



**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:	05 May 2022
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0035728

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/convalence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Thursday 5 May 2022	09:30hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met many residents on the day of the inspection and spoke with five residents in more detail and one visitor. Residents gave positive feedback about the centre and were complimentary about the staff and the care provided. The relative spoken with could not have praised the staff any higher; he reported the kindness and compassion of staff along with the good humour and support he received and the excellent care provided to his relative.

There were 22 residents residing in Dunmanway Community Hospital at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the infection control assessment and procedures by the administrator, which included a signing in process, electronic temperature check, hand hygiene and face covering. There was COVID-19 advisory signage and hand sanitiser in the front porch and a hand-wash hub inside the porch opposite reception.

An opening meeting was held with the person in charge and acting clinical nurse manager (aCNM), which was followed by a walk-about the centre with them both. Dunmanway Community Hospital was situated on a large site which also accommodated the community day centre and community dental clinic. It was a two-storey building with residential care on the ground floor, and community physiotherapy, staff facilities and storage on the first floor.

The main entrance to the hospital was wheelchair accessible. Residents' accommodation was 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, parlour, main kitchen and storage facilities were located. Dunmanway Community Hospital was adjoined to Dunmanway day centre via a wide corridor located to the rear of the building. The dental clinic was a separate building to the rear of the designated centre.

The main fire alarm system, registration certification and suggestion box were by the main entrance. Information on advocacy services was displayed in the day room. Orientation signage was displayed throughout the building to guide residents to the dining room, chapel and bedrooms for example, to allay confusion and disorientation.

Overall, the premises was bright and communal areas were pleasantly decorated. The atmosphere was calm and relaxed. Lovely rapport was observed between residents and staff, and a collegial spirit between staff.

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 profiling beds, specialist mattresses and cushions for residents' comfort; overhead hoists were available for residents to maximise their 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. Some residents had personalised them with decorations and flowers. 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 as the other half was shelved. While many of the rooms were recently painted, doors, skirting and architraves were seen to be quite worn. The privacy screen in one four-bedded room was broken and the mobile screen available did not provide adequate privacy to ensure the dignity of residents in the room.

There was a lovely seating area outside Shey 1 & 2 bedrooms with comfortable armchairs and coffee table. 'An Chistin' frontage reflected an old fashioned kitchen as part of their internal decor. There were framed pictures of residents' thoughts during the lock-down displayed. In the day room, the 'tree of hope' had flags and pictures related to Ukraine in support of the war-torn country and it's people. A picture frame with the 'positive word of the week' hung in the day room to lift people's spirit. The seating area opposite the day room room had shelving behind it with 'Dating Advice for the Younger Generation' displayed, which comprised words of wisdom set out in a poem following conversations with residents as part of the lock-down activity programme. A May alter was made by residents for the May celebrations. There was a further seating area along the corridor to the left. This alcove was beautifully decorated with vintage book-shelf wall paper backdrop, comfortable armchairs and small table. Photographs displayed showed residents and staff enjoying celebrations and outings such as the away-day in Thomand park.

The chapel was seen to be much better utilised on this inspection. Mass had recommenced on site and residents were so happy to be able to attend. Most residents were seen to attend mass. Rosary was said in the mornings and those residents who remained in their bedrooms could have rosary or mass live streamed on their TVs in the bedrooms if they wished.

'The Doheny Bar' was a life-size bar display with full-length poster of Daniel O Donnell behind the bar; this was re-located and now decorated the area between the sitting room and dining room. The sitting room and dining room were interchanged since the last inspection following a review of the dining experience and residents reported that they liked the change.

