



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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|----------------------------|--------------------------------------|
| Name of designated centre: | Carndonagh Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Convent Road, Carndonagh, Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 May 2024 |
| Centre ID: | OSV-0000616 |
| Fieldwork ID: | MON-0042598 |

About the designated centre

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

Carndonagh Community Hospital is a designated centre registered to provide health and social care to 46 male and female residents primarily over the age of 65 who live in the Inishowen area.

It is a single-storey building, located a short drive from the shops and business premises in the town. There are three units Oak and Elm providing general and respite care and Ard Aoibhinn a dementia specific unit. The Oak and Elm units are part of the original building that dates from 1956. Accommodation for residents is provided in single, twin and four bedded multi-occupancy bedrooms. Ard Aoibhinn is a more recent addition that was opened in 2007 and where care is provided for people with dementia, in single and twin bedrooms. There are several communal seating and dining areas where residents can spend time during the day around a central courtyard. A day care service that is separate from the residential area is provided on-site.

The following information outlines some additional data on this centre.

| | |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 28 |
|------------------------------------------------|----|

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 14 May 2024 | 09:55hrs to 16:55hrs | Nikhil Sureshkumar | Lead |

What residents told us and what inspectors observed

Overall, the residents enjoyed a good quality of life in the designated centre. Many residents spoke positively about their experience of living in Carndonagh Community Hospital.

The inspector met with many residents during the inspection, and residents reported that overall, the service was good and that they were happy living in the centre. Some residents' comments were that, "This is a good centre", "food is excellent here", "I am well supported by staff in this place". Some visitors' comments were that the staff were excellent and that their loved ones were well looked after in this centre.

Upon arrival, the inspector met with the person in charge, and following a short introductory meeting, the inspector went for a walk around the centre with the person in charge.

The designated centre is located in Carndonagh town and has three units, namely Elm Ward, Oak Ward, and Ard Aoibhinn, which is a dementia-specific unit. The dementia-specific unit had undergone extensive refurbishment work to bring the centre into compliance with the regulations and was closed to admissions at the time of this inspection. The provider had submitted an application to the Chief Inspector to allow the centre to open to admissions following the completion of the refurbishment and fire safety works in April 2024. The application was reviewed as part of this inspection.

The centre's premises appeared clean and had a welcoming ambience. Residents were found spending their time in communal rooms. There were sufficient seating arrangements for residents to sit and relax in these communal areas.

The newly refurbished Ard Aoibhinn dementia-specific unit was generally well laid out with a mix of single and twin-bedded en suite bedrooms. These bedrooms have sufficient storage areas for storing personal clothes and other belongings. Privacy curtains were in place to ensure the privacy and dignity of residents in shared rooms, and residents had access to natural lighting in these rooms. These were improvements on the previous inspection. The twin rooms are used to accommodate respite residents who are mobile, as set out in the provider's statement of purpose.

Furthermore, this unit had a sufficient number of communal toilets, which were suitably adapted to meet the residents' needs. Dedicated clinical wash-hand basins were in place throughout the unit to support hand hygiene. Appropriate sluice facilities were available in the unit. There were sufficient storage areas for clinical equipment, such as wheelchairs and hoists.

The residents had access to a well-maintained internal garden, which included wooden garden planters, flower beds, and small animal models, creating an environment for residents to enjoy.

Staff who spoke with the inspector were knowledgeable about the residents' needs. Call bells were attended to in a timely manner, and the residents and some family members commented that the staff attended to residents' needs in a kind and respectful manner.

An activity schedule was on display, and the inspector observed that residents were afforded opportunities to participate in a variety of activities, such as external music performances, social outings, and light exercises. An activity coordinator was on site to support residents' participation in social care activities.

The inspector observed that the residents enjoyed access to well-balanced and nourishing meals. Mealtimes were a leisurely and sociable affair for the residents, with ample time for dining and socializing. Residents had the option to choose from a variety of menu items, and they expressed their satisfaction with the food provided at the centre. All residents who spoke with the inspector said that the food was very good. The menu was displayed, and the tables were well-laid out with cutlery and condiments for the residents to access easily.

