



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	08 December 2021
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0035107

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Dungloe Community Hospital is one of 11 community hospitals in Donegal. It is situated in the town of Dungloe in a region known as The Rosses. The centre is part of a one-storey building where a range of community services that include a day hospital, mental health services and out-patient clinics are located. Accommodation is provided for 34 residents. There are 16 places allocated for long-term care and the remaining places are allocated to residents who have rehabilitation, convalescence, respite or palliative care needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	16
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 8 December 2021	11:15hrs to 14:15hrs	Nikhil Sureshkumar	Lead

## What residents told us and what inspectors observed

This short notice announced risk inspection was carried out as a site inspection to review a unit in the centre that had been refurbished and to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the refurbishment works on the unit were not fully completed, and a link corridor was still under construction.

The inspector completed a walkabout of the newly refurbished unit with the person in charge. The inspector did not speak with residents on the day of inspection as the unit was not occupied at the time.

## Capacity and capability

This was a short notice announced risk inspection to monitor ongoing regulatory compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the provider's actions from the last inspection and the centre's fire precautions to ensure that the residents would be safely accommodated in the designated centre.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts and information technology. The provider had appointed a person to represent them. The service manager was available on the inspection day and supported the person in charge with the inspection.

The inspector was assured that the provider had completed the actions following the previous inspection. For example, a new system had been developed to ensure that the unused medicines disposed of were returned to the pharmacy and logged, and a process of oversight had been implemented to ensure that this was monitored. The inspector was assured that a pharmacy audit had been carried out recently, and the person in charge had plans to carry out medication management audits with the support of the local pharmacy.

In addition, a review of the training matrix showed that all mandatory training had been completed for all staff.

The inspector was also assured that the cleaning program was now being reviewed regularly and a cleaning audit system had been developed. Each resident requiring

blood glucose monitoring was supplied with individual glucometers.

However, further improvements were still required in relation to policies and procedures available in the designated centre to bring the centre into compliance with Regulation 4. The person in charge was working with the HSE practice development team to review the outstanding policies. The inspector requested that the revised policies be submitted to Health Information and Quality Authority (HIQA) once they were available.

## Regulation 23: Governance and management

The provider had satisfactorily implemented most of the actions from the last inspection, and an action plan for the remaining items was in place.

Clearly defined roles and responsibilities were set out for the governance and management arrangements of the centre. Management meetings were held to discuss all relevant issues. Records were reviewed, which demonstrated a clear, comprehensive exchange of important information between staff and the management team.

There was a quality assurance programme in place, and this was being used to monitor that care and services were provided for the residents in line with the centre's statement of purpose.

Judgment: Compliant

## Quality and safety

The inspector found that the refurbishment had made significant improvements to the quality of the living environment for the residents. The newly refurbished unit was well laid out, and all the rooms had good ventilation and had sufficient lighting. The communal areas were spacious and provided a comfortable environment for the residents to socialise and spend their day. The inspector found that although improvements had been made since the last inspection more focus and resources were now required to bring the centre into full compliance with Regulations 28, 17 and 9.

The refurbishment works were still ongoing to complete the construction of a link corridor. Two bedrooms adjacent to the site for the link corridor were closed for this purpose on the day of inspection. Refurbishment works were not planned on these rooms, and the inspector observed that the en-suite bathrooms in the two bedrooms had no grab rails installed in them. The provider assured the inspector that this would be addressed, and the photographic evidence of the completed works would

be submitted to HIQA following the inspection. This action is still outstanding.

All new areas in the centre were connected to the existing fire safety system. Escape routes had signages, with all fire exit doors found to be clear. Emergency lighting was installed, and there was clear directional signage in a fire emergency. However on the day of inspection, the inspector noticed that oxygen was still being stored along a fire exit corridor. This was a recurrent finding from the previous inspection.

The provider had arranged for a fire safety risk assessment in the centre prior to this inspection and had assured the inspector that the report on the assessment shall be submitted to the Authority. This action is still outstanding.

