



**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:	Dungloe Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Gweedore Road, Dungloe, Donegal
Type of inspection:	Unannounced
Date of inspection:	23 September 2021
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0033720

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 23 September 2021	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead
Thursday 23 September 2021	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

During this one day inspection, the inspectors observed that residents were supported to lead a good life in line with their abilities and choices. The premises was in the process of an extensive refurbishment programme and the changes had brought about significant improvements, making the designated centre a pleasant place for the residents to live. There was an established staff team with whom the residents were familiar and the residents' feedback on the day of inspection was very positive about the care and services that they received.

The centre is located near the scenic North Atlantic coast of West Donegal, close to the Dungloe lake, river and to the 'Dungloe Pier'. The designated centre is situated on the ground floor of a two-storey building which ensures that residents have good access to private and communal areas. The inspectors observed that there was a spacious car park at the front side of the building and disabled access and parking were clearly signed. The centre is close to local amenities and is conveniently located at the heart of the town, which enables the residents to maintain close links with the local community.

When inspectors arrived in the centre they were met by administrative staff who ensured that they adhered to the appropriate infection prevention and control measures. There were temperature checks and COVID-19 symptom checks at the reception, and the staff carefully recorded the details of the visitors during the signing in process. The inspectors were directed to the staff changing facility in order to change and observed that the changing facility was located outside the footprint of the designated centre and was not mentioned in the centre's floor plan or statement of purpose.

Following the introductory meeting, the person in charge accompanied inspectors on a tour of the premises. The newly refurbished area, which included bedrooms and day rooms was well-ventilated, and had appropriate levels of natural lighting. Each bedrooms had a television, a call bell, profiling beds, over bed tables, ceiling hoists, and specialised mattresses were facilitated according to residents' needs. Bathroom walls were painted with contrasting colour to improve the aesthetics. Signage was present on doors to inform residents of each room's usage in order to support residents to find their way around the units independently. Inspectors observed an adequate number of grab rails and call bells near the shower and toilet areas. Hand wash basins located in bedrooms were not obstructed, and they were clean. The newly installed call bell system was easy for residents to use, was audible to staff and staff were prompt to respond to call bells when they sounded.

Overall residents told the inspectors that they were very happy with the refurbished areas but that they would be glad when all of the works were completed. Some residents said that they wanted to return to their previous units and bedrooms once the works were completed in these areas. The person in charge confirmed that this

would be arranged as soon as possible after the works were finished.

As part of the building plan, the residents' day room was relocated from the front to the rear of the building. Residents spoken with told the inspectors that they missed spending time in the old day room at the front of the building as it facilitated a greater connection to the outside world due to its access to the front garden and its proximity to the main entrance. The person in charge confirmed that this was an interim arrangement and gave an assurance that the front day room would be used once the refurbishment work had been completed.

The centre had safe and accessible rear garden. This garden had been decorated with flowerbeds, a wooden picnic bench and a garden parasol. Inspectors observed that residents with varying levels of dependency were facilitated to use the outdoor areas of the centre.

The dining room had sufficient space for social distancing. Inspectors observed that there were sufficient staff on duty to meet the residents' needs, and meal time was observed to be a relaxed and social occasion. The food served was wholesome and nutritious, and residents spoken with were highly complimentary of the food and the choices they were offered. There were menus displayed on the dining table, and the text on the menu was large enough for residents to read. There was appropriate levels of staff during the mealtimes, and staff were knowledgeable about the residents' various dietary needs and preferences.

The inspectors found that the staff knew the residents well and were familiar with each resident's past life in their communities. Staff recognised the importance of family and friends in the residents' lives and had worked to ensure that communications with families and friends were maintained throughout the COVID-19 pandemic. Residents were offered choice in their care and how they spent their days either in the centre or enjoying time in their local community with family and friends. There was an activity schedule in place and residents were seen enjoying arts and crafts and gentle exercise on the day of the inspection. There were sufficient staff to provide a range of one to one and small group activities and the staff had received additional training for their role. Staff in the centre had completed a number of new activities during the COVID-19 pandemic. These projects were designed to maintain links with the local community and to help reduce anxiety and social isolation during the restrictions. One project recorded the residents' experiences during this period and was a powerful reminder of what the residents had been through and the resilience that they had shown.

