the safeguarding of vulnerable adults. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Relatives reported that they felt their residents were very safe in the centre and as they visited on a very regular basis they would notice any changes in their relatives' behaviour. Residents told the inspector that they felt safe.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office. Each resident had an individual pouch which contained a book where each lodgement or withdrawal was recorded. All transactions were signed by two staff members and by the resident or relative if appropriate. Receipts were maintained for all purchases and there was a regular system of checks and audits of the monies and receipts. This system was found to be sufficiently robust to protect both the resident and the staff members.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that staff had received training in management of responsive behaviours. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. Residents were reviewed by the GP or psychiatrist if required. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods. Staff spoken to were very knowledgeable about residents and what worked with them to assist if responsive behaviours were exhibited. They used distraction techniques such as taking the resident out for a walk, singing to and with the resident, talking about their family members, their hobbies and interests. Care plans seen detailed these intervention and charts were maintained identifying triggers, responsive behaviours and actions to take in response.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were four residents using full bedrails at the time of the inspection. This had been reduced from eight residents in recent times and the CNM2 explained that they are working hard to reduce and reassess as much as possible to reduce usage further. The inspector observed that bedrails and their use followed an appropriate assessment. The centre are introducing a more comprehensive assessment tool which identifies that all other alternatives were tried prior to using restraint. Review of use of restraints was on-going. Regular checks of all residents were being completed and documented.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**
Person-centred care and support

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

**Findings:**
The centre operated an open visiting policy which was observed throughout the inspection. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Relatives who spoke to the inspector commended staff on how welcoming they were to all visitors and some had tea/coffee with their relative during their visits. They said that if they any concerns they could identify them to the CNM2 or the person in charge and were assured they would be resolved. There was a conservatory in the old part of the building with space available for residents to meet their relatives in private. However staff told the inspector this was seldom used because of the location away from the residential area. The inspector saw that visitors tended to visit in the day room where there was limited space or in residents bedrooms which did not protect the privacy and dignity of other residents sharing that room.

The inspector saw that residents' religious preferences were facilitated through regular visits by clergy from all denominations to the centre. Mass and administration of sacrament of the sick were held regularly in the centre. There was an oratory in the centre and residents confirmed they enjoyed visiting the oratory for quiet reflection and prayer. However, this was away from the main residential area and residents generally had to be accompanied there by staff.

The inspector saw that the CNM and person in charge knew all the residents well and spoke to them daily. Residents were consulted through the residents committee and through feedback questionnaires. The external activities co-ordinator acted as the residents' advocate and attended the centre twice a week and facilitated residents' meetings every two to three months. The inspector saw minutes of these meetings which a number of residents attended. Issues raised at these meetings were reported back to the person in charge for resolution and followed up on subsequent meetings with updates and progress. Issues discussed were food and menu choices, activities, trips out. One resident said they did not have enough access to daily newspapers and further papers were ordered. Another resident requested wool and knitting needles and there was evidence that these were provided. Residents had access to newspapers TV and radio.

Staff paid particular attention to residents' appearance, dress and personal hygiene and

were observed to be caring towards the residents. The hairdresser visited as required and residents were facilitated to avail of the service.
Notwithstanding the constraints of the building and lack of day space, the inspector noted that residents received care in a dignified way that respected them individually. However, although screening was provided in multi-occupancy bedrooms to protect the residents' privacy. This screening in a number of rooms did not fully enclose the bed area and the inspector saw there were gaps which did not protect the privacy and dignity of the residents living there. Staff were observed communicating appropriated with all residents including those who had dementia. Effective communication techniques were documented and evidenced in residents care plans.

There was a varied programme of activities available to residents which included sonas, imagination gym, music, sing-songs, chair based exercise, religious activities, gardening and other more individualised activities. Staff members with families had completed the 'Life Story' as part of their reminiscence therapy. The inspector saw a number of group and individual activities being undertaken during the inspection. These included an arts and craft group, sing-songs, newspaper reading, quiz, residents going out for walks and to the oratory accompanied by staff. There was a group music session in the day room but the singer and musician also did music by the bedside where they played music in each some residents bedrooms to ensure all residents had access to the music. Residents and relatives spoken with gave positive feedback on the activities and often joined in with the groups. The person in charge and CNM2 told the inspector that although they have a number of external people providing activities it is the role of all staff to provide social stimulation for residents and a number of staff were facilitated to attend various activities training to enable them to fulfil the role. The inspector observed that there were specific activity sessions for residents with dementia including one to one sessions.
As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions after lunch and in the afternoon. These observations took place in the day room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. An activity group was ongoing during one of the observation periods and the activity staff involved every resident in the activity including the residents with advanced dementia. The inspector noted that the staff tried to create an atmosphere of relaxation by playing background music appropriate to the age and era of residents.

