



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	21 November 2023
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0033270

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalescence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Tuesday 21 November 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

Overall, the registered provider supported the residents to have a good quality of life. The inspector met with most residents on the day of inspection and spoke with five in more detail. Feedback from residents, who spoke with the inspector, was complimentary and positive.

On arrival, the inspector met with clinical nurse manager (CNM) 2 and an opening meeting was held. The CNM2 then accompanied the inspector on a walk around of the centre following the opening meeting. The person in charge was available for the inspection following the walk around.

There were 20 residents residing in Dunmanway Community Hospital at the time of inspection. Dunmanway Community Hospital is situated on a large site which also accommodated the community day centre and community dental clinical. It is a two-storey building with residential care on the ground floor, and community physiotherapy, staff facilities and storage space on the first floor.

Residents' accommodation is set out on one main corridor extending from the main entrance; there was a corridor to the right of the main entrance running parallel to the main corridor where nursing and administration offices, the chapel, the parlour, main kitchen and storage facilities were located. The day centre is adjoined to the building which some residents used occasionally during the week. There was a dental clinic on the grounds in close proximity to the centre. The entrance to the centre had the HIQA registration certificate on display, along with the compliments and complaints procedure and information on advocacy services.

Overall, the premises was bright and clean and communal areas were pleasantly decorated. Residents accommodation comprised three four-bedded rooms, three twin rooms and five single bedrooms, all with en suite shower toilet and wash-hand basin facilities. The inspector saw that there were profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available to maximise residents' comfort and ease of transfer in and out of bed. In the multi-occupancy four bedded rooms there were boxed-style shelving over residents' beds for residents to display photographs and mementos. Residents had accessible bedside lockers and bedside chairs; in multi-occupancy rooms residents had a single wardrobe for their clothing; this space was halved so the resident had access to half a single wardrobe for hanging their clothes. Wardrobes in other bedrooms were double wardrobes; these were divided with shelving on one side, and shelving to the top and bottom of the other side and the remainder clothes-hanging space did not enable a dress or coat to hang properly without being creased. Evidence was shown to the inspector of new wardrobes that had been ordered, which were due to arrive in the centre in the weeks following the inspection. These wardrobes were ordered for all the bedrooms and were more suitable to meet the residents needs for storing clothing and personal possessions. Action had been taken to personalise multi-occupancy rooms and residents were encouraged to bring in their own personal

items. All rooms had access to the outside area into secure gardens which were well decorated, with a stained glass feature created by the residents on display. One room that was empty during inspection was used for residents at end of life. This was a large room with a kitchenette for family to use in these circumstances.

There were communal seating areas throughout the centre which were well decorated. Murals were painted throughout the centre by a relative of a former resident which added much colour to the centre. Residents' own artwork was on display in the centre and a display unit, which appeared as shop front, had residents memorabilia and keepsakes on display there. There was a bar constructed near the dining area where residents could enjoy a drink while relaxing.

The dining room was lovely and bright with views of the beautiful gardens, shrubs, flowers, seating areas, the ivy-clad stone house and the enclosed walled garden of the original building. Dining tables were set prior to residents coming to the dining room for their meals with beautiful old china cups, saucers, glassware, jugs, sugar bowls and flowers. The menus for the day were printed and displayed in large folders for residents to browse on the table. Two dining sittings took place to facilitate the residents being served their meals together. The meal times were uninterrupted and residents that required assistance were given this. Staff interaction with residents during the meal times and throughout the day was respectful and kind.

The housekeeping room was swipe-card access with a secure chemical press. There was a low sink for disposal of waste water and a high sink for filling containers; a new hand-wash sink was installed here since the last inspection. Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) were secured to prevent unauthorised access. The sluice rooms had been reconfigured with works completed upgrading the sinks and replacing the bed pan washers in these rooms. The laundry room was key-code access and was used for storage of clean laundry; the main as laundry was outsourced.

Activities on the day were rosary in the morning. Some residents also watched mass on their rooms. In the afternoon an Aromatherapist was with the residents and an external musician attended the centre which the residents greatly enjoyed. A staff member was identified to manage activities each day and an extensive activities plan was in place, with Christmas activities already being planned.

Storage in the centre was seen to be an issue, by the inspector, with store rooms having items stored on the floor and commodes and wheelchairs being stored in shared bathrooms.

Staff facilities were available upstairs on the first floor. These comprised staff changing rooms and kitchen and dining facilities.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

In general, Dunmanway Community Hospital was a well managed centre where residents received good quality care and services. The inspection was an unannounced inspection conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre.

Dunmanway Community Hospital was a residential care setting operated by the Health Services Executive (HSE). There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The governance structure comprised the general manager for the CH04 area of the HSE. The person in charge reported to the general manager. The person in charge was supported on-site by the clinical nurse manager (CNM), senior nurses, care staff and administration. Supervision of staff and staffing levels were appropriate for the centre of its size.