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. Residents spoken with before lunch was served said they loved the room as it was bright and loved to admire the views from there of the beautiful gardens as sometimes rabbits scurry about and children play while waiting to go to the dentist. Dining tables were set prior to residents coming to the dining room for their meals with beautiful old china cups, saucers, jugs and sugar bowls. The dressers had china tea sets displayed which were used for their afternoon tea parties. Residents were offered beverages, fruit and snacks mid morning and mid

afternoon. Menus were displayed on dining tables. The bain-marie was brought to the dining room and meals were served from it. The meat choice of the day was lamb or chicken which were placed in a two-sided platter and a member of staff went around to each resident to show them their choice and explain the menu to them in a relaxed and respectful manner. Staff reported that residents now tended to linger at the tables after their meals chatting, and the dining experience had become much more sociable and this was observed. Staff interacted with residents in a social and respectful manner; those residents requiring assistance were helped in a kind manner and staff actively engaged with residents. Meals looked appetising and were well presented and deserts were served separately after residents were finished their dinner.

There was a beautiful new mural painted on the wall leading to the new dining room and family room. This was painted by the granddaughter of a resident who passed away, RIP. It was a delicate display of wild flowers, butterflies and bees with a lone robin as a reminder of the artist's grandfather.

The family visitors room was located between the day room and dining room and had comfortable armchairs for people to relax while visiting. The day room was a bright room with comfortable seating, fireplace, table, chairs and kitchenette area. Residents spoken with here after their dinner said they liked to relax there and chat with their friends. Another resident spoken with preferred to go back to her bedside and read the local newspaper with all the local news and chat of the area.

There was an enclosed courtyard in the middle of the centre with potted plants and shrubs, miniature ornaments and garden furniture for residents to enjoy. As it was a gorgeous hot day resident gathered here in the afternoon. Staff brought the record player and played old records while residents sat out and enjoyed the good weather. Staff brought the old fashioned tiered cake display with lots of cake and china delft for afternoon tea in the courtyard. Most residents wore sun hats, some had sun glasses and everyone chatted and enjoyed the afternoon.

The garden to the back of the centre adjoined the garden of the day service and both were well maintained. The community dental clinic was located behind the centre on a large garden with trees within the original old stone wall of the hospital. A new garden bench was placed there so that families and children could sit outside while waiting to attend the dental clinic. Residents said they loved to watch the children play in the sunshine.

The dementia friendly garden was completed since the last inspection and this was a beautiful space with curved pathways, sensory shrubs, potted flowers, pergolas with creepers and garden furniture. Family members were seen to enjoy visiting their relatives in the garden and praised the work done to have such a lovely peaceful space. The area outside Shehy 1 and 2 rooms was being developed at the time of the inspection with paving stones so that those residents had accessible outdoor garden space.

Visitors to the centre were warmly welcomed and staff knew visitors and greeted them by name. Visiting was facilitated in line with current public health guidelines

(April 2022) with controls in place to minimise the risk of inadvertent transmission of COVID-19 by visitors.

There was a computer available to residents and when residents' were not using the computer it was maintained outside the nurses' station and with soft background music playing, creating a calm and relaxed atmosphere. Later in the morning a resident was seen to enjoy old war movies on the screen.

There were two water dispensers available on either end of the centre so people could easily access drinking water.

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; there was no hand wash sink in this room. Sluice rooms were secured to prevent unauthorised access and new shelving was installed since the last inspection for drying equipment. The main store room was securely maintained and this was tidied on inspection with 11 boxes removed from the floor and items appropriately stored on shelving available. The laundry room was key-code access and was used for storage of clean laundry as laundry was outsourced. It had a hand-wash sink, domestic washer and dryer.

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

Staff were observed to completed hand hygiene appropriately. Hand hygiene gel dispensers were available throughout the centre with advisory signage demonstrating hand hygiene.

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

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. The inspector reviewed the actions from the previous inspection and found that actions were taken or in the process of completion in relation to the qualifications of staff, notifications NF40, access to outdoor space, and daily fire safety checks. Further attention was necessary regarding regulations relating to the personal possessions and personal storage for residents (this was a repeat finding), aspects of care documentation, infection control relating to the premises, and fire evacuation signage.