The person in charge told the inspector about a number of trips out they had taken the residents on including trips to a local show where they entered and got prizes for knitting and crafts. The inspector saw photographs of these trips and other activities displayed in the centre along with several pieces of residents art displayed throughout the centre. There were also items of interest including posters on the history of the centre displayed adding diversion and interest on the corridors. Some residents had photos and pictures brought in from home displayed but the size and layout of the multi-occupancy rooms did not allow for much personalization of the bed space. Residents had access to private storage space of single wardrobes and bedside lockers to store their possessions and clothing. However these wardrobes were very small and

staff informed inspectors that they sent residents clothing home and only stocked a small number of outfits at time. The inspector found that this did not allow residents full choice around their clothing and did not fully enable them to retain control over their possessions and clothing.

A number of residents described the multi-occupancy rooms as noisy and one resident told the inspector she had been disturbed from her sleep at night by the noise from other residents. The resident said they would love to have a room on their own but said she had never been offered one. The inspector saw that due to the lack of day and dining space a number of residents spent large part of their days beside their beds where they eat all their meals, watched TV and listened to the radio. This did not allow the residents choice. The inspector saw that in one of the four-bedded rooms one resident was watching TV and another resident was listening to the radio which were both on at the same time which was distracting and added to the noise level in the room.

**Judgment:**
Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**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 centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. The complaints process was prominently displayed around the centre and clearly identified who they could complain to. Residents were aware of how to make a complaint and that the person in charge was the complaints officer. The person in charge informed inspectors that she monitored the complaints and these were discussed at staff meetings. Residents, spoken to, stated that they could raise any issue or concern, with the person in charge or staff. The complaints procedure was clearly displayed at the entrance to the centre where complaint forms were also easily accessible for resident and relative use.

The complaints log was reviewed and complaints were recorded in line with the regulations, including the outcome of whether the complainant was satisfied with the outcome. The person in charge monitored complaints and endeavoured to resolve issues as soon as they arose. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**
Workforce

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

**Findings:**
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and management of responsive behaviours. Other training provided included dementia specific training, infection control, end of life, continence promotion, food and nutrition, hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including venepuncture, care planning, "let me decide" and falls prevention. The inspector saw and staff confirmed that there was a good level of ongoing professional development training and staff were encouraged to attend training and education sessions. A number of staff that were involved in providing activities had undertaken activity training including sit to stand exercises and imagination gym.

On the previous inspection documents maintained under Schedule 2, staff files required improvement, on this inspection the inspector found that although the majority of information was now present there were a number of unidentified gaps in CV's. The person in charge confirmed that no staff commenced employment until satisfactory vetting had taken place and vetting disclosure were available for all staff working in the centre. Staff files demonstrated that staff appraisals were undertaken on an annual basis and there was evidence of a comprehensive induction programme for new staff.

The inspector saw that the staff numbers and skill mix throughout the day was adequate to meet the needs of residents and hygiene of the centre cognisant of the size and layout of the centre. There were no dedicated cleaning staff on duty and the role of the multi-task attendant was unclear as they moved from caring to cleaning duties on the one shift. During the two days of inspection the multi-task attend spent the first part of the morning on caring duties, then moved to cleaning. However the inspector saw that the staff member was frequently pulled back to assist with personal care when on cleaning duties. Further segregation of roles is required to ensure consistent care for residents and to allow for more consistency for the purposes of cleaning.

**Judgment:**
Substantially 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:**
Dunmanway Community Hospital was established as a residential centre in 1950 and provides long-term, respite, community support and palliative care to older people. The original two-storey building, built alongside the ruins of the workhouse, was modernised between 2007 and 2008 and resident accommodation is now within a ground floor purpose-built unit. It is registered for the care of 23 residents.

The main entrance opens onto a corridor with bedrooms on the left and reception, offices, nurses' stations, day room, toilets and showers to the right. A treatment room, kitchen, and oratory are attached to the purpose-built unit. Staff facilities, pharmacy store, and a physiotherapy room are located on the first floor. Residents accommodation consists of three four-bedded rooms, three two-bedded rooms, and five single bedrooms. All of these rooms have en suite toilets and showers. In addition, there is a toilet and shower located next to the day room and a bathroom containing a maximum dependency bath.

The external grounds and garden are well maintained and car parking facilities are provided to the front and side of the building.
There was an internal courtyard for residents' enjoyment with seating and a staff member had created a beautiful area with potted plants, flowers and shrubs for residents' enjoyment; the external garden was located between the centre and the day centre. A second enclosed garden area had been created at the side building which could be seen and accessed from the bedroom areas. Raised flower beds and seating

areas were in place for residents and relatives enjoyment along with level pathways for walking.

