

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:	05 March 2025
Centre ID:	OSV-0000618
Fieldwork ID:	MON-0043364

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 eight 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, including a day hospital, mental health services, and out-patient clinics, are located. Accommodation is provided for 34 residents. There are 17 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:	34
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How we inspect

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 5 March 2025	09:00hrs to 17:00hrs	Gordon Ellis	Lead
Wednesday 5 March 2025	09:35hrs to 15:30hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

During this inspection, a calm and comfortable environment was observed within Dungloe Community Hospital. The inspectors witnessed the care and activities provided to residents, engaged in conversations with both residents and staff and observed the care environment. The residents, who appeared at ease, expressed contentment with the care they received within the centre.

The centre is registered to accommodate 34 residents. It has a homely and clean environment, creating a calm and relaxed atmosphere. The building consists of two levels, with the ground floor accessible to residents. The first floor is designated for office and staff use.

Inspectors observed numerous changes to the building's footprint, including converting the X-ray room to the centre's storage for kitchen and staff files. The laundry used the premises of another health care unit, and the centre's storage was also in the unregistered premises of the passage allocated to the Out-patient department. In addition, the inspectors observed that the purpose of some of the registered rooms on the first floor was also changed, as further detailed in the report. Furthermore, some essential services and facilities for the centre's operation, such as the boiler house, water plant, maintenance shed, and generator, were not included in the centre's Statement of Purpose (SOP) and floor plans.

The inspectors followed up on the last inspection findings and reviewed the residents' bedrooms, as well as the provider's proposed floor plan changes for the residents' bedrooms, with the person in charge and two Health Service Executive (HSE) senior managers.

The inspectors reviewed the proposed changes to reconfigure the layout of the bedrooms in the four three-bedded rooms and two four-bedded rooms. However, the inspectors noted that the proposed changes would further compromise residents' personal space and their right to privacy and dignity. In addition, in one of the single bedrooms, the inspectors observed that there was limited space around the bed, which meant that a mobile resident would not be able to walk around the bed as the space between the end of the bed and the wall was small. Therefore, this bedroom would be suitable for a resident with high to maximum dependency needs who is immobile and requires the assistance of two persons and a hoist transfer.

The inspectors observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for a reply prior to entering. It was evident to the inspectors that the management and staff knew the residents and their care needs well.

Residents were seen to be socially engaged with each other and staff throughout the day of the inspection. The inspectors observed staff and residents having good-humoured banter during the activities.

Inspectors observed the dining experience in the dining rooms in both units. The food served appeared to be wholesome and nutritious. Tables were nicely set, residents and staff chatted, and assistance with meals was provided when required.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that the provider was willing to improve the services and environment of the centre; however, the inspectors found that actions were required by the registered provider to comply with areas of Regulation 23: Governance and management, Regulation 17: Premises, Regulation 9: Residents' rights and Regulation 28: Fire precautions. The provider did not progress with the compliance plan following the previous inspections in February and September 2024.

This was an unannounced inspection, carried out over one day by inspectors of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also reviewed the registered provider's implementation of their compliance plan commitments submitted following a previous inspection in September 2024 and the information submitted as part of the provider's application to renew the registration of this designated centre.

The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider of residential services for older people, the designated centre has access to and support from centralised departments such as human resources, accounts, and information technology.

Inspections carried out in February 2024 and September 2024 had repeatedly raised concerns that multi-occupancy rooms in this designated centre did not ensure the privacy and dignity of all residents living in each room. The current layout of three four-bedded rooms, two three-bedded rooms and a twin bedroom did not comply with Regulation 9: Residents' Rights and Regulation 17: Premises. Therefore, the registered provider was required by the office of the Chief Inspector to define a clear management structure and to appoint a Person participating in management (PPIM) who would have the authority and accountability to make senior management decisions in the centre to ensure that the centre will achieve compliance with the regulations.

Furthermore, a restrictive condition was attached to the registration of the designated centre which outlined that the registered provider shall ensure that no new resident is admitted to or transferred into any of the multi-occupancy rooms in the designated centre until the particulars of the condition were addressed. At the time of the inspection, the provider had not progressed with addressing the concerns in regards to the multi-occupancy rooms and the areas of non-compliance as stated in the condition placed on the registration.