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 acting clinical nurse manager (aCNM), senior nurses, care staff and administration. Off site, the service was supported by the clinical development co-ordinator, quality and safety adviser, infection control link nurse specialist and human resources.

Dunmanway was one of seven designated centres chosen to participate in a national 'safe staffing' two year pilot study. This research was a collaboration of UCC and Department of Health looking at 'what is deemed safe staff levels'. The person in charge and aCNM highlighted that it was wonderful to be part of research that would inform future national policy development.

The annual programme of audit comprised a variety of clinical and observational audits with a monthly audit programme that supported the (Quality and Patient Safety) QPS strategy of Cork/Kerry Community Hospitals. There were weekly reminders identifying the subject matter for auditing. Results of audits fed into the internal QPS meetings, which in turn fed into the regional QPS meetings facilitated by the general manager. Items such as incidents, accidents and complaints were discussed and the QPS meetings enabled information sharing between community hospitals to improve outcomes for residents. QPS meetings had set agenda items relating to key performance indicators, notifiable incidents and infection prevention and control as part of monitoring and oversight of the service. However, due to COVID-19 outbreak management in the CH04 area, the quarterly QPS meeting had not occurred so incidents were not followed up to ensure near miss episodes were appropriately addressed.

Clarification was provided on inspection in relation to the six-monthly NF40, nil return notifications. Incidents and accident logs were examined and these were reviewed and followed up by the person in charge. Notifications to the office of the Chief Inspector correlated with these. The statement of purpose was displayed in the centre and it was updated at the time of inspection to ensure compliance with the regulations.

Staffing levels were adequate to the size and layout of the centre. The duty roster reviewed showed that staff were delegated to activities responsibilities on a daily basis ensuring that residents had access to an activities programme.

In general, the atmosphere was relaxed and staff actively engaged with residents in a social, friendly and respectful manner, and visitors to the centre were made feel welcome.

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 demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare

to continuously improve quality of care and quality of life.
Judgment: Compliant
Regulation 15: Staffing
The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents as assessed in accordance with regulation 5. The role of care assistant and household staff was segregated and dedicated household staff were on duty 08:00 – 17:00hrs over seven days. Duty rosters showed that staff were allocated to activities on a daily basis to facilitate meaningful activities for residents.
Judgment: Compliant
Regulation 16: Training and staff development
Weekly safety pauses were facilitated as part of on-going staff supervision, and these included reviews of KPIs, infection control, new admissions, new wireless sensor mats, and policies for reading and signing for example. Daily discussions following daily staff hand-overs occurred where areas were highlighted such as changing policies and procedures relating COVID-19 such as visiting, PPE wearing and infection control and PPE usage, and other areas such as behavioural chart updates.
Judgment: Compliant
Regulation 23: Governance and management
Incidents and 'near miss' episodes were recorded and these were examined. One incident, which occurred in November 2021, did not address the issues relating to staff training, supervision, or appropriate assessment of a resident prior to transfer. Review of incidents, accidents, near miss episodes and complaints formed part of the QIP quarterly meetings, however, the quarterly meeting for January 2022 did not occur due to COVID-19 in the CH04 area, consequently, this incident had not been analysed to enable learning or appropriate remedial actions taken to mitigate recurrence.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was displayed in the centre. It was updated at the time of inspection to include:

- the current registration certificate
- current registration details
- accessible centre-specific organisational structure
- WTE kitchen assistants
- an accessible complaints procedure.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were submitted in line with regulatory requirements. Clarification was given on inspection regarding information to be submitted in the NF40 nil return bi-annual notification.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Dunmanway Community Hospital. Residents gave lovely feedback about staff and the care they received and a relative spoken with was immensely grateful for the wonderful care their relative received.