As identified on the previous inspection there was only one communal room and this was used for sitting, dining and recreational activities. The space was inadequate to accommodate all 23 residents. The maximum number of residents that could be seated at the two dining tables at meal time was 10 and this would depend on the types of assisted seating residents were using; three-to-four residents had their lunch in the seating space and the remainder had their meals by their bedside. There was a conservatory in the old part of the building with space available for residents to meet their relatives in private. However staff told the inspector this was seldom used because of the location away from the residential area. The inspector saw residents receiving visitors by their bedsides and in the one communal room. The seating area in the communal space was very limited and could only accommodate six - eight residents.

Each bed space had a flat screen television, single wardrobe, bedside locker and some had comfortable seating alongside. There were overhead hoists in all bedrooms. There was a separate bathroom with a specialist bath. Nonetheless, some bed spaces could only accommodate a single wardrobe, and others could not accommodate a comfortable chair alongside their bed, which impeded the privacy and dignity of residents. This is discussed in more detail in outcome 3 residents rights dignity and consultation.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating was provided for residents' use. Up-to-date service records were seen by the inspector for specialist equipment and beds. There was a functioning call-bell system in place. Although the premises was clean, bright and generally well maintained, there were significant limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in the last inspection and in previous inspection reports.

Limitations of the premises included:
1) there was just one communal room for sitting, dining and recreational space and this was inadequate for 23 residents
2) a designated dining room was not available
3) there was limited private space for residents to meet their visitors
4) equipment storage space was inadequate
5) one sluice room was very small and did not have appropriate storage equipment for urinals and bedpans, the second sluice room did not have adequate storage equipment
6) there were three four-bedded rooms which did not meet the privacy and dignity needs of the residents residing there.
On this inspection paint was also seen to be off the walls in a number of bedrooms. Signage and visual cues required further development to ensure residents with dementia were enabled to find their way around the centre.

Following the registration inspection in June 2015 the provider had submitted costed time bound plans to HIQA for an extension and substantial renovation to the building so that all bedrooms would be single or twin bedrooms and there would be an increase in communal space for the residents. This was to be completed by 01 April 2017 and the

centre was registered with a condition stipulating this. On this inspection the building/renovations had not commenced and the centre was found to be in breach of the condition of registration.

**Judgment:**
Non Compliant - Major

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority**
**Regulation Directorate**

**Action Plan**

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

**Provider's response to inspection report**[1]

| | |
|---|---|
| **Centre name:** | Dunmanway Community Hospital |
| **Centre ID:** | OSV-0000599 |
| **Date of inspection:** | 21 and 22 March 2017 |
| **Date of response:** | 21 June 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 inspector did witness one episode of administration practice that did not adhere to best practice in that the staff member did not fully check the medication to be administered against the administration chart prior to administration which could lead to errors. There was also unnecessary touching and handling of tablets prior to administration

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

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

**Please state the actions you have taken or are planning to take:**
Reflective Sheet has been completed by staff member.
Person in Charge has discussed this practice issue with staff member who was directed to
Complete HSE Land Medicine Management module.
Audits have been undertaken weekly and will continue until management are assured that practice issues have been addressed.
Staff appraisals ongoing.
Medicine Management Policy is in place.

**Proposed Timescale:** 21/06/2017

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Screening in shared rooms was seen not to fully enclose the bed and therefore did not protect and promote the residents privacy and dignity.

**2. Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
•Extra Panels for privacy screens have been sourced, this will address the dignity issues identified by the HIQA Inspector .
•A review of screens booked for 12/04/2017.

**Proposed Timescale:** 31/05/2017

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents were limited in their choice of bedroom they would like to be accommodated in, residents were limited in their choice of sitting area during the day. As there was not enough dining space some residents did not have choice in dining areas.

**3. Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
1.Residents will be offered choice and will be accommodated within the capacity of the service.

2.Seating area available in older building and a courtyard and external garden is available to residents, weather permitting.

3.Enhanced dining space is being addressed in the refurbishment plan for Dunmanway Community Hospital, due for completion 2018

**Proposed Timescale:** 31/12/2017

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was a conservatory in the old part of the building with space available for residents to meet their relatives in private. However staff told the inspector this was seldom used because of the location away from the residential area. Therefore visitors tended to visit in the day room where there was limited space or in residents bedrooms which did not protect the privacy and dignity of other residents sharing that room.

**4. Action Required:**
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

**Please state the actions you have taken or are planning to take:**
A private space is available in the original building, residents and visitors can access at all times if they so wish and will be encouraged to do so.