The inspector observed visitors coming to and from various units throughout the day. They visited residents in their bedrooms and in the day rooms. Some visitors confirmed they were welcome to the home at any time, and they did not feel restricted.

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, the inspector found that this was a well-managed centre, and that the provider had completed the actions they set out to do in their compliance plan for the previous inspection in 2023. This included the completion of extensive fire safety improvement and refurbishment works throughout the Ard Aoibhann unit. The provider had submitted an application to renew the registration of this centre and an application to remove the restrictive conditions attached to the centre's current registration.

Condition 4 required that the provider.

Notwithstanding the requirements placed on the registered provider to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013, the registered provider shall take all necessary action to comply with:

- Regulation 28: Fire Precautions no later than 31 July 2023
- Regulation 17: Premises no later than 31 August 2023

Whereas, Condition 5 required that the provider

By no later than 31 March 2024 all required fire safety works and building refurbishment works must be completed in the designated centre to the satisfaction of the Chief Inspector.

No residents may be admitted to or transferred into the Ard Aoibhinn unit within the designated centre until such time as the designated centre has been inspected and has been found to comply with Regulation 17: Premises and Regulation 28: Fire precautions.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the provider's current registration applications. This inspection found that the provider had completed the actions required as outlined in their conditions of registration.

The registered provider of this designated centre is the Health Service Executive (HSE). As a national provider involved in operating residential services for older people, the centre benefits from access to and support from centralised departments such as human resources, information technology, staff training, and finance.

The person in charge of this centre is a registered nurse with a qualification in management, several years of management experience, and experience in nursing older people. Two clinical nurse managers were also available to provide management support for residents and staff and to deputise for the person in charge in their absence. A service manager provided management support for the person in charge as and when required. There were clear lines of accountability and authority in this centre.

The inspector reviewed a sample of residents' contract of care and found that each resident had a written contract of care that outlined the services to be provided and the fees to be charged. However, the terms relating to the bedroom to be provided to the residents were not included in their contracts as is required under Regulation 24.

Regulation 14: Persons in charge

There was a person in charge in this centre, who met the requirements of the regulation. Deputising arrangements were in place when the person in charge was absent.

Judgment: Compliant

Regulation 15: Staffing

There was adequate numbers and skill mix of staff to meet the assessed needs of residents and given the layout of the designated centre. There were clear processes in place to keep staffing resources under review and ensure appropriate levels of staff were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good oversight of training in the centre, and the person in charge had a staff training plan for 2024 in place.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

An insurance certificate was available for review, and it included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had several management systems to ensure oversight and management of the care and services provided to the residents. These systems included a structured induction programme, handover reports, safety pauses, and quality improvement audits. Staff and management meetings were held regularly, and the minutes of those meetings were available for the inspector to review on the day of the inspection.

There was a clear management structure in place. This structure was in line with the provider's statement of purpose. Staff and residents were familiar with the management team and said they were approachable.

The provider had ensured that the resources required to complete extensive fire safety improvement and refurbishment work in the centre were available and had completed the works within the time frames committed to the Chief Inspector.

The provider had completed an annual review of the quality and safety of care delivered to residents in 2023.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an accessible and effective procedure for dealing with complaints, and the complaint procedure met the requirements of the regulation. There was a low level of complaints in this centre, and the provider's arrangements to deal with the complaints ensured that complaints and feedback were recorded and followed up appropriately.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts of care between the resident and the registered provider, and the contract did not include the bedroom to be occupied, and the occupancy of the resident's room.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care and service provided to the residents was of a good standard. Residents were generally found to be receiving good quality person-centred care in this centre.

The premises were well maintained and appropriate to the number of residents living in the centre. The provider had completed the refurbishment of the Ard Aoibhinn dementia-specific unit. The inspector observed this had been completed to a high standard, The layout of the four twin bedrooms on the unit had been reviewed in line with the findings of the previous inspection in 2023.

