



**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

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| Name of designated centre: | Dungarvan Community Hospital |
| Name of provider: | Health Service Executive |
| Address of centre: | Springhill, Dungarvan, Waterford |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 March 2024 |
| Centre ID: | OSV-0000594 |
| Fieldwork ID: | MON-0043226 |

About the designated centre

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

Dungarvan Community Hospital is a designated centre situated within the urban setting of Dungarvan town, Co. Waterford. It provides long-term care for older persons as well as specialised care for people with dementia. Respite services, day care services, convalescence care and end-of-life care are also provided on site. The criteria for admission is persons aged 65 years and over, however, the statement of purpose also states that there are exceptions to this criteria including persons under 65 years who require palliative care or a young person with a life limiting illness. The facilities and services provided, according to the statement of purpose, are as follows: accommodation for 102 residents in six residential units: 1) Michael's Unit: 12-bedded male unit 2) Ann's Unit: is a dementia-specific unit providing accommodation for 10 residents; nine long-term beds, one respite bed and day care service to a maximum of three people per day 3) Vincent's Unit: 32-bedded unit for male and female residents that includes three rehabilitation beds, three respite beds and three palliative care beds 4) Sacred Heart Unit: 19-bedded male and female unit accommodating rehabilitation; convalescence, and respite residents 5) Francis Unit: 17 bedded unit accommodating female long-term care unit and which was refurbished in 2007 6) Enda's Unit: 12 bedded unit accommodating male and female long-term residents. Residents have access to occupational therapy, physiotherapy, radiology, a range of HSE community services, a church and private meeting areas.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 88 |
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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 |
|----------------------------|-------------------------|---------------|------|
| Wednesday 27 March 2024 | 09:00hrs to 16:30hrs | Kathryn Hanly | Lead |

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared comfortable and content. Personal care was being delivered in many of the residents' bedrooms on the morning of the inspection and observation showed that this was provided in a kind and respectful manner.

The inspector spoke with six residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. On observation of care interventions, staff were seen to anticipate residents' needs in a timely and sensitive manner. Residents told the inspector that the staff looked after them very well. Residents spoken with were also happy with the standard of environmental hygiene. Relatives were also complementary about the care and support provided by staff.

Dungarvan Community Hospital is a large single storey facility, registered to accommodate 102 residents. There were 88 residents on the day of inspection. The centre was divided into six, separately staffed units. Five of the units were designated for long term care and one unit, Sacred Heart, was the dedicated rehabilitation unit.

St Vincent's was the newest unit, opened in 2009. This 32 bed unit was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Sacred Heart Unit had also been refurbished in recent years. A link corridor joined these units to the older, and more dated part of the centre which comprised Enda's, Francis', Ann's and Michael's units.

Residents were supported to personalise their bedrooms, with items such as photographs and artwork. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety. There was adequate communal space including sitting rooms and dining rooms for residents in each part of the centre.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, some surfaces and finishes including wall paintwork, wood finishes and flooring in the older units were worn in places and as such did not facilitate effective cleaning.

There was a clinical room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings on each unit. These rooms were generally was clean, tidy and well organised with few exceptions. For example,

personal protective equipment and medications were stored adjacent to the sink on Ann's Unit. This posed a risk of splash contamination.

Despite the infrastructural issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. However, some improvements were required in the oversight of equipment hygiene. Findings in this regard are presented under regulation 27.

Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were available in resident bedrooms rooms for staff use. These sinks complied with the recommended specifications for clinical hand wash basins. However, some barriers to effective hand hygiene practice were observed during the course of this inspection. Findings in this regard are reported under regulation 27.

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013. Overall the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 23 and 27 and the National Standards for infection prevention and control in community services (2018). Improvements were required in infection prevention and control governance, oversight and monitoring systems.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in December 2023 and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through planned renovations and maintenance. The design and layout of the four-bedded rooms on Ann's and Michael's units were inadequate to protect residents' privacy and compromised residents' dignity. While these met the minimum floor space requirements of 7.4m² per resident, a number of them were not configured correctly to allow for the space occupied by a bed, a chair, and personal storage space for each resident of that bedroom. For example, in Michael's unit, in one four-bedded room, the entrance to the en-suite was via one residents bed space, within the privacy curtain. Renovations were scheduled to relocate the entry door and bathroom door to this bedroom. The inspector was informed that renovations had also been planned to close off an entrance to the activity room, kitchenette and linen room from a four bedded room in Ann's unit.