Notwithstanding the many good systems in place for the maintenance of fire safety systems, the inspection found a number of failings that had not been identified by the registered provider, and some management systems were not sufficiently robust and required action. The oversight of fire safety management and the processes to identify and manage fire safety risks required improvement to ensure the safety of residents living in the centre. This was evidenced by the fire risks identified on the day of the inspection. These are outlined in detail in the quality and safety section of the report and under Regulation 28: Fire Precautions.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of the designated centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made by the registered provider. This application was in the process of being reviewed at the time of inspection following submitted representation from the provider. However, the center's floor plans and Statement of Purpose (SOP) required updating to reflect the current premises and their intended use.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the designated centre operated in line with the centre's statement of purpose and the conditions of the centre's registration. Inspectors found that a number of unregistered rooms were in use on the ground floor of the designated centre, which resulted in the registered provider being in breach of Condition 1 of their registration. For example:

- The centre's floor plans and statement of purpose did not include crucial areas of the centre that were essential for the day-to-day operations, such as the main entrance, a primary evacuation route, a toilet, staircases to the first floor, an additional room utilised for dirty laundry, a passage room used for storage purposes, an X-ray room used for personal file storage and a storage room used for storing kitchen items.

Governance and management systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Insufficient governance and management oversight of the centre had a direct impact on the ongoing regulatory compliance. Therefore, the provider was required to appoint a person participating in management (PPIM) to ensure clear lines of authority and accountability to make the type of decisions that were required to correct many of the ongoing issues identified in this report. Currently, the centre remains without an appropriate PPIM who has the authority to make senior operational decisions about the management of the centre as a whole.
- There was inadequate oversight of quality systems to ensure that residents' rights were promoted and upheld and that a person-centred environment was delivered to the residents, as evidenced under Regulation 9: Residents' rights.
- The provider failed to ensure that the premises conform to matters set out under Schedule 6 of the Regulations in respect of the multi-occupancy rooms in line with the compliance plans submitted to the office of the Chief Inspector as outlined under Regulation 17.

The registered provider had not taken adequate steps to fully ensure that residents, staff and visitors are protected from the risk of fire as detailed under Regulation 28: Fire precautions:

- Management systems did not identify potential risks, and the provider did not carry out risk assessments in regards to potential fire risks related to the re-purposing of rooms in the designated centre and the use of unregistered rooms outside the designated centre.
- There was a lack of management and fire safety oversight. Areas of the adjoining day hospital were intrinsically linked to the day-to-day activities and the fire evacuation strategy of the designated centre. However, this was not reflected in the fire register or fire policy.
- While the fire register and fire policy documents were being kept up-to-date, areas of the adjoining day hospital were intrinsically linked to the day-to-day activities and the fire evacuation strategy of the designated centre. However, this was not reflected in the fire register or fire policy. As these areas did not form part of the providers' registration, there was a lack of management and fire safety oversight.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of purpose (SOP) did not comply with regulatory requirements:

- The arrangements in place for the senior management support in regard to the Person participating in management (PPIM) in the centre were not outlined.
- The SOP did not detail some of the facilities necessary for the centre, such as the laundry, administration building, and archives.

Judgment: Substantially compliant

Quality and safety

The inspectors observed that the kind and compassionate staff treated the residents with dignity and respect, but the systems overseeing the service's quality and safety were not sufficiently robust. As outlined in the last two inspection reports from February and September 2024, the layout of the centre's multi-occupancy rooms did not ensure that these bedrooms met the needs of residents and would not negatively impact the privacy and well-being of other residents in these rooms. This would be discussed under Regulation 17: Premises and Regulation 9: Residents' Rights.

The residents had access to a range of activities, including activities for those with higher cognitive and mobility needs. One-to-one activities were provided for residents who could not participate in a group activity or chose not to, and the residents were found to be well-supported in taking part in meaningful activities in this centre.

Television, radio and newspapers were available for residents. Residents had access to current affairs and telephones for private use and were supported in keeping in touch with their families and friends.

The centre was clean and well-maintained. However, the layout of a number of bedrooms did not support residents' personal space, nor did it respect their rights to make choices and engage in personal activities privately.

Overall, the fire safety systems and the fire safety aspects of the physical premises were maintained to an appropriate standard, and the majority of fire doors were well-maintained with some minor exceptions. It is acknowledged that the provider completed most of the commitments made in regard to fire precautions after the previous inspection in September 2024. However, this inspection identified other risk areas that had not been considered, and the registered provider was required to take further action to meet the regulatory requirements on fire precautions in the centre.