Residents had access to a safe supply of fresh drinking water at all times. They were offered a choice at mealtimes and provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Residents' needs were comprehensively assessed using validated assessment tools, such as malnutrition universal screening tools and pressure ulcer risk assessments tools at regular intervals and when changes were noted to a resident's condition. There was evidence of ongoing discussion and consultation with the families in relation to the development of resident care plans. Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Staff were knowledgeable about the individual needs of residents.

The provider had arrangements in place to uphold the rights and preferences of the residents. A variety of activities were available to meet the individual needs and preferences of the residents, and there were daily opportunities for both group and individual participation such as social outings and live music. Furthermore, some residents were also receiving one-to-one support for meeting their social care needs, and the level of support they required was constantly under review.

Additionally, the residents had access to various media, such as newspapers, telephone, and television. There was access to advocacy with contact details displayed in the centre. Moreover, regular resident meetings were held to address important issues concerning the services and support provided.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely and that a care plan was in place.

Judgment: Compliant

Regulation 17: Premises

Overall, the layout of the centre met the needs of the residents. The layout of the four twin-bedded rooms on the newly refurbished Ard Aoibhinn unit had been revised to ensure residents' privacy needs were met. The inspector observed that these rooms now met the requirements of Regulations 17 and 9; however, they would not be suitable for residents who required the use of portable hoists or specialist chairs due to the available space around each resident's bed for safe moving and handling. There were no residents accommodated in these twin-bedded rooms at the time of the inspection; however, the provider's statement of purpose clearly set out that these bedrooms would only be used to accommodate respite residents who were mobile.

The residents' personal space and communal areas met the requirements of Schedule 6. There was sufficient storage in the centre. The ancillary areas, such as the kitchen, laundry, and sluice areas, were found to be clean and tidy and supported good infection prevention and control practices. Equipment was serviced regularly and was in working order on the day of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a residents' guide available, which contained information about the terms and conditions of residency in the nursing home, the services to be offered, the provider's complaint procedure and how residents could access advocacy services.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had completed the fire safety works required to ensure adequate precautions against the risk of fire in the centre. Following this inspection,

the provider submitted a final sign-off certificate from their competent person to assure that the fire safety works were completed to the required standard.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and noted that they were personalised and updated regularly and contained detailed information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy that detailed the roles and responsibilities. Staff were knowledgeable about safeguarding residents and aware of their responsibility to report any allegations, disclosures, or suspicions of abuse. The inspector reviewed a sample of staff files, and all files reviewed had a record of Garda vetting obtained for staff before commencing employment.

Judgment: Compliant

Regulation 9: Residents' rights

An activity person was allocated to support residents' needs, and residents had access to a range of meaningful activities. Those residents who wished to go out into the local community were supported to do so.

Care was resident-focused, and residents' needs and preferences for care were known to and respected by staff. Residents who spoke with the inspector confirmed that they could choose how to spend their day and that their routines were flexible.

Staff were aware of their responsibility to ensure resident's privacy and dignity were upheld. Staff practices throughout the day showed that staff used privacy curtains and doors when providing personal care. Staff were seen to knock on residents' doors before they entered their bedrooms. Staff were mindful of confidentiality when discussing residents with the inspector.

Residents had access to television in their bedrooms and in the communal areas. Residents also had access to radio and newspapers. Staff chatted with residents about local and national news and events throughout the day.

Residents had access to Wi-Fi and were supported to use mobile phones and tablets to keep in touch with family and friends.

There was a low level of restraints in the centre. Residents had access to all the communal areas, including the gardens in each unit.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | 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 |
| Regulation 12: Personal possessions | Compliant |

Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0042598

Date of inspection: 14/05/2024

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 24: Contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Following the Inspection, all contracts of care have been reviewed to include the bedroom number and number of occupants. | |

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 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 15/05/2024 |