Relevant training had been undertaken by staff with mandatory training in date for all staff and a training schedule was in place to keep staff up-to-date with these trainings. Staff had undertaken specialised training in areas such as infection prevention and control. Other staff had become "train the trainers" in subjects such as cardiopulmonary resuscitation (CPR) and manual handling, which enabled them to train other staff members in these areas.

Records in the centre were managed in a secure fashion and were made accessible to the inspector. The contracts of service viewed by the inspector had the necessary information required by the regulations. The statement of purpose was updated on the day of inspection to ensure it contained the information required to reflect the service provided. A review of the incidents in the centre by the inspector showed it was evident that they were reported in line with regulatory requirements. A log of complaints were maintained and actions taken to resolve these complaints were recorded.

Overall, the centre was managed to provide good quality care and support for the residents. Residents and staff had good relationships with each other and this created a social and friendly atmosphere in the centre.

Regulation 14: Persons in charge

The person in charge was full-time in post and had the necessary experience and qualifications as required in the regulations. She knew the residents well and was knowledgeable of her role under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate training had been provided to staff for their roles, and training was up to date with a plan in place to ensure that staff remained up to date with training to support them in their roles.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2. Records and documentation were made available to the inspector and were easily retrievable.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were appropriate for the centre. The centre was resourced as stated in the statement of purpose. An annual review had been completed along with a schedule of audits with areas of action identified.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of residents contracts of care were viewed and contained the information required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the details and information set out under schedule 1 of the regulations for the centre. This was updated on the day of inspection to amend minor changes required to correct information contained in the document.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of notifiable incidents was being maintained in the centre. Based on a review of a sample of incidents, the inspectors were satisfied that notifications had been submitted as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A log of complaints was maintained and the resolution to those complaints was documented, which were satisfactory to the people involved. The complaints policy was on display for residents and visitors near the entrance of the centre.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Some action was required in relation to personal possessions, which was been undertaken, and infection control to further enhance the centre for the residents which will be discussed under the relevant regulations.

The centre was well maintained and clean with suitable, homely decoration, which residents had contributed to. Gardens were spacious and well maintained. Residents had good views of the picturesque surroundings and garden areas throughout the centre.

A sample of care plan documentation was reviewed. Residents' care plans and assessments were comprehensively updated in accordance with the regulations; they were person-centred and contained lots of information to guide staff on individualised care, residents' wishes and care needs.

Residents had good access to general practitioner (GP) services where the medical officer attended the centre on a daily basis, Monday to Friday. Multi-disciplinary team inputs were evident in the care documentation reviewed.

Residents enjoyed their mealtime with more space and choice at what time to dine available with two sittings. Residents also had a good choice of options at mealtime. Residents spoken with were very happy with the food in the centre.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspectors.

The centre did not act as a pension agent for anyone in the service and finances were managed correctly. Residents views were sought on the running of the centre through residents meetings where relevant issues such as dining menus and activities were discussed. WIFI coverage, which previously had been an issue for residents, had been rectified. Management and staff promoted respect for the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

Regulation 12: Personal possessions

Personal storage remained an issue on the day of inspection with wardrobes that could not accommodate adequate amounts of clothing for residents. This was a previous finding over many inspections. Evidence of new, more suitable wardrobes

being ordered to provide sufficient storage space for all residents was shown to the inspector, these were not in place on the day of inspection.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was bright, clean and well decorated. The premises offered residents communal space both inside and outside in well kept decorated spaces to enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

The meal time experience had improved for residents, with a choice of two sittings, which were protected social occasions for the residents. The food served appeared to be of good quality and nutritious.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that the standards for the prevention and control of healthcare associated infections are implemented:

- commodes and wheelchairs were being stored in shared bathrooms which may cause cross contamination
- store rooms had items stored on the ground which would impeded full cleaning of the area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency

lighting. The provider had undertaken a number of fire safety drills regularly in the centre

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans viewed were comprehensive and provided good guidance for staff in care and support of the residents. Residents' care plans were reviewed every four months or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services; the GP was on site on a daily basis from Monday to Friday and out-of-hours GP cover was available. Multi-disciplinary team inputs were evident in the care documentation reviewed. Residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietitian, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 8: Protection

The centre did not act a pension agent for any residents. Minimum amounts of residents' finances were kept in the centre and this was managed in a transparent manner.

Judgment: Compliant

Regulation 9: Residents' rights

There was an activities co-ordinator identified daily on the staff roster to manage activities for the residents. Residents had activities provided by external people coming into the centre. WIFI coverage had been rectified in the centre. Residents

had meetings provided which enabled them to have their voices heard in the running of the centre.

Judgment: 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0033270

Date of inspection: 21/11/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Since inspection, Royal Masterpiece have delivered and installed individual double wardrobes with full length hanging space to meet the needs of the residents with new matching bedside lockers.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Wheelchairs are no longer stored in bathrooms, this has been identified in daily safety pause to bring to the attention of all staff.</p> <p>Nurse management in conjunction with cleaning staff and estates have re configured the store rooms, and utilized the stainless steel storage units ensuring all items are off the floor to ensure cleaning can take place.</p>	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	01/02/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant	Yellow	01/01/2024

	implemented by staff.			
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