Residents' bedrooms were personalised with photo albums and other belongings. Residents' clothes were laundered in the centre, and the washed clothes were appropriately stored in residents' wardrobe.

Visits were unrestricted and were facilitated in line with currently public health guidelines. Two visitors who spoke with the inspectors highly praised of the staff, and their care of the residents.

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 on the the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk-based inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the notifications that had been submitted to the Chief Inspector since the last inspection and the non-compliances found on the previous inspection in July 2019.

There were significant improvements made since last inspection however, further improvements were required in the following areas:

- Regulation 4 Policies and procedures
- Regulation 16 Staff Training and development
- Regulation 23 Governance and management

The provider is the Health Service Executive, and the person in charge had been in post since February 2021. The person in charge was supported by clinical nurse managers, a team of nurses, carers and support staff. At governance level the person in charge met regularly with the general service manager who was the provider representative for the designated centre, and also had the support of other persons in charge from sister centres located in the region.

There were fifteen residents accommodated in the centre at the time of inspection with varying levels of dependencies. This included six residents of maximum dependency, five residents of medium dependency and two residents of low dependency.

The organisational structure in the centre was clear, and each member of the management and senior nursing team demonstrated an awareness of their roles and responsibilities. The provider was found to have adequate resources, including staffing and skill-mix to meet the assessed care needs of the residents. There were adequate levels of staff supervision for the size and layout of the centre. Inspectors reviewed the auditing system in place. While a number of clinical and non clinical audits were completed, they were not sufficiently robust and did not drive quality improvement in some areas. This is further discussed under Regulation 23.

Inspectors observed that building refurbishment works were in progress, and that the noise levels in some areas were excessive. The fire alarm system activated on numerous occasions during the inspection due to the dust levels caused by the on-going works. When the alarm activated, staff gathered at the fire assembly points and carried out checks as they would be required to do if there was an actual fire incident. The inspectors reviewed the arrangements that had been put into place to ensure that the noise and disruption caused during the building works did not

impact on the quality of life for the residents accommodated in the centre. The residents had been relocated to bedrooms away from the area where the works were happening and there were defined start and finish times each day which the contractors were limited to. As a result residents were not listening to a lot of noise or subject to high dust levels.

The inspectors reviewed the centre's current statement of purpose and found that it did not accurately reflect a number of the changes and improvements to the facilities provided in the centre, as further detailed under Regulation 3.

A review of the policies and procedures in the centre was completed on the inspection. Improvements were required in respect of the quality of policies and procedures and to ensure that any changes were communicated to the relevant staff so that they could be effectively implemented in practice. This is described further under Regulation 4.

While the inspectors found the staff were knowledgeable and skilled in carrying out their duties, a review of staff training records showed that staff did have access to relevant refresher training in line with their roles. The records showed some gaps in the mandatory training required to ensure the safety of residents and staff. Inspectors were informed that the training had been delayed during the COVID-19 pandemic and the recent HSE cyber attack. Nevertheless, significant focus was now required to address these gaps.

Regulation 14: Persons in charge

The person in charge was a suitably qualified and experienced nurse, who demonstrated a good awareness of their obligations under the Health Act.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of the residents. It was suitable for the design, and layout of the centre where residents were accommodated at the time of inspection. Rosters showed that there was a nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training records found minor gaps in the mandatory refresher training records. Inspectors found that the current arrangements for accessing training did not ensure that staff had access to appropriate training updates in key areas such as;

- fire safety
- management of responsive behaviours
- safeguarding vulnerable adults

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents which was up to date and contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not have sufficiently effective systems in place to ensure that all areas of the service were effectively monitored and drive quality improvements in the service. For example;