The Health Service Executive (HSE) is the registered provider of Dungarvan Community Hospital. There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge had nominated five staff members to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had access to on-site training and support from infection prevention and control specialists as required.

Overall, observations on the day of the inspection found that the the staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. There were also sufficient numbers of housekeeping staff assigned to each unit to meet the environmental hygiene needs of the centre on the day of the inspection. All areas and rooms were cleaned each day and the environment appeared visibly clean.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 over the course of the pandemic. A review of notifications found that outbreaks were generally managed, controlled and reported in a timely and effective manner. The centre had not experience an outbreak since September 2023. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident..

However, regular infection prevention and control audits were not undertaken. There had been no infection prevention and control undertaken in 2024 to date. As a result there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Details of issues identified are set out under regulation 23.

Accurate surveillance of multi-drug resistant organism (MDRO) colonisation was not undertaken. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. A review of documentation and discussions with staff found that staff were unaware that two residents were colonised with Carbapenemase-Producing Enterobacterales (CPE) and Vancomycin-resistant Enterococci (VRE) respectively. As a result accurate infection prevention and control information was not recorded in these residents care plans to effectively guide and direct their care.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training.

A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate for the infection prevention and control and antimicrobial stewardship needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Inspectors identified, through talking with staff, that all grades of staff were knowledgeable in the management of residents colonised with MDROs. Copies of infection prevention and control national clinical guidelines were available and accessible to staff working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- There were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Local infection prevention and control audits had not been undertaken since November 2023. This indicated that there were insufficient assurance mechanisms in place to monitor infection prevention and control quality and safety of the service.
- Accurate surveillance of infection and MDRO colonisation was not undertaken. As a result accurate information was not recorded in care plans and appropriate infection control measures were not in place when caring for residents colonised with VRE and CPE.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that the quality of service and quality of care received by residents was of a good standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

There was a low reported incidence of wounds including pressure sores within the centre. The inspector reviewed the management of wound care and found they were well managed and guided by adequate policies, practices and procedures. Staff described how residents received a good level of ongoing support from visiting GP's and allied healthcare professionals including physiotherapists, occupational therapists, dieticians and speech and language therapists (SALT). A full range of other services was available on referral including chiropody, dental, optical services and psychiatry of later life services were also available and provided support to some residents.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. The inspector also saw that a copy of nursing transfer letter when a resident was recently transferred back from the hospital was kept in the resident's file.

Care plans viewed by the inspector were generally comprehensive and person-centred. Care plans were reviewed at intervals not exceeding four months. However, the review found that accurate information was not recorded in two care plans to

effectively guide and direct the care of residents that were colonised with MDROs. Findings in this regard are presented under regulation 5.

The inspector also identified some examples of good antimicrobial stewardship. For example, the volume of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance.

Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needlestick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. Appropriate use of personal protective equipment (PPE) was observed and all staff were bare below the elbow to facilitate effective hand hygiene practices.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. However, some surfaces and flooring were worn and poorly maintained within the older units of the building and did not facilitate effective cleaning.

Ancillary facilities generally supported effective infection prevention and control. The infrastructure of the small on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Sluice rooms were generally clean and well maintained. The sluice room on Enda's unit had been refurbished. However, the detergent for the bedpan washer in Ann's Unit had expired and the detergent was not connected to the bedpan washer in Michael's Unit. This may impact the effectiveness of decontamination.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

Housekeeping staff also confirmed that cleaning trolleys were prepared within the sluice room on Ann's, Michael's, Enda's and Francis Unit. Cleaning equipment was observed within the sluice room on Ann's Unit and Enda's Unit. This practice posed a risk of cross contamination.

