



**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:	Carndonagh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Carndonagh, Donegal
Type of inspection:	Unannounced
Date of inspection:	31 August 2023
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0041177

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:	37
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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 31 August 2023	10:00hrs to 18:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents' feedback about the care and service provided to them was highly positive. Some families told the inspector how much they valued the service provided by the staff in Carndonagh Community Hospital and the support provided to the families.

Some of the residents' comments were that "this is a nice place to live, and the staff are excellent ", "the food is nice here", "staff worked hard and were very kind" " I like the activities, and there is always something to do in here".

The designated centre is located in Carndonagh town and is close to local amenities. The centre has three units, namely Elm Ward, Oak Ward, and Ard Aoibhinn, which is a dementia-specific unit.

The dining and communal area adjacent to the reception in the main building was spacious. This area was shared between the Oak and Elm units. The Ard Aoibhinn unit had its own communal areas, which were laid out in each household in this unit.

The communal rooms provided for residents in the Oak and Elm units had a large television and enough comfortable seating to support residents. Residents were always in the company of staff in the communal rooms throughout the three units to ensure staff could respond promptly to the residents who needed support and supervision. Refreshments, such as snacks and drinks, were served to residents at regular intervals.

Staff attended to the care needs of residents with a respectful and empathetic approach and were found to be interacting with residents in a friendly manner. The inspector observed staff carrying out appropriate manual handling techniques when assisting residents with their care needs.

There was an activity schedule available in the communal rooms, and staff were allocated to support residents in meaningful activities. Some residents were found engaged in activities such as chair exercises, reading newspapers and artwork during the morning hours, and during the afternoon hours, staff supported some residents in taking part in bingo, tabletop games, gardening, and arts and crafts. It was evident that residents were enjoying the activities provided for them.

The inspector reviewed the bedrooms in the designated centre and found that the residents' bedrooms were personalised, and residents had access to a wardrobe and a bedside cabinet. In particular, the bedrooms in the Elm and Oak units were nicely decorated and had a pleasant ambience, which supported the privacy and dignity of residents. However, the bedrooms and shared bathrooms in the Ard Aoibhinn unit were dull and needed refurbishment. For example, the inspector observed that wallpaper was coming off the bathroom walls and tiles were broken in some

bathrooms.

There was a choice of meals available for residents, and the residents were observed enjoying the food served in the centre. The meals were not hurried, and mealtimes were relaxed social occasions for the residents. One resident commented that there is always a variety of food available in the centre and that they enjoyed it.

Several visitors were observed attending the centre on the day of the inspection. Visitors complimented the quality of care provided to their relatives by staff and described the staff as approachable, attentive, and respectful.

Residents in all units had access to garden areas, and the inspector found, on many occasions, that the residents were freely moving around the garden areas. The doors leading to the garden area were not locked, and sufficient seating arrangements were available in the centre's garden areas for the residents to relax in their safe outside space. Some visitors in the Ard Aoibhinn unit commented that the residents felt relaxed while they were in the garden.

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 clinical oversight in the centre to provide care for residents was good. However, the oversight arrangements of the premises on the dementia-specific unit required significant improvements to ensure that the residents could enjoy a pleasant and safe lived environment.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology. The person in charge was experienced and had the appropriate qualifications. The person in charge was supported by clinical nurse managers and a team of staff in the centre. A clearly defined management structure was in place with clear lines of authority and accountability in the centre.

There were management systems in place to monitor the quality and safety of the service provided to residents. Accidents and incidents occurring in the centre were monitored, and action plans were developed following the review of the incident. The provider had a suite of written policies and procedures, including risk management policies, to meet the requirements of the regulations. The provider had developed audit frameworks, and audits, such as infection prevention and control and care plan audits were carried out at regular intervals in the centre.

An annual review of the quality and safety of care delivered to residents in 2022 was carried out, and it was available for the inspector to review on the day of inspection.

A comprehensive training programme was in place for all grades of staff. Staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities with regard to safeguarding residents from abuse, infection prevention and control and fire safety.