The person in charge explained that the 'Friends of Dunmanway Community Hospital' were a huge support and over the years had contributed significantly to the centre. They had donated funds to upgrade the enclosed garden to the side of the centre which was now a landscaped dementia-friendly garden with all-year-round planting, walkways and seating. The area outside Shehy 1 and 2 was being developed and new red bricks were due to be laid and create an outdoor garden space for these residents.

Last year they submitted their project 'the bucket list' for the annual Health Care awards and were short listed. 'The Bucket List' was a COVID-19 lock-down initiative whereby they asked each resident for one item off their bucket list that they would like fulfilled and they achieved this for each resident. Such as going to Thomand

park to see the Munster rugby team, getting a piano for another resident to play, and writing to celebrities and receiving lovely hand written letters from their 'heroes'. This year they submitted their garden project 'improving outdoor space for people living with dementia' and had made it to the finals of the Health Care award ceremony.

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. The 'quick screen risk assessment' was an excellent tool providing an easily accessible snap-shot of the resident's care needs and included assessments such as falls, medications, vision, peripheral sensation, balance and seating for example. Residents' assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Additional care plans were set out relating to 'COVID-19 and the resident with dementia' with individualised supports necessary for their emotional well-being to minimise the impact of COVID-19 precautions; COVID-19 infection control care plans were in place for all residents. Staff spoken with had good insight into residents' specific care needs relating to behaviours and measures put in place to support residents, their families and staff. Bed rail assessments showed information regarding how the resident slept and their nightly routine. However, of the sample examined, narrative progress notes were included in care plans rather than in the daily progress records.

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example. Behavioural support charts showed that staff had good insight into residents' care needs with social and compassionate interventions to support them during a time of anxiety or upset. Advanced care directives and 'Let Me Decide' were in place for residents and documentation showed that these discussions were with the resident and GP. When required, the social worker attended the centre to support residents and staff; residents' documentation showed that liaising with the family formed part of the ongoing support provided to enable best outcomes for residents concerned.

Weekly safety pauses were facilitated and these included reviews of KPIs, infection control, new admissions, new wireless sensor mats, and policies for reading and signing for example. Daily discussions following daily staff hand-overs occurred where areas were highlighted such as changing policies and procedures relating COVID-19 such as visiting, PPE wearing and infection control and PPE usage, and other areas such as behavioural chart updates.

Controlled drugs were maintained in line with professional guidelines. An antibiotic log formed part of the medication administration record; this provided easy access to the antibiotic history which included the rationale for the treatment and the resident's response to it. A sample of medication management charts were examined; they were comprehensively completed in line with professional

guidelines. Medications requiring to be crushed were individually prescribed.

A review of consent form signing required attention as many residents' care documentation showed that the next of kin signed the consent forms of residents rather than sign to indicate they were involved in the discussion and given relevant information such as the rationale for implementing bed rails for example.

Transfer letter with information on residents being transferred into the centre were seen to be comprehensive. While the national transfer template was used when resident were being transferred out of the centre were in place, copies of the transfer information were not maintained on-site.

Laundry was segregated at source and other precautions in place for infected laundry included the use of alginate bags as required. Laundry was outsourced as the laundry facilities available in the centre were inadequate with domestic-type equipment washing and dryer machines.

Improvements were noted regarding fire safety precautions following the last inspection. Evacuation routes were clear of obstruction and daily fire safety checks were comprehensively maintained. Evacuation floor plans were displayed in the centre with a point of reference 'You are Here'. Fire drills and full evacuations were undertaken to ensure that staff could evacuate residents in a safe and timely manner. Monthly flushing of the fire hydrant was recorded along with flushing regime precautions against legionella. However, further action was required to ensure that the evacuation signage displayed correlated with the evacuation floor plans.

The activities roster seen had staff assigned responsibility for activities. A variety of activities were available to resident including dog therapy, massage, art for health, afternoon tea parties, mass on site every Thursday; special projects such as the dementia friendly garden, May celebrations, Ukraine support, and other socially conscious events were held, which helped maintain residents involvement and interest in current and local affairs.