There were no clinical hand washing facilities with the clinical room on Michael's Unit. Clinical hand washing sinks within two multi occupancy bedrooms on Enda's Unit were located within residents bedspaces. This may impact adherence to

effective hand washing practices or impact on residents privacy if staff enter the bed-space to perform hand hygiene.

The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection and several items of shared equipment had not been tagged after cleaning. While equipment appeared visibly clean, inconsistencies in the tagging system meant that inspector was not assured that all equipment had been cleaned after use.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The inspector viewed hospital transfer documentation received when resident returned to the designated centre from hospital. A review of the resident profiles found that infection and MDRO colonisation status was accurately recorded in Section A of the residents profile. However, a review of care plans found that associated care plans for two residents with a history of MDRO colonisation were not in place. This is reported under regulation 5.

Judgment: Compliant

Regulation 27: Infection control

The provider did not met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- Staff were unaware of the MDRO colonisation status of a small number of residents. A resident colonised with CPE was accommodated within a multi-occupancy bedroom. They did not have their own en-suite toilet and bathing facilities or dedicated commode as per national guidelines. A shower chair within their en-suite was visibly soiled. This increased the risk of cross transmission.

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by,

- The system to identify that equipment had been cleaned after use had not been consistently implemented at the time of inspection. Several items of equipment were not tagged after cleaning.
- Cleaning equipment was stored with the sluice rooms on Ann's Unit and Enda's Unit. The inspector was informed that cleaning trolleys were prepared within the sluice rooms on four units. This posed a risk of cross contamination.
- Clinical hand washing sinks within two multi-occupancy bedrooms on Enda's Unit were located within resident's bedspaces. As a result, access to clinical hand washing sinks in these rooms may be restricted at times.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was not recorded in two resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO.

The resident profile template (section A) did not contain a comprehensive section to document details of healthcare associated infection and MDRO colonisation status. Only vaccine history, MRSA colonisation status and *Clostridioides difficile* infection history was listed on the form. Omissions of critical information including blood borne virus status and Vancomycin-resistant *Enterococci* (VRE), Extended Spectrum *Beta-Lactamase* (ESBL) and Carbapenemase-Producing *Enterobacterales* (CPE) colonisation status during assessment may mean appropriate infection control measures may not be documented and in turn implemented when caring for all residents.

Judgment: Substantially compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through Community Healthcare Organisation(CHO) 5. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO5. The most recent report (Quarter 4 2023) showed low levels of both therapeutic and prophylactic antibiotic use relative to other HSE centres throughout the region. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and AMR in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 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 11: Visits | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |

Compliance Plan for Dungarvan Community Hospital OSV-0000594

Inspection ID: MON-0043226

Date of inspection: 27/03/2024

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 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Review & update of current audit processes to ensure compliance with National Standards for Infection Prevention and Control. • Engagement & support of the Clinical Nurse Specialist in Infection Prevention and Control - Quality Safety and Service Improvement Division within South East Community Healthcare/CHO5. • Commencement of training for in-house Infection Prevention and Control link practitioners & Clinical Nurse Managers to support the introduction of the 'Viclarity' digital auditing system which will provide enhanced oversight of audit management and action plans. • Review & update of the care plan documentation & reporting systems to ensure robust recording, surveillance and appropriate care management of residents living with MDRO colonisation. | |
| Regulation 27: Infection control | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Education and training for all staff ongoing regarding surveillance/management of MDRO's. • Review of compliance of Tagging system to identify clean equipment – additional training will be provided for non-compliant teams. • Review of hand washing sinks by IPC CHO5 planned 22/4/2024 with action plan to address noncompliance. | |

- Review of Housekeeping storage areas throughout the facility to eliminate risk of cross contamination.
- Training completed by 'Vermop' floor cleaning system/cleaning products for all household staff.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Review & update of resident profile template (Section A) in care plans to include an identification section on HCAI & MDRO'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 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. | Not Compliant | Orange | 30/04/2024 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Not Compliant | Orange | 30/09/2024 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment | Substantially Compliant | Yellow | 30/04/2024 |

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| | referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned. | | | |
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