The provider had carried out a fire safety risk assessment in the centre following the previous inspection and had identified 44 amber-rated risks, which were required to be addressed within 6 to 12 months. Due to the totality of the risks and considering the safety of residents in the centre, the Chief Inspector had imposed a restrictive condition on the provider's registration certificate, requiring the provider to complete the fire safety works in the centre by July 2023 and refurbish the dementia-specific unit by August 2023. However, at the time of this inspection, the provider had only recently commenced these works. As a result, the residents accommodated in Ard Aoibhinn unit continued to live in unsafe and poorly maintained premises. Furthermore, the provider was in breach of their conditions of registration as these works should have been completed by 31 July 2023.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and the rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles.

Judgment: Compliant

Regulation 23: Governance and management

The provider's management and oversight arrangements had failed to ensure that the required resources and staff were made available to complete the required fire safety and refurbishment works to bring the centre into compliance with Regulation

28 Fire precautions and Regulation 17 Premises and ensure that residents had a safe and comfortable living environment. As a result, the provider was found to be in breach of the restrictive condition in their registration certificate.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents in the centre as required within the specified time frame

Judgment: Compliant

Quality and safety

Overall, the care and support the residents received in this centre to ensure their welfare and well-being were good. However, improvements were required to ensure that the fire safety risks and premises issues in the Ard Aoibhinn unit were fully addressed in a timely manner. Furthermore, care planning for some residents required additional improvements.

Whilst the inspector acknowledged that the provider had made several improvements to address the fire safety issues identified on the previous inspection held in October 2022, there were still 10 amber-rated fire safety risks that had not been completed at the time of inspection. As a result, the providers' arrangements for the containment of fire in the event of a fire emergency in the centre were not robust and did not fully ensure the safety of residents in the event of a fire emergency. This is further discussed under Regulation 28: Fire precautions.

The premises in Elm and Oak Ward had been recently refurbished and were well-maintained and clean on the day of inspection. However, the living environment on the Ard Aoibhinn unit required major repair and refurbishment work to ensure the safety and well-being of residents. In addition, the layout of all twin-bedded rooms in this unit did not support the needs of the residents. This is further discussed under Regulation 17: Premises.

The care provided to the residents was person-centred. Staff were knowledgeable about the individual needs of residents. The inspector noted that the staff attended to residents approaching their end of life at regular intervals and ensured that they were pain-free and comfortable.

The inspector reviewed the care files for a sample of residents and noted that each resident had a care plan. Pre-admission assessments were carried out before

admitting residents to ensure the service could provide appropriate care and facilities to individual residents, and the assessments carried out following their admission into the centre were comprehensive. Care plans were reviewed at appropriate intervals, and the residents were consulted during care planning. The majority of the residents' care plans reviewed on the day of inspection were person-centred. However, additional improvements were required to ensure that the care plans in relation to responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) provide sufficient detail to guide staff to manage the specific risks associated with each residents' responsive behaviours. This is discussed under Regulation 5.

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There were choices of the main meal every day, and special diets were catered for residents in line with their needs.

Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. The meeting minutes indicated that residents were happy about the service provided in the centre and that their likes about activities and concerns were addressed by the management team.

Regulation 13: End of life

The inspector noted that the clinical practices of staff in the centre were providing appropriate care and comfort for those residents who were approaching their end of life. The staff were knowledgeable about various care interventions that were required to support residents when they approach their end of life.

Judgment: Compliant

Regulation 17: Premises

The premises of the Ard Aoibhinn unit did not conform to the matters set out in Schedule 6 of the regulations. For example:

- The floor linings and door frames of bedrooms and some communal rooms in the Ard Aoibhinn unit were visibly damaged
- Some areas in Ard Aoibhinn unit required repainting.
- There were gaps between the floor linings and the walls of bedrooms, and dirt and dust had accumulated in this area.
- Walls of shared bathrooms were damaged in four of the twin-bedded rooms. As a result, cleaning and disinfection were ineffective in this area.
- Floor tiles were cracked in bathrooms, and dust and dirt had accumulated in

these cracks.