- audits were not completed in line with the audit schedule.
- the pharmacy audits carried out recently did not identify non-compliances found on this inspection such as improper storage and disposal of unused medications in the drug trolley.
- the oversight of the cleaning schedules had not identified gaps in cleaning checklists found by the inspectors on the day of the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose did not accurately describe the facilities provided within the designated centre on the day of inspection. For example, the use of staff changing facility on the first floor of the building was not included in the floor plan and statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications specified under regulation 31 of the Health Act were submitted to chief inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Inspectors reviewed the complaint log, and found that all complaints were logged, investigated, and the outcome of investigation was communicated to complainants. There were no open complaints at the time of this inspection and an appeals procedure was in place for referral of complainants not satisfied with the outcome of investigation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not prepared and updated all the policies as set out in schedule 5 of the regulations. For example:

- the policies on recruitment and selection of staff were not kept up to date.
- the admissions policy had not been reviewed within the last three years.
- the policies on medication management did not provide clarity about the process of managing medication errors in the centre and as a result, staff who spoke with the inspectors were not clear about the procedure for reporting such incidents.
- not all schedule 5 policies were being implemented in practice, and the HSE Your Service Your say leaflets were not available in the newly refurbished centre.

Judgment: Substantially compliant

Quality and safety

Inspectors found that the residents received a safe service that provided person-centred care from a well-established staff team who knew the residents well. The designated centre had been through an extensive refurbishment and there were ongoing works in the centre during this inspection. The refurbished areas viewed by the inspectors provided safe and comfortable accommodation for the residents and were a significant improvement from the last inspection. The refurbishment was in its last phase at the time of the inspection and was due to be completed by the end of 2021.

The inspectors completed a walk about of the refurbished areas and spoke with a number of residents who expressed high levels of satisfaction with the newly refurbished bedrooms and communal areas. Overall the bedroom accommodation was spacious and provided sufficient room for residents to store their personal belongings. Appropriate privacy curtains were available around all beds spaces in multi-occupancy rooms, and privacy vision panels were installed on door glasses of all bedrooms. However one bed space in each of the three bedded rooms was not suitable for residents if they needed to use assistive equipment such as hoists or specialist chairs.

The spacious corridors in the centre had polished wooden handrails on both sides of the corridor. The inspectors observed that there were wall-mounted hand sanitisers placed at sufficient intervals throughout the corridor, and the staff were seen performing hand hygiene throughout the inspection. There was enough storage space located throughout the centre and the centre was observed to be clean on the day of inspection.

The inspectors observed that residents were kept socially engaged in the centre with a range of meaningful activities. Residents were seen to be relaxed and comfortable in the centre. Staff knew each resident well and demonstrated an awareness of residents' social care needs.

However inspectors found that residents involvement in the running the service was not in line with the requirements of the regulations. For example, there had been no residents' meeting held or arranged in the centre since the start of the COVID-19 pandemic in April 2020. In addition, the information from residents' satisfaction surveys had not been utilised to develop the quality improvement plan for the service.

Overall, residents' care plans were person-centred, implemented, evaluated and regularly reviewed. However the inspectors found that a small number of assessments and care plans did not provide a comprehensive and up-to-date record of the residents' current needs and the care being delivered.

Residents received a high standard of evidence-based nursing care. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details. Residents had

access to appropriate equipment to meet assessed needs such as pressure relieving equipment and manual handling equipment.

Overall risks were appropriately mitigated and escalated as required, however some improvements were required to ensure a safe storage of oxygen cylinders in the centre and this is discussed under Regulation 28.

The COVID-19 contingency plan was a dynamic document which was regularly updated and adapted to reflect changes in public health guidance. The designated centre's safety statement had been recently reviewed and revised to include the COVID-19 response plan. Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded at least twice a day. Inspectors found that senior nursing staff had good oversight in place for identifying residents who might be presenting with signs and symptoms of COVID-19 and that any risks were managed effectively.