While emergency directional signage was provided for in most areas of the centre, the inspectors were not assured there was adequate emergency lighting provided to

some external areas in order to provide illumination in the event of a night-time evacuation.

The centre was equipped with a category L1 fire detection and alarm system. The fire alarm and emergency lighting systems were maintained and serviced as required. However, fire detection was not in place in all areas and locations of the designated centre as required. In general, escape routes were well-maintained, with some exceptions.

Overall, staff were knowledgeable and confident about evacuation procedures, and all staff were up-to-date with fire training. The residents' personal emergency evacuation plans (PEEPs) required more details for each resident and their assessed needs. Fire drills were being carried out for the largest compartments, which included different scenarios and staffing levels. However, not all fire evacuation routes had been tested to ensure staff were adequately familiar with all available routes of evacuation.

During the inspection, inspectors were concerned in respect of effective compartmentation within the centre. There was a lack of assurance in respect of the separation between the day hospital and the designated centre. A complete 60-minute fire-resistant compartment appeared to not be formed between the two areas in order to achieve adequate compartmentation. An electrical cabinet along a corridor had a number of penetrations through a wall into a corridor and through the ceiling of the cabinet. There were some minor deficiencies to a small number of fire doors. Furthermore, the inspectors could not be assured of the required fire containment in respect of a number of registered rooms that had been repurposed.

Regulation 17: Premises

The provider did not use the registered premises in line with the centre's statement of purpose (SOP) and made changes without appropriately notifying the office of the Chief inspector. For example:

- A staff changing area on the first floor was being used as a staff recreation area, a filling room was being used as a staff changing area, and a sitting room was being used as a storage area

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- The layout and design of a single bedroom did not ensure there was sufficient space to allow residents to move around the bed.
- The privacy curtains in a twin-occupancy bedroom did not ensure that one of the residents could have access to the window and sufficient lighting when curtains were closed.

- The personal space in the two four-bedded occupancy rooms and four three-bedded occupancy rooms did not provide an area of 7.4 square metres of floor space to include space for a chair and personal storage for each resident; there was insufficient space to ensure that the residents could mobilise safely around the bed and access their wardrobe or use assistive equipment safely without encroaching on the next bed space. Furthermore, the wash-hand basin in all four-bedded occupancy bedrooms was located beside one of the resident's beds, reducing the personal space available to this resident, as it meant that all residents using the basin were infringing on their personal space. In addition, the privacy curtains were going just around the bed, so if the resident wanted to walk around the bed, this was compromising the circulation space, which was already limited due to the air-mattress equipment attached to the residents' beds.
- The arrangements for the centre's storage were not adequate, as there was not sufficient space to store residents' mobility equipment, which was being stored in unregistered areas.
- The dirty laundry facility was not sufficient, and to mitigate that, the provider had arrangements to use a small storage room from other health services. This was not appropriate.

Inspections carried out in September 2021, December 2021 and February 2024 had repeatedly raised these concerns.

Some areas of the premises required maintenance attention internally:

- A ceiling had signs of water damage due to a recent storm. This was being addressed on the day.
- The flooring on the 1st floor was worn and required attention.
- There were some areas where wall and ceiling surfaces required sealing and redecoration to address gaps in these surfaces.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply fully with of the requirements of some regulations. For example:

- The inspectors noted a fire door into a nurses' station and a staff dining room had been wedged open and interfered with the door closer. This would allow for smoke and fire to spread in the event of a fire from this area.
- Three unsecured oxygen cylinders were found in a treatment room. This created a risk of the cylinders becoming damaged and compressed oxygen being released. There were no appropriate controls in place or signage to

indicate the presence of oxygen storage in this room. These were removed on the day as part of an immediate action request.

- An external shed was being used as a maintenance storage unit for the day-to-day running of the designated centre. There was no fire extinguisher and fire detection in this area, which was in close proximity to the centre, and a potential fire could negatively affect the existing registered premises of the centre.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

- A glazed vision panel and a sliding hatch located in a reception office and in the vicinity of a designated means of escape did not appear to be fire-rated, thus posing a risk to the escape route.
- Externally, the inspectors were not assured there was adequate emergency lighting provided to the side and front of some external routes in order to provide illumination in the event of a night-time evacuation and, ultimately, the safe placement of residents at the designated fire assembly point.
- Emergency lighting directional signage was not in place in the laundry room. The inspectors noted a sticker on a wall was used to indicate the evacuation direction.