While most of the rooms had adequate space for each resident, the private space available for residents in some of the newly refurbished rooms was not suitable to support residents with high dependency and who would need to use assistive equipment.

The day room had sufficient comfortable seating, and the soft furnishings supplied allowed for appropriate cleaning. The room was well laid out and provided a safe and homely communal space for the residents.

The water temperatures in all bedrooms and bathrooms were regulated to ensure that suitable water temperatures were maintained. Storage and sluice rooms were adequate for the size and layout of the unit.

A call bell system was installed in all bedrooms, toilets, bathrooms and day rooms and was tested and found to be fully operational. Bathrooms and toilets were of a good size and well laid out.

The inspector found that residents and their families had been kept up to date about the refurbishment works in the centre and had received regular updates in relation to changes and restrictions caused by the ongoing COVID-19 pandemic. However, the inspector found that residents' meetings were not being held. Although the person in charge informed the inspector that the meetings would be organised in the future, this was a recurrent finding from the last inspection, and there was still no forum in place for residents to meet and provide feedback on the care and services that they were receiving.

## Regulation 17: Premises

Inspector noticed that some rooms in the centre would not be suitable for some specific resident's needs and profiles, For example:

- The inspector noticed that the space and layout of one of the single bedrooms did not allow a hoist or other assistive equipment to be used safely. Secondly, the inspector noticed that the room's limited space and

layout would limit the manoeuvrability of a manual hoist to safely assist a resident if they happened to have a fall, and this would make the room unsuitable for residents with a high risk of falls.

- The bed space near the wash-hand basin in two of the four-bedded rooms did not have sufficient space around the bed to enable the residents accommodated in these beds to mobilise safely and access their wardrobe or to use assistive equipment safely without encroaching on the next bed space. This was because the bed was close to the wash-hand basin, and the arrangement of the privacy curtains to allow access for staff to use the wash-hand basin reduced the overall bed space.
- Privacy curtains were not installed in one three bedded room. The person in charge had assured the inspector that they would be installed before December 2021, and photographic evidence of the completed works was submitted to the inspector following the inspection.
- There were no grab rails installed in some en-suite bathrooms. This did not support independent and safe mobility for the residents while accessing the bathrooms.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Inspectors noticed that while most residents in the refurbished unit had access to television and individual audio system, the availability and positioning of the televisions in some multi-occupancy rooms did not ensure that each resident would be able to choose what they wanted to watch without affecting other residents watching television at the same time.

The provider had not ensured that residents were able to participate in the organisation of the designated centre through regular resident meetings.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector observed an oxygen cylinder stored in a fire exit corridor on the day of inspection. This was a repeated finding from the last inspection. The provider assured the inspector that this would be addressed immediately.

Judgment: Substantially compliant





## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0035107

Date of inspection: 08/12/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Privacy curtains and hoists have been installed in the three bedded room. Photographic evidence has been submitted to HIQA . 2. Grab rails have been installed in the ensuites. 3. The 4 bedded occupancy rooms will be identified for short term patients.( This is stipulated in the SOP ) 4. Single room identified as having limited space /not allow for maneuverability of manual hoist, this will be used for low dependency, mobile resident / patient.( This is stipulated in the SOP ) .	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. PIC has held a meeting with a group of residents in February 2022. The PIC has sent out 2 letters of communication to residents’ families with information re the final stages of refurb, keeping residents and their families of the Covid outbreak situation. 2. DCH is participating in HIQA’s National Nursing Home Experience Survey, due to commence in 7th March 2022.PIC has discussed this survey with residents/ families who would be deemed suitable to participate. An information pack has been circulated to all residents / families. 3. PIC has consulted with registered provider and will be in a position to ensure all residents’ have access to TV and individual audio system. This has been delayed in implementing due to Dungloe Covid outbreak status.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. PIC has ensure all oxygen cylinders are stored appropriately. 2. A daily inspection morning and night is carried out to ensure all fire escapes are kept clear and documented in nurses desk diary.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/12/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	30/03/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	28/02/2022

	may be consulted about and participate in the organisation of the designated centre concerned.			
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