Overall there were good standards of infection prevention and control in place in the designated centre and staff were found to follow the required infection prevention and control practices in relation to hand hygiene and wearing of appropriate personal protective equipment (PPE). However not all staff were observed to follow the five moments of hand hygiene consistently on the day of the inspection.

An emergency evacuation plan was in place with a clearly outlined activation protocol and identified assigned roles and responsibilities. Records showed that equipment including assistive hoists, profiling beds, bedpan washer etc were regularly serviced and maintained. However one air mattress did not have a record of being recently serviced and this had not been identified by staff. In addition the defibrillator trolley did not have a record that it had been checked on the night prior to the inspection in line with the centre's own procedures. This had not been identified by nursing staff on the unit but was addressed when the senior nurse was made aware of the oversight.

The centre was cleaned to a high standard. Equipment was cleaned between use and hoists, slings and wheelchairs were found to be clean and well maintained. Staff responsible for housekeeping were knowledgeable about the cleaning and decontamination practices. Colour coded mops were used for cleaning various areas in the designated centre however the oversight of the housekeeping practices did not ensure that the frequently touched surfaces were cleaned to the required standards.

There were comprehensive safeguarding processes in place to ensure that residents were protected and that any alleged incidents were reported and investigated promptly. Although not all staff were up to date with their mandatory safeguarding training requirements, staff who spoke with the inspectors were clear about their responsibility to report any concerns in relation to alleged abuse and told the inspectors that they felt able to report any concerns that they might have to senior staff. Resident and staff interactions were marked by respect and empathy and residents told the inspectors that they felt safe.

Regulation 12: Personal possessions

The refurbished bedrooms provided adequate storage space for each resident to safely store their personal belongings and clothing. This was a significant improvement from the last inspection.

Judgment: Compliant

Regulation 17: Premises

The layout of the bed space adjacent to the en-suite in the three bedded bedrooms did not facilitate the easy use of assistive equipment and was not suitable for higher dependency residents in need of long term care.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors found that there were effective arrangements in place to manage risk and protect residents from the risk of harm. An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre, which included all the information required by the regulation. There was a comprehensive risk register that was reviewed on a monthly basis and updated regularly. This was a live document including both the clinical and environmental risks.

Records showed that incidents and near misses were investigated, and any learning or improvements were shared with the relevant staff. There was a major incident plan in place.

Judgment: Compliant

Regulation 27: Infection control

Not all staff consistently adhered to the five moments of hand hygiene on the day of the inspection.

Gaps in cleaning checklists found by the inspectors did not provide assurance that the frequently touched surfaces were cleaned to the required standard in all areas of

the designated centre.

There was only one glucometer to be used for the four residents diagnosed with diabetes accommodated in the designated centre. Although the equipment was cleaned between use best practice guidance recommends that each resident would have their own glucometer.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records showed that not all staff were up to date with their mandatory fire safety training.

There was Oxygen inappropriately stored along a fire evacuation route on one unit.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found one medication that was no longer in use and had not been returned to the pharmacy in line with the centres' own medication policy

There was no pharmacy labels on two medications found in the medication trolley and it was not clear who these medications had been prescribed for.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

One resident did not have a comprehensive assessment of their needs 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). The assessment described the types of behaviours that the resident might present with however there was no record of the potential triggers for those behaviours.

Three care plans reviewed by the inspectors did not provide a comprehensive plan

of care for all of the residents' current needs;

- One resident with impaired mobility did not have a comprehensive care plan in place for their moving and handling needs.
- One resident did not have up to date end of life care plan in place.
- One resident's record of care did not clearly report that the resident had recently been referred to the occupational therapy service for an assessment of their seating needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical and allied health care professionals in line with their assessed needs. Residents' health care needs were regularly reviewed by the general practitioner (GP) and appropriately referred to relevant community health care practitioners in order to promote the residents' health and well-being. Residents had access to physiotherapy, occupational therapy, speech and language therapy and dental services from the adjacent community services. Dietetics and chiropody were also available. Residents were reviewed by tissue viability specialist where required. The centre had strong links with local gerontology services, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Where a resident presented with 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.) this was managed in the least restrictive manner in line with best practice guidance.