**Proposed Timescale:** 21/06/2017

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector saw that wardrobes were very small and staff informed the inspector that they had to send residents clothing home and only stocked a small number of outfits at time. The inspector found that this did not allow residents full choice around their

clothing and did not fully enable them to retain control over their possessions and clothing. Due to the layout of the multi-occupancy rooms it was difficult to personalise the residents own bed space.

**5. Action Required:**
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

**Please state the actions you have taken or are planning to take:**
1.Residents are consulted and involved in the selection of their clothing with staff members eg. Residents clothing in their wardrobes are chosen to complement seasons e.g. winter and summer or according to residents wishes in order to make efficient use of wardrobe space

2.The HSE through their Capital Refurbishment plans will ensure that their their multi-occupancy rooms in the residential facility comply with HIQA National Standards for Residential Care Settings for Older People in Ireland 2016 and meet the 7.4 square metre bedspace

Proposed Timescale: 1. Complete 2. End of 2018

**Proposed Timescale:** 31/12/2018

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The role of the multi-task attendants moving between caring and cleaning on the one shift required review

**6. 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:**
Staff rosters are being reviewed to introduce a separate cleaning roster within the roster

**Proposed Timescale:** 30/09/2017

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were a number of unidentified gaps in CV's of staff members which does not meet the requirements of Schedule 2.

**7. 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:**
Staff CV's have been reviewed, incomplete records have been addressed to meet requirements of Schedule 2 ( Statutory Regulations)

**Proposed Timescale:** 21/06/2017

**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 were a number of issues identified with the premises which did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

1) there was just one communal room for sitting, dining and recreational space and this was inadequate for 23 residents
2) a designated dining room was not available
3) there was limited private space for residents to meet their visitors
4) equipment storage space was inadequate
5) one sluice room was very small and did not have appropriate storage equipment for urinals and bedpans, the second sluice room did not have adequate storage equipment
6) there were three four-bedded rooms which did not meet the privacy and dignity needs of the residents residing there.
On this inspection paint was also seen to be off the walls in a number of bedrooms. Signage and visual cues required further development to ensure residents with dementia were enabled to find their way around the centre.

**8. 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:**
Dunmanway Community Hospital was included as part of Cork Community Hospital,

HIQA Compliance Work projects.
The projects involved compiling a Project Brief which would address compliance with HIQA standards. The projects commenced initially addressing compliance with the HIQA 2009 standards i.e. those standards current at the time of initiation of the projects. The revised or new standards were to take account of the issue of existing shared bedrooms i.e. it was proposed that up to 4 bedded shared bedrooms would be permissible – whereas previously existing shared bedrooms would be no more than 2 beds. Other issues to be revised related to Dining rooms and ratio and number of toilets to residents.

• New HIQA standards were posted on the HIQA website in May 2016 and came into effect on 1st July 2016
• An amendment to the legislation in the form of SI 293 came into effect in June 2016. This legislation sets out that and provided for ….on and from 1st Jan. 2022 that an area of not less than 7.4m2 of floor space, which area shall include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom and no more than 4 residents other than a high dependency room which shall have no more than 6 residents.

The 2016 HIQA Standards under Standard 2.7 set out minimum bedroom area (useable floor- space) for new builds and extensions.
No minimum bedroom area (useable floor space) is specified for existing bedrooms – unlike in the 2009 standards.

However the new standards require and provides for, that – for existing or new centres – bedroom accommodation with sufficient space to cater for the assessed needs of each resident and takes into account their privacy and dignity.

The project Brief was revised and developed by the Client Project Team in order to meet with the requirements of the new HIQA 2016 Standards in conjunction with SI 293. These revisions were to include for:

(i) That the bed space in each shared bedroom would be provided in accordance with SI 293 of 2016.
(ii) That the Service would undertake a review of all existing accommodation including bedrooms and carry out assessment to ensure the accommodation would meet with the assessed needs of the residents.

The current project Brief and proposed design proposals are deemed to be compliant by the Project Team with the HIQA 2016 Standards and current legislation.

The bed space provided for in the shared bedrooms in Dunmanway CH (as with the other hospitals) is in accordance with the latest legislation i.e. 7.4m2.

An application to vary the conditions of the registration will be submitted in the coming weeks.

A Tier 2 Risk Assessment is being completed on 02/05/2017.

A Storage area will be developed.

Tendering for painting is in progress and painting will commence in the near future.

Appropriate Signage and visual cues have also been sourced.

The Project Brief for Dunmanway Community Hospital is at pre-planning stage, and works are anticipated to begin there within 6 months.
Included in the plans are
- Recreation room.
- Dining room.
- 2 sitting rooms, one of which will serve as a Quiet room.
- An additional Sluice room.
- Residents' Family room.
- Residents' and Visitors meeting room.

Proposed Timescale: Compliance works completed end of 2018

**Proposed Timescale:** 31/12/2018