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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:	07 April 2021
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0031653

## 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:	32
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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 7 April 2021	11:30hrs to 17:30hrs	Fiona Cawley	Lead
Thursday 8 April 2021	08:00hrs to 13:30hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were very well cared for and supported to live a good quality of life. The atmosphere was relaxed and calm on both days of the inspection. There was a person-centred ethos throughout the centre and staff were observed to be compassionate and respectful towards the residents. Many of the residents who spoke with the inspector said they were content and happy.

This unannounced inspection was carried out over two days. There were 32 residents accommodated in the centre on the day of the inspection and 14 vacancies.

Carndonagh Community Hospital is operated by the Health Service Executive. The hospital was built in 1956 and provides care to people of the Inishowen area. It comprises of two units in the main hospital Oak unit and Elm unit. On the day of the inspection, due to the ongoing refurbishment work, Oak unit catered for fourteen long term residents and Elm unit catered for eleven short stay residents. In 2007 a dementia specific unit, Ard Aoibhinn, was opened which catered for up to sixteen residents with a diagnosis of dementia.

Oak and Elm units were in the original hospital building and were made up of single and multi-occupancy rooms. There were a number of communal spaces where residents could choose to spend time with other residents. These areas were suitably furnished and allowed the residents to maintain social distance whilst retaining a social, friendly atmosphere.

Most of the bedrooms in Oak and Elm units had sufficient space for residents to live comfortably including adequate space to store personal belongings. Many bedrooms were personalised with pictures and furniture. Staff made efforts to help the residents live in a comfortable, homely environment. However, the design and layout in two of the multi-occupancy bedrooms in Oak unit was not suitable to ensure that the privacy and dignity of the residents who lived in these rooms was maintained. The multi-occupancy bedrooms in Elm were utilised for short term residents only and were therefore adequate for this purpose.

There was a television in all bedrooms and residents in multi-occupancy rooms were required to share one TV between two residents. There was no plan in place to address this.

This inspector spoke with two residents who lived in multi-occupancy rooms. One resident was happy with her room and preferred to spend her days sitting by her bed and told the inspector she loved her own company. Another resident said he was 'happy enough' in a twin room and that he and the resident he shared the room with watched the same things on TV which suited them both.

Ard Aoibhinn unit which was designed to meet the needs of residents living with dementia. It comprised of single and double occupancy bedrooms with sufficient space and storage for personal belongings. The unit was tastefully decorated with many features such as doors which were decorated to resemble traditional front doors, brightly coloured walls with artwork, sensory wall hangings and photographs. All entry/exit doors the unit were decorated with natural scenes such as waterfalls which discouraged residents who were at risk of leaving the unit. There was safe access to a hairdressing room.

A sensory room was available which included the newly developed 'Shamrock Bar' which was furnished to resemble a traditional public house. The activity room contained a kitchen area, a sensory table, lots of books and activity items. The inspector was informed that some of the residents liked to use the kitchen to make tea for themselves and others liked to do housework such as wiping the tables, washing tea towels and hanging them on the clothes line in the courtyard. The inspector saw one of the residents busily tidying areas of the room as if it were her own home. It was evident that she was enjoying keeping busy using her home-maker skills and the resident appeared content.

Call bells were available throughout the centre and were answered promptly on both days of the inspection.

Throughout the centre residents were observed enjoying activities and socialising in the various communal areas over the two days. Other residents were observed in their bedrooms reading, listening to music or having quiet time. The Inspector met with fifteen residents over the two days of the inspections from all areas of the centre. As there were a number of residents living with dementia in the centre there were some limitations to the conversations between the inspector and these residents. Residents told the inspectors they were satisfied with life in the centre. One resident told the inspector they had everything they wanted and that the staff were very good to them. Another resident commented on how friendly all the staff were and that she felt very content.

A project to enhance person-centred care in the centre was completed in recent years and this culture was evident on the days of the inspection. The inspector saw that the approach to care and support was resident focused. The staff knew the residents well and provided support and assistance with respect and kindness. The residents who spoke with the inspector described positive outcomes. They said that life was good in the centre, that the staff were very kind and caring and that they could spend their day as they wished.

Generally, the premises was laid out to meet the needs of the residents many of whom were observed moving freely and comfortably around the centre. The corridors were sufficiently wide with grab rails to assist residents to mobilise safely and independently. The building was warm and well ventilated throughout.