Judgment: Compliant

Regulation 8: Protection

There were comprehensive safeguarding procedures in place to ensure that residents were protected from abuse. Records showed that where a concern was raised this was reported and investigated promptly.

Judgment: Compliant

Regulation 9: Residents' rights

Resident meetings had not been held in the centre in line with the designated centre's own policy and as described in the Statement of Purpose.

Feedback from the resident survey had not been used to inform the annual review and quality improvement plan.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Substantially compliant

Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0033720

Date of inspection: 23/09/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • On the 15/10/2021 all staff completed their yearly Fire Training where Master Fire facilitated 3 sessions of Fire Education. • Management of Responsive Behaviours: 67 % of staff have received this training, Additional training will be facilitated for the remainder of staff and will be completed by 28/02/2022. • Safe Guarding Training will be completed by 31/12/2021. There are 4 staff who need to complete Safe Guarding .Two of these staff are returning from Long Term Sick Leave. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Audits will be completed quarterly • PIC has had a meeting with HSE Practice Development Co –ordinator and HealthWise pharmacist re management and storage of medications 30/09/2021. Additional education to be facilitated to staff re Schedule 5 policies. • Management will increase audits on cleaning schedules and action plans put in place to ensure cleaning schedules demonstrates robust cleaning practices. 	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of Purpose has been completed in accordance to Regulation 3 and HIQA have received a copy. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • PIC has requested HSE practice development coordinator to review and update any outstanding Schedule 5 policies with management and staff. • PIC and management will audit medication management policy, staff will have additional education sessions in relation to medication administration and reporting of medication errors. • All staff will continue to have protected time to review Schedule 5 policies. • Your Service Your Say leaflets are now available in line with the Complaints Policy of the centre. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • All residents and patients will have a comprehensive individual assessment carried out on admission. Management and staff will ensure no resident / patient with high dependency levels will be placed in the bed space adjacent to the ensuite 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

- IPC link nurse has protected time each week on an ongoing basis to educate, monitor and audit all IPC measures e.g hand hygiene, donning and doffing.
- PIC and management will ensure MEG environmental tool is disseminated to all staff, to ensure all IPC cleaning regime is adhered to.
- Each diabetic resident has their own glucometer as from 10/10/2021.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- All staff have completed yearly mandatory Fire Training by 15/10/2021 (this training had been scheduled with Master Fire Since April 2021.)
- Oxygen is now stored and secured in a store room and identified clearly within the room.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- PIC and management have implemented a checking system in conjunction with lead pharmacist to ensure medicines not in use will be returned.
- A medication return book is now in place to support the checking system which is signed by the staff on duty and pharmacist, in line with medication management policy.
- All medications will be labelled clearly.

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:

- Carenotes facilitator has completed an education session with PIC and management team to assist in auditing care plans.
- Carenotes link nurse and a senior staff nurse has completed a study day on Care Planning in the NMPDU , This knowledge has been shared with all staff nurses.

- Planned care planning refresher days have been allocated commencing November to assist staff in completing comprehensive careplans.
- Careplan audits will continue four monthly and action plans drawn up .In addition CMN 2 will carry out weekly carenotes supervision.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Residents meetings will take place in line with IPC and PH regulations commencing 29th November 2021.
- A national residential survey is being planned to be carried out in Feb – April 2022 in Dungloe Community Hospital .This survey will allow for the residents experience of long term care to be taken into account. This will assist to inform the annual review in conjunction with local residents survey's.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/11/2021
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	31/01/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/01/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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	31/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques	Substantially Compliant	Yellow	31/10/2021

	and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/11/2021
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned	Substantially Compliant	Yellow	30/11/2021

	can no longer be used as a medicinal product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/10/2021
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/01/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/01/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	28/02/2022

	<p>exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>			
Regulation 9(3)(d)	<p>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.</p>	Substantially Compliant	Yellow	30/04/2021