Access to the day-care centre had re-opened with the lifting of COVID-19 restrictions and the person in charge said that visitors coming to the day-care, visited their friends in the hospital enabling residents to maintain relationships with the community.

Residents' meetings were facilitated on a quarterly basis and the person in charge and aCNM facilitated these. Good discussions and information sharing were seen in the minutes examined, however, while suggestions were made by residents, these were not routinely followed up on subsequent meetings to be assured that the residents' suggestions were actioned to their satisfaction.

Following review of the dining experience for residents as part of observational audit and residents' survey, the person in charge and aCNM explained that the unintended positive outcomes from re-organising the dining room and sitting room was the increase in mobilisation of residents as they were walking to and from the rooms. Also, because residents were changing location and moving around they had greater

interest in their meal and much less waste was noted along with a significant decrease in food supplements requirements. The dietician was involved in the review of the dining experience and was scheduled to attend the residents' meeting to discuss their menu choices and review diets to facilitate less dependence on laxatives and increase dietary fibre intake. They reported that residents' weights were much more stable with the change.

Overall, the inspector observed that the care and support given to residents was respectful and kind; staff were helpful in their interactions with residents.

Regulation 11: Visits

Visiting was facilitated in line with current (April 2022) HPSC guidance. Information pertaining COVID-19 visiting precautions was displayed at entrances to the centre. Infection control precautions were in place on entering the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature and advise regarding wearing masks and hand hygiene.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage facilities available to residents remained inadequate for residents in a long-term care facility. Residents had access to a single wardrobe which was divided with one side shelved and the other side for hanging clothes which was totally inadequate for people living in a long-stay residential care setting. This was a repeat finding over all inspections carried out to date.

Judgment: Not compliant

Regulation 13: End of life

Documentation showed that GPs discussed end-of-life care decisions with residents or when relevant, their next-of-kin. Advanced care directives – Let Me Decide formed part of residents' care documentation with care wishes recorded.

Judgment: Compliant

Regulation 17: Premises

The premises was bright, clean and well maintained. The addition of the new communal spaces of dining and day rooms, visitors room and seatings areas added to the quality of life of residents. The recently completed dementia-friendly garden was a lovely place which was accessible via bedrooms and corridor, and residents were seen to enjoy the outdoor space with their visitors. The enclosed courtyard was colourfully decorated and residents were seen to sit outside in the sunshine while others preferred to sit out of the sunshine in the doorway.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Choking risk assessments were also completed where relevant. Residents had timely access to speech and language and dietician specialist services.

Meals were pleasantly presented and in general, appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents. Resident gave positive feedback about the food they were served.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While the national transfer template was used when residents were being transferred out of the centre, copies of the transfer letters were not maintained on-site. Therefore it was not possible to be assured that comprehensive information was sent to enable residents to be cared for in line with their assessed needs.

Judgment: Substantially compliant

Regulation 27: Infection control

Issues identified relating to infection control were:

- there was no hand wash sink in the housekeeping cleaners rooms
- may surfaces such as doors, skirting boards and architraves were quite worn so effective cleaning could not be ensured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Evacuation floor plans were displayed in the centre with a point of reference 'You are Here'. A review of the daily fire safety checks was completed following the last inspection. Previously there were two check logs and now there was one log, with responsibility assigned. The PEEPs were included in the audit programme and audited on a monthly basis to be assured that residents details were up to date.

Full evacuations were completed as part of their fire safety precautions; these were timed and included learning and identification of risks such as pressure relieving mattresses. The HSE chief fire officer liaised with the local fire station and a site visit was proposed as part of their assurance protocol.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drugs were maintained in line with professional guidelines. Residents' documentation showed that records were maintained of psychotropic PRNs as required medication and these were supported by behavioural charts, reviews and responses to interventions including pharmacological and non-pharmacological interventions to enable best outcomes for residents.