Overall, the centre was clean and well maintained. Housekeeping staff who spoke with the inspectors were knowledgeable about the cleaning process required in the centre. However, on the first day of the inspection the inspector found that a small

number of surfaces were dusty. Housekeeping staff attended to this immediately. Equipment such as wheelchairs, shower chairs, hoists, commodes were cleaned after each use. Numerous staff confirmed this process with the inspector and equipment was found to be clean and in a good state of repair.

Residents had safe access to a courtyard and residents were observed to enjoy the fresh air and sunshine on the day of the inspection. There was also a garden area with raised beds which the residents tended to in the summer.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and social distancing to keep themselves safe. One resident told the inspector she fully understood the need for the restrictions and that she was making the best of it. Staff were observed helping residents with hand hygiene throughout the inspection. Residents who spoke with the inspector were delighted with the vaccine programme and were proud to be amongst the first to receive the vaccine in the area.

Activities were provided to the residents seven days a week. A full time activities co-ordinator was employed by the centre who worked Monday to Friday and Care Assistants supported residents on evening and weekends. There was a daily plan of activities for the residents and it included small group and one to one activity. The inspector observed numerous positive interactions over the two days in the communal areas and residents' bedrooms. This included a lively sing-along with residents and staff accompanied by a care assistant playing the guitar. The residents thoroughly enjoyed this and it provided a great opportunity for movement through music. Residents were also observed enjoying reading, doing puzzles, chatting to each other and with staff. The inspector saw that residents who wished to remain in their own rooms were checked on regularly by staff. Friendly chats and conversations could be heard frequently throughout the centre. According to the activities co-ordinator, televised activities such as exercise classes, movies and music were popular. A recent initiative set up by the centre was the development of a social media page for the residents and their families/friends which proved very successful and provided a valuable link to the community. Throughout the two days the inspector saw that the residents were very happy and content.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. There were arrangements in place to support residents to maintain contact with their loved ones. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). There were identified areas in the centre to receive visitors along with window visits.

On both days of the inspection the lunchtime period was observed by the inspector. Both communal rooms in the main hospital area were also used for dining purposes as the dining room was closed due to the refurbishment. Staff were observed to support the residents to enjoy their meals in a relaxed atmosphere and residents

had a choice where to have their meals. Some residents preferred to eat alone and this was accommodated with staff checking on them regularly. The inspector spoke with the chef who was knowledgeable about the residents' dietary requirements including diet modification. The inspectors saw that the meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere in dining areas was very social and the residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of hot and cold refreshments and snacks was available to the residents throughout the day.

There was one resident in isolation following return from hospital which was in line with the current guidance (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). All recommended measures were in place and staff were observed donning and doffing personal protective equipment appropriately and correctly when caring for this resident.

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to 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 quality and safety of the service being delivered.

## Capacity and capability

This was a well managed service for the benefit of the residents who lived in the designated centre. Care and services were of a good standard and the management and oversight of the centre was robust and ensured that standards of safe care and services were maintained. There was a clearly defined management structure in place with identified lines of authority and accountability.

This was an unannounced risk inspection to assess the designated centre's preparedness for a COVID-19 outbreak. Information gathered by the inspectors on the two day inspection will also be used to make a recommendation on the provider's application to renew registration of the centre.

There was a plan in place to refurbish Oak and Elm to address previously identified non-compliances with the premises, in particular, space in the multi-occupancy



bedrooms and the availability of adequate communal spaces. This work was underway on the day of the inspection and some areas of the centre had been reconfigured to accommodate the building works.

The person in charge (PIC) demonstrated a clear understanding of her role and responsibility and was a visible presence in the centre. The PIC was supported in this role by two clinical nurse managers and a full complement of staff including clinical nurse managers, nursing and care staff, activity coordinator, housekeeping staff, catering staff, maintenance and administrative staff. There were deputising arrangements in place for when the person in charge was absent. The PIC was also supported in her role by senior management in HSE including the registered provider representative.

The centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection. Staff had the required skills, competencies and experience to fulfil their roles. The person in charge and clinical nurse managers provided clinical supervision and support to all the staff. Some staff were employed as multi task attendants and prior to COVID-19 worked in both clinical and non clinical roles. The PIC provided assurance to the inspector that all staff were rostered to specific roles and there was no crossover between teams.