The provider needs to improve the maintenance of the means of escape and the building fabric. For example:

- A corridor used as a means of escape at the rear of a kitchen was found to be cluttered with deliveries and mop buckets. This created a potential obstruction and could delay an evacuation.
- There were some minor deficiencies to a small number of fire doors. In a kitchen, a small store room was missing fire seals and the main entrance door into the kitchen had gaps between the door stiles. The underside of a fire door into a bedroom became caught on the floor finish when the door release was tested, which meant that it would not close off fully to confer protection from smoke and fire.

The provider had failed to adequately assess the impact of adjacent unregistered areas on the registered premises For example:

- The provider had not adequately reviewed the fire precautions in relation to several changes to the function of a number of registered rooms. A staff changing area on the first floor was being used as a staff recreation area, a filling room was being used as a staff changing area, and a sitting room was being used as a storage area. Furthermore, areas of the day hospital were part of the designated evacuation routes for staff and residents to use in the event of a possible evacuation.

There was no fire risk assessment in relation to rooms where the function of each room had changed within the registered designed centre or in the unregistered areas of the day hospital.

The registered provider needs to improve the arrangements for detecting or containing fires. For example:

- As the designated centre is physically linked to the adjoining day hospital, 30 minute fire resistant doors were noted to be in place at the point of separation that adjoins the two areas. As such, a complete 60 minute fire resistant compartment appeared to not be formed between the two areas in order to achieve adequate compartmentation. This required a review by the providers' competent person.
- An electrical cabinet along a corridor had a number of penetrations through a wall into a corridor and through the ceiling of the cabinet. The inspectors were not assured the spray foam that had been used to seal around pipework was an appropriate fire sealing product or that this work had been carried out by a competent person.
- In a first floor corridor, a large hole was identified through the fire rated enclosure of an electrical fuse board, trunking had penetrated the ceiling above and several wires were left exposed.
- A built-in wooden cabinet, which did not appear to be fire-rated, was being used as a storage area. Within the cabinet, a large pipe had penetrated the ceiling and required fire sealing.
- There was a lack of assurance with regards to fire containment measures in respect of the rooms that the provider had repurposed as well as some of the buildings attached to the premises, which were not part of the designated centre. This required a review by the provider's competent person.
- A number of locations were observed to lack fire detection. For example, detection was missing in the first-floor lobby area, a store room, an enclosed storage area along a corridor, and a kitchen store room.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- From an assessment of a sample of residents' personal emergency evacuation plans (PEEPs), the inspectors noted more details were required for each resident and their assessed needs. For example, the records did not include for the post evacuation supervision of residents and residents who may be receiving sleeping medication or hard of hearing.
- While fire evacuation drills were taking place and contained good levels of detail, clarity and learning outcomes, further fire drill practice was required in order to support staff to protect residents from the risk of fire. Not all fire evacuation routes had been tested to ensure staff were adequately familiar with all available routes of evacuation. In particular, a designated evacuation route through the adjoining day hospital and to the main entrance fire exit had not been tested by staff. This evacuation route was also not reflected in the fire register or a fire policy. This was evidenced from speaking with staff members and reviewing fire drill records and fire evacuation plans.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights to exercise choice and for their privacy and dignity were not consistently upheld. The provider had not fully addressed the findings from the last inspection in September 2024 on the impact of premises on residents' rights and quality of life. This was evidenced by the following findings:

- Due to environmental limitations and insufficient space around the bed, all residents in the multiple occupancy bedrooms could not exercise their choices with regard to movement and access to facilities without interfering with the rights of other residents in that room.
- Residents' privacy in the multi-occupancy bedrooms was significantly impacted by the location of the clinical hand-wash basin within one bedspace, which meant that all the remaining residents in that room could not use the sink without entering a private bedspace.
- The layout of privacy curtains in multi-occupancy bedrooms also required review to ensure they appropriately supported each resident's privacy needs.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dungloe Community Hospital OSV-0000618

Inspection ID: MON-0043364

Date of inspection: 05/03/2025

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The register provider will ensure compliance with Regulation 4 by the following: 1. An updated floor plan and Statement of purpose (SOP) has been submitted to HIQA dated the 06/06/2025 reflecting the designated centre and areas which are shared between Older Persons services and the wider primary care team. The designated centre has full access and egress to all shared rooms which is clearly outlined on the floor plan submitted to the regulator.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The register provider will ensure compliance with Regulation 23 by the following: 1. An updated floor plan and Statement of purpose (SOP) has been submitted to HIQA dated the 16/05/2006/06/2025 reflecting the designated centre and areas which are shared between Older Persons services and the wider primary care team. The designated centre has full access and egress to all shared rooms which is clearly outlined on the floor plan submitted to the regulator. 2. Currently the management structure aligned with Dungloe consists of the Person in Charge, the Provider Representative, the General Manager, the Head of Service and the	

Integrated Healthcare Area Manager. This management structure clearly outlines the lines of operational authority and accountability re decision making within the centre. This management structure is and continues to be outlined in the centres Statement of Purpose.