In addition, the layout of the bed space of several bedrooms in the Ard Aoibhinn unit did not support the needs of the residents in line with the centre's statement of purpose. For example:

- The layout of four twin-bedded rooms in the Ard Aoibhinn unit meant that the position of the hand wash basin in these rooms was close to residents' beds, and this arrangement did not ensure the privacy of the residents in these bed space when other residents or staff were using the hand wash facilities.
- The layout of four twin-bedded rooms in the Ard Aoibhinn unit meant that when the resident in the bed space near the window pulled their privacy curtain, other residents in the bedroom could not see out of the window and access natural light.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not made adequate arrangements to contain fire in Ard Aoibhinn Dementia Unit. For example:

- The Ard Aoibhinn Dementia Unit has two separate kitchen and dining room areas that open onto a protected corridor used as a means of escape in the event of a fire emergency. As a result, the protected corridor could potentially become compromised if a fire developed in these areas.
- The compartment wall separating the dementia unit from the remainder of the designated centre currently terminates at ceiling level. As a result, the measures to prevent fire from spreading to other units were insufficient if a fire developed in the Ard Aoibhinn Dementia Unit.
- The ceiling in the Ard Aoibhinn Dementia Unit did not appear to be fire-rated, and there were four ceiling access hatches that did not appear to have any identification to confirm whether they were fire-rated.
- There is an existing void underneath the ground floor that is accessed directly from the outside, independent from the ground floor unit of Ard Aoibhinn unit. The void area is used for the storage of materials. However, all pipe and cable penetrations in this area are required to be properly fire-stopped.

In addition, the provider had not made adequate arrangements to maintain the emergency exit signages in the Ard Aoibhinn unit. For example, a number of emergency exit signages were not illuminating on the day of inspection, and this could cause confusion and could delay an evacuation in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The behavioural care plans of a resident with responsive behaviours were not informative in guiding staff to manage the potential risks associated with the resident's responsive behaviours. As a result, staff caring for the resident did not have access to all the information they needed to identify triggers for behaviours and support the resident if they became anxious or agitated.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialed prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were held regularly and were involved in the organisation of the centre.

The provider's arrangements to ensure residents have access to meaningful activities in the centre were satisfactory. For example, residents were well supported to engage in meaningful activities in the centre, such as gardening and social outings.

Residents' privacy and dignity were upheld, and care was person-centred. Residents were involved in decisions relating to their care and daily lives. It was clear that residents were encouraged to maintain their independence and control over their daily routines.

Residents had access to television, radio and newspapers. There was Wi-Fi access for residents if they wanted to use it.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0041177

Date of inspection: 31/08/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regular fortnightly meetings are held with the HSE Estates Team and appointed contractor, to ensure all works are on schedule and in order to be completed within the timeframes submitted to the Authority. Any issues that arise with the works or timeframes will be notified to the Authority at the earliest identified time.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule of works commenced in August 2023 to address and conform to the matters set out in Schedule 6 of the Regulations. This schedule of works includes the replacement of all flooring, repainting of the unit and upgrading of the remaining 7 bathrooms. A review with the Infection Control Team advised removal of the staff hand washing sinks in the bedrooms. Two new sinks have been installed in the corridors, for staff hand hygiene and the sinks in all the remaining resident en-suite bathrooms have been upgraded. All residents' bedrooms have access to a window, which conforms to Schedule 6 of the Regulations. A further review will be completed of the privacy curtain rails to provide improved access to the window in the twin bedrooms. This will be completed by the 30th November 2023.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The schedule of works commenced in August 2023 and will address the matters set out in Regulation 28. Following the last inspection fire risk reduction measures were implemented. A further fire risk assessment was completed on the 03.01.2023 with 10 of the identified remaining risks scheduled to be completed by the end of 2023. Resident numbers have been reduced in the Dementia Specific unit with admissions being cancelled, as advised by the Authority, until the works are completed. These works are scheduled to be completed by the 30.01.2024</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The care plan identified was reviewed at the time of inspection and the salient points were documented. All care plans were reviewed following the inspection with three monthly reviews being completed by the Staff Nurses with oversight by the Clinical Nurse Managers with the residents and their family representatives. Care plans of all residents are made available in paper format to all the support staff. Action Completed</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/01/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/01/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/01/2024

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/12/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2023