A sample of three staff personnel files were reviewed by the inspector and demonstrated good staff recruitment practices and induction processes. All staff had Garda Siochana vetting in place before commencing employment.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 training infection prevention and control (IPC). Policies and procedures were available to staff which provided staff with clear guidance about how to deliver safe care to the residents.

Regular meetings had taken place between management and staff. Minutes of meetings reviewed by the inspector showed that COVID-19, infection prevention and control and the vaccine programme were discussed on a regular basis. Other issues that were discussed were resident safety, the planned refurbishment, fire safety and equipment. Action plans were developed following meetings where service improvements were required.

There was good evidence of effective collection of information within the centre. A range of audits were carried out which reviewed practices such as wound management, nutrition, falls management, medicines management, pain management, management of behaviours and safeguarding.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full time in the centre. She was suitably qualified for the role with the required authority, accountability and responsibility for the centre. She had good clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

### Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Overall staff had access to training appropriate to their role. Some minor gaps were identified in areas such as Fire Safety, Manual Handling, Hand Hygiene, Donning and Doffing Personal Protective Equipment and Breaking the Chain of Infection. Following the inspection the inspector PIC provided assurance to the inspector that all mandatory training would be completed 30 April 2021.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management

structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There were systems in place to monitor and evaluate the quality and safety of the service. However, the audit system required improvements to ensure action plans were developed with identified time frames and identified individuals responsible for any required improvement actions and follow up.

There was an annual review prepared for 2020. However the document did not contain a quality improvement plan and furthermore it was not clear that residents had been adequately consulted in the review. On the day of the inspection the annual review was not available to residents and staff.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Residents in receipt of long and short term care were issued with a contract of care which. Since the last inspection the short term contract now includes details of any fees charged to the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a Statement of Purpose which described the services and facilities provided by the designated centre. This document has been reviewed and updated in the last year and overall it met the regulatory requirements. However, some minor improvements were required to ensure the information contained within the document accurately reflected the governance arrangements in the centre and the facilities available i.e. laundry service.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory

requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. There were no open complaints on the day of the inspection

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

Inspectors found that overall residents living in the designated centre received care and support that ensured they were safe and that they could have a good quality of life. There was a person-centred approach to care and the residents' well-being and independence were promoted. Residents spoke positively about the centre and confirmed their experience of living in the centre was positive and their rights and choices respected. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies to provide the skilled care for residents with cognitive impairment. Over the two days of the inspection residents were observed to be very happy and content.

However, some improvements were required in bedroom accommodation to ensure residents' rights to carry out personal activities in private was adequately upheld. This will be discussed further under Regulation 9 Residents' Rights.

Residents were well cared for and their healthcare needs were assessed using validated tools which informed appropriate care planning. Each resident had care plan in place which reflected each resident's needs.

Residents who exhibited responsive behaviours (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment) in Ard Aobhinn unit were observed to be assisted and supported competently and sensitively by the staff. The staff were observed to be very knowledgeable about the residents' individual behaviour patterns and residents had timely access to psychiatry of later life. Care plans were in place to guide staff and ensure interventions were effective. Staff ensured all

residents in the dementia unit were reassured and supported when a resident displayed any responsive behaviours.

The centre had a resident's forum which met regularly and provided opportunities for residents to consult with management and staff on how the centre was run. A range of topics were discussed at recent meetings including COVID-19, the vaccination programme, the planned refurbishment, visiting arrangements, activities and the management of the centre. Issues raised by the residents were reviewed and addressed by the management of the centre. Recent feedback from a resident raised a concern at the lack of provision of communion for those residents who wanted it. In response three staff members undertook the commitment to provide this service to the centre.

Residents had access to an independent advocacy service.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities such as reminiscence, music and exercise. There was evidence that staff were very familiar with the residents and their preferences. The communal areas were arranged to support appropriate social distancing whilst promoting safe social interaction. Residents who spoke with the inspectors understood the reasons for restrictions and precautions.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and most of the staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Residents also carried out hand hygiene regularly and told the inspector they understood the need for good hand hygiene.

The centre had a comprehensive COVID-19 contingency plan in place which included the latest guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Whilst cleaning schedules were in place, some improvements were required to ensure oversight of cleaning and housekeeping procedures was maintained.

## Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care

Facilities).