A sample of medication administration charts were reviewed and there were comprehensive. Medications were labelled and stored appropriately. Medications requiring to be crushed were individually prescribed and nurses administered medication from valid prescriptions.

An antibiotic log was part of residents' medication management with details of the infection being treated, duration of antibiotic and duration of the prescription which enabled quick and easy access to the resident's antibiotic history.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Of the sample care plans examined, narrative progress notes were included in some care plans rather than in the daily progress records. This narrative information was not based on assessment of the resident, or did not enable clear direction to inform individualised care.

The formal summary at the end of the care documentation had not been updated since March 2021 in line with their policy.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and medical notes showed regular reviews by their GPs. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, geriatrician, dietician, tissue viability and palliative care for example.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were observed to actively engage with residents to provide assurance and distraction when necessary and appropriate actions were taken such as re-directing residents or for one resident, putting on their favourite war-time programme which the resident was seen to enjoy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were facilitated on a quarterly basis and the person in charge and aCNM facilitated these. Good discussions and information sharing were seen in the minutes examined, however, while suggestions were made by residents, these were not routinely followed up on subsequent meetings to be assured that residents were happy and satisfied with actions taken.

While records were maintained of residents attendance at activities, it did not detail the activity undertaken or the level of participation in the activity to provide

oversight of residents involvement or interaction during the activity.

A review of consent form signing required attention as documentation reviewed showed that next of kin signed the consent forms of residents rather than sign to indicate they were involved in the discussion with relevant information shared on the decisions being taken such as implementing bed rails for example.

Privacy screens in one of the four bedded room were broken and the portable screen used did not enable or ensure privacy for residents.

Multi-occupancy bedrooms remained clinical and by virtue of the multi-occupancy nature, they could not be fully personalised in accordance with residents preferred wishes.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0035728

Date of inspection: 05/05/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge will implement an audit of all incidents recorded within Dunmanway Community Hospital to ensure evidence of oversight in the centre to enable learning and ensure appropriate remedial actions are taken to mitigate reoccurrence.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Additional wardrobe space is currently under review to enhance personal storage facilities for residents. The Person in Charge is currently engaging with maintenance and an external contractor.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The Person in Charge / Clinical Nurse Manager 2 or senior staff nurse on duty will ensure</p>	

that all transfer documentation is provided to support a resident of Dunmanway Community Hospital requiring temporary absence or discharge and will ensure a copy of the relevant documentation is kept on site.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 The Person in Charge will ensure that a review of the maintenance programme will be undertaken and incorporate the management and repair of chipped/worn or damaged surfaces.
 In the housekeeping room the washbasin that did not meet the required standard will be replaced with one that is IPC compliant.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Nursing staff have completed on site training in care planning and the importance of completing the formal summary at the end of care plan documentation. All resident care records will be reviewed to ensure that the formal summary is up to date.
 Nurses are allocated individual care plans for completion. The Person in Charge and Clinical Nurse Manager 2 will review care plans intermittently to ensure ongoing compliance and ensure learning when non compliances are found. Results of the review will determine learning outcomes and additional training if needed.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The company contracted to service and provide the privacy screens have been contacted and are expected on site to replace the broken screen.
 The Person in Charge will ensure that an action plan is developed following each residents meeting; the results of which will be made available to all residents, families

and staff.

The Clinical Nurse Manager 2 will audit and review all nursing documentation in relation to consent policy and procedure. All consent forms will be reviewed, where appropriate the resident will be involved in the discussion relating to consent and given relevant information. Next of Kin will not sign consent forms.

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.	Not Compliant	Orange	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2022
Regulation 25(1)	When a resident is temporarily absent	Substantially Compliant	Yellow	30/05/2022

	from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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 implemented by staff.	Substantially Compliant	Yellow	01/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	30/07/2022

	that resident's family.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	14/06/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	14/06/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	14/06/2022