National HSE Management have been working with the regulator re the regulated REQUIREMENT of the PPIM. These discussions remain ongoing and once concluded by both parties a solution ACCETABLE TO BOTH will be put forward.

3. An assessment of fire safety measures in the unit has been completed by the HSE fire safety officer. A time bound action plan has been formulated which will address issues identified. It is anticipated that all actions identified will be completed within the centre by the 15/07/2025.

4. Emergency lights and fire exit signs have been installed as of the 15/05/2025 to evacuation routes within the designated centre

5. Areas of the adjoining day hospital which is linked to the day-to-day activities is now included in the fire register, fire policy and the fire evacuation strategy of the designated centre. Three fire drills were conducted since the last inspection which also includes the designated evacuation route through the adjoining day hospital and to the main entrance.

The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The register provider will ensure compliance with Regulation 3 by the following:

1. National HSE Management have been working with the regulator re the status of the PPIM. These discussions remain ongoing and once concluded by both parties a solution will be put forward.

Currently the management structure aligned with Dungloe consists of the Person in Charge, the Provider Representative, the General Manager, the Head of Service and the Integrated Healthcare Area Manager. This management structure clearly outlines the lines of operational authority and accountability re decision making within the centre. This management structure is and continues to be outlined in the centres Statement of Purpose.

2. An updated floor plan and Statement of purpose (SOP) has been submitted to HIQA dated the 06/06/2025 reflecting the designated centre and areas which are shared between Older Persons services and the wider primary care team. The designated centre has full access and egress to all shared rooms which is clearly outlined on the floor plan submitted to the regulator.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The register provider will ensure compliance with Regulation 17 by the following:</p> <ol style="list-style-type: none"> 1. An updated floor plan and Statement of purpose (SOP) has been submitted to HIQA dated the 06/06/25 reflecting the designated centre and areas which are shared between Older Persons services and the wider primary care team. The designated centre has full access and egress to all shared rooms which is clearly outlined on the floor plan submitted to the regulator. 2. Prior to all admissions to the centre the Person in Charge completes a pre assessment of the residents which is based on their care needs. This assessment informs the Person in Charge if the care needs of the resident can be met safely within the centre. The single rooms conforms with the requirements of Schedule 6 of the Health Act 3. As per Schedule 6 3(n) of the Health Act there should be provided on the premises ventilation, heating and lightening suitable for residents in all parts of the designated centre which are used by residents. The Register Provider has reviewed and confirmed with the estates personnel that the centre has a mixture of both natural and artificial light available throughout which meets the needs of the residents 4. The current storage area used to store mobility equipment is now identified on the floor plan and the SOP, which was submitted to HIQA on 06/06/2025. 5. In consultation with the IPC and Estate team a suitable temporary storage facility has been built to store dirty laundry (Completed on 16/03/2025). The temporary storage facility area is reflected in the updated floor plan and SOP which was submitted to HIQA on 06/06/2025. An application for capital funding has been submitted to provide a long-term option for the laundry and the service awaits a response to this application. 6. The ceiling which had signs of water damage, is now addressed and fixed. This was completed on the 05/03/2025. 7. New floor lining is now installed on the 1st floor. This was completed on the 13/05/2025. 8. The General Operative has sealed and painted the areas which required sealing and redecoration. This was completed on the 28/04/2025. <p><i>The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</i></p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The register provider will ensure compliance with Regulation 28 by the following:

1. All wedges have been removed from the fire doors, and all staff have been informed and reminded not to wedge open fire doors. This is reiterated at handovers and meetings by the PIC and CNMs. The HSE are awaiting a fire consultant company to install free swing self-closers to the nurses' station and staff dining room which will rectify this issue long term. This will be Completed by 15/07/2025
2. Three unsecured oxygen cylinders found in a treatment room were removed on the day of inspection as part of an immediate action and was stored back in the proper storage area. Appropriate storage of oxygen has been discussed at staff meetings and all staff are aware of where the oxygen should be stored. All Staff in the unit are currently completing Hse-land training on oxygen cylinder which includes handling and storage of oxygen. To be completed by 30/05/2025
3. A smoke detection system will be erected in the external maintenance shed. This will display on the centres fire panel. An additional fire extinguisher will be installed in the shed. This will be completed by the 15/07/2025
4. The open slide and vision panel located in the main reception office which is outside the designated centre section is currently separated from the main nursing unit by way of a current 30 minutes fire resistance compartment break. To improve the fire safety for the residential unit, the 30 minute compartment is to be increased to 60 minutes by way of replacing the existing door set with new 60 minutes fire door set. This will be completed by the 15/08/2025
5. The provider has reviewed all perimeter escape routes from the designated centres final exit points. New light fittings will be installed around the hospital to provide adequate lighting in the event of a night time evacuation and ultimately, the safe placement of residents at the designated fire assembly point. This will be completed by the 15/07/2025.
6. Additional Emergency lighting and directional signage in the laundry room will be installed by the 15/07/2025.
7. The corridor used as a means of escape at the rear of the kitchen is kept clear at all times. The Person in Charge has spoken to all delivery drivers and all items will be delivered directly to the kitchen storage area. This was completed on the 10/03/2025
8. The fire seals to the main entrance door into the kitchen has been fixed by the local maintenance. This was completed on the 16/04/2025
9. All the doors in the unit have been checked and a repair programme is underway which will be completed by the 15/07/2025
10. All the 1st floor rooms were assessed by HSE fire officer and as all the original rooms in the first floor had existing 30-minute fire rooms the current changes to the utilization of these rooms does not affect the risk of these rooms and they remain within 30 minute fire rooms. An updated floor plan and SOP was submitted to HIQA on 06/06/2025 reflecting the current premises and its intended use.
11. Emergency lights and fire exit signs have been installed as of the 15/05/2025 to evacuation routes within the designated centre
12. Evacuation drill have been completed which included areas of the day hospital as this forms part of the designated evacuation routes for staff and residents to use in the event of a possible evacuation. Three fire drills were conducted since the last inspection, which also included the designated evacuation route through the adjoining day hospital and to the main entrance. Completed on 08/05/2025.

<p>13. The existing 30-minute doors will be replaced with a new 60 minute fire door set that will compartment the CNU section from the remainder of the building at ground floor level. This will be completed by the 15/07/2025</p> <p>14. Fire stopping work is due to commence on the 26/05/2025 in the electrical cabinet situated along the corridor. This will be completed by the 15/07/2025.</p> <p>15. In the first floor corridor, a new 30 minute fire enclosure will be built around the electrical fuse board. This will be completed by the 15/07/2025.</p> <p>16. A fire sealing will be put in place, where the large pipe had penetrated, within the built in wooden cabinet which is currently used as storage.</p> <p>17. The individual rooms located at 1st floor level that have been repurposed are enclosed within block work construction and have an existing 30 minute fire ceiling installed. The rooms are also fitted with existing 30 minute fire doors with fire stoppers stickers evidently shown on walls.</p> <p>18. Additional smoke detectors will be provided at ground and first floor level to ensure all rooms located directly off the circulation corridor will have detection present. To be completed by 15/07/2025</p> <p>19. The nursing team has reviewed the current details in the PEEP and more details were added which includes post evacuation supervision plan for each resident. Completed on 15/03/2025</p> <p>20. Three fire drills were conducted since the last inspection which also included the designated evacuation route through the adjoining day hospital and to the main entrance. This route is now included in the fire register and the fire policy.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The register provider will ensure compliance with Regulation 9: Residents' rights by the following:</p> <p>1. The curtain in the twin-occupancy bedroom will be realigned and adjusted to ensure they appropriately support each resident`s privacy needs. To be completed by 05/06/2025</p> <p>2. At all times residents have the right to exercise choice within the centre. The centre ensures as is outlined in the regulations that "In so far as reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of another residents</p> <p><i>The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</i></p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	06/06/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	06/06/2025

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	06/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/07/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	15/07/2025
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	15/07/2025

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/07/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	15/07/2025
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	15/07/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	15/07/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Not Compliant	Orange	15/07/2025

	aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	15/07/2025
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	06/06/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	05/06/2025
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.	Not Compliant	Orange	05/06/2025