Judgment: Compliant

### Regulation 17: Premises

The main hospital building which housed Oak and Elm units was undergoing refurbishment to address previous non-compliances with premises. This work had been due to be completed 31/12/20. However the planned works had been delayed and were ongoing at the time of the inspection.

The current accommodation in two of the multi-occupancy rooms did not provide adequate privacy and were not of a suitable size or layout for the needs of residents accommodated in these rooms.

Judgment: Not compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the required elements as set out in Regulation 26 (1). An up to date safety statement was also available.

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an up to date emergency plan which included a comprehensive COVID - 19 contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

### Regulation 27: Infection control

There was a comprehensive IPC policy in place which included a very detailed

contingency plan to clearly guide staff in the event of a COVID-19 The inspector was assured that the centre was compliant with the guidelines. The person in charge was the identified infection control lead for the centre.

Staff received training in all aspects of infection prevention and control including hand hygiene, donning and doffing personal protective equipment and were observed to be competent on the days of the inspection. There was up to date national guidance available to all staff. Staff were observed to adhere to social distancing advice on the day of the inspection including in staff rest areas.

COVID-19 and IPC were discussed at staff and resident meetings. As a result, staff were aware of their responsibility to keep residents safe through good infection prevention and control policies.

Residents and staff had accessed the COVID-19 vaccination programme with 100% update for staff and 71% update for staff.

Hand hygiene facilities were provided throughout the centre. Alcohol based hand gel was readily available in all areas.

Maintenance records for equipment including the bedpan washer were up to date.

The provider had completed a risk assessment for Legionella and this included controls such as weekly flushing schedules. Analysis was due to be carried out in September 2021.

Judgment: Compliant

## Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission to the centre to ensure the service could meet their needs. The inspectors reviewed a sample of resident care plans on the day of the inspection. Each resident had a detailed care plan in place which was developed following a comprehensive assessment of their needs.

Following admission a range of validated assessment tools were used to develop individual plans. Care plans were person-centred with detailed information to guide the staff in care delivery including social care. Care plans were reviewed and updated every four months or as changes occurred.

Consultation with the residents and family, where appropriate, was documented regularly.

The daily nursing records demonstrated good monitoring of the residents needs and their response to any interventions such as falls management, pain management and behaviour management.

Judgment: Compliant

## Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

The inspectors were satisfied that residents received high standards of evidence based nursing care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities).

Judgment: Compliant



## Regulation 7: Managing behaviour that is challenging

Residents 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) had comprehensive care plans in place. Detailed, person centred information described the behaviours, potential triggers for such behaviours and identified strategies to guide staff to help these residents feel less distressed. Regular review and input by psychiatry of old age was in place to support management plans.

All staff had received appropriate training in caring for residents with dementia and responsive behaviours.

The number of bed rails in use as low and a record was maintained including risk assessments which were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

## Regulation 9: Residents' rights

Overall, the inspector found that the staff made great efforts to ensure the residents' rights were upheld in the designated centre.

Privacy and dignity was respected and care provision was person-centred for most of the residents. However, the inspector found that the space and layout in two of the multi-occupancy rooms did not ensure that those residents accommodated in these rooms could carry out personal activities in private. For example, on the second day of the inspection the inspector observed care being delivered to two residents by staff, one resident in a four bedded room and the other resident in a double room. Whilst staff ensured that the privacy curtains were fully closed during care, there was not adequate space available to manoeuvre a hoist to transfer the residents safely into their chairs without travelling through the other residents' bed spaces and compromising the privacy and dignity of all the occupant of these rooms.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0031653

Date of inspection: 08/04/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The annual review was made available to the residents and staff after the inspection. All areas of the review will be discussed with the residents at their scheduled meetings and feedback will be included in the annual review. Actioning improvements from Audits have been reviewed to include a more robust sign off the identified individual responsibility within a more specific timeframe.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose was reviewed to include the areas identified This will be updated as the refurbishment phases are completed.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The multi occupancy rooms have been reviewed to include tracking hoists, this will eliminate the need to use any stand alone equipment and increase the room and bed</p>	

space available to the resident and staff.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The refurbishment will include tracking hoists in the multi occupancy rooms which will increase the space and reduce the need to use stand alone equipment. The new design of the resident wardrobes will also assist with the space available at each bedside.

## 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(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	31/12/2021
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	31/08/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/12/2021

Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	31/08/2021
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	31/12/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2021