<table>
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<th>Carndonagh Community Hospital</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000616</td>
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<tr>
<td>Centre address:</td>
<td>Convent Road, Carndonagh, Donegal.</td>
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<tr>
<td>Telephone number:</td>
<td>074 937 4164</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:finola.mccolgan@hse.ie">finola.mccolgan@hse.ie</a></td>
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<td>Registered provider:</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
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<td>22 August 2018 17:30</td>
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<tr>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 08: Governance and Management</td>
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Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. The inspector also followed up on a number of safeguarding reports made since the last inspection to ensure residents were suitably safeguarded by the actions of the provider.

Prior to the inspection, the provider and person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Ireland. The previous table outlines the outcome of the provider's self-assessment and also the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed. Documentation such as care plans, medical records and staff training records were also reviewed.

Carndonagh community hospital provides nursing care for up to 46 people with 37 in occupation at the time of the inspection. Care provided includes long-term care, and short-term respite care, for people with dementia, physical and sensory care needs. The centre provides both long stay, palliative and respite care and also can accommodate people with acquired brain injury and intellectual disability. On the day of the inspection two thirds of residents had a diagnosis of dementia. One part of the centre Ard Aoibhinn is a modern 16 bed dementia specific unit designed to meet the needs for people living with dementia and mental health difficulties.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. Seventeen residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The inspection focused on six outcomes and also followed up on notifications received, solicited information and compliance plans from the last monitoring inspection in March 2018. The centre has a plan in place to drive improvements to the premises and communal spaces on Oak and Elm units. The improvements required related to matters as reported on recent inspections, including inadequate day space and the use of multi-occupancy accommodation.

The judgments in the self assessment were that there were three outcomes in full compliance and moderate non-compliance in premises, safeguarding and health and social care outcomes. The provider and person in charge were in the process of implementing their own action plans to make any identified service improvements.

The inspector found the provider was in compliance with four outcomes, substantially compliant in one outcome, and a moderate non-compliance was found with the outcome relating to premises. The inspector found that the centre met the individual care needs of residents with dementia, and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Residents who experienced responsive behaviours were well managed by staff with good communication skills and meaningful activities available. The inspector confirmed improvements had taken place since the last inspection, and all matters had been or were in the process of being addressed by the provider.

Staff had received training which equipped them to care for residents who had dementia. Staff were observed to be kind and respectful at all times. Overall a good standard of communication and interaction was observed, and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives respected by staff.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The healthcare needs of residents with dementia were met to a good standard. Suitable arrangements were in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans were developed to inform care to be provided. Assessments of need and development of care plans was done within 48 hours of each resident's admission, and were reviewed accordingly thereafter. Care plans were monitored and audited by the person in charge, and improvements in the recording of the residents' individual hygiene preferences were noted to be in place now.

The centre catered for residents with a range of healthcare needs including 17 residents with a diagnosis of dementia. The inspector focused on the experience of residents with dementia living in the centre, tracking the journey of a sample of residents and reviewed specific aspects of other residents' care such as safeguarding, nutrition, pressure area care and end-of-life assessments.

There were arrangements in place for communication regarding residents with dementia between the acute hospital and the centre. The person in charge told the inspector that most residents were admitted from hospital or home, and she or her deputy visited prospective residents prior to their admission to the centre. Pre-admission documentation was retained in each residents file as required. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Common Summary Assessments (CSARs) documentation which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the ‘Fair Deal’ scheme were not routinely obtained for residents admitted from the hospital setting for long-term care. However, this information was reviewed as part of their pre-admission assessment completed by the person in charge or her deputy. The files of residents’ admitted from hospital held their hospital discharge documentation. If a
resident transfer took place the nursing staff provided a detailed account of their individual preferences, dislikes and strategies to prevent or to support any responsive behaviours if necessary.

There was evidence that residents received timely access to health-care services including support to attend out-patient appointments. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Residents from the locality were facilitated to retain the services of their own GP they attended prior to their admission if at all possible. Residents had good access to allied healthcare professionals. Physiotherapy and occupational therapy specialists attended the centre routinely every two weeks and more often if necessary. These services supported staff with risk of fall, post fall reviews, mobility and seating assessments. Dietetic, speech and language therapy, dental, ophthalmology and chiropody services were also available to residents as necessary. Support were in place from the community psychiatry of older age team who attended residents in the centre with responsive behaviours. Positive health and wellbeing was promoted for residents, with regular exercise as part of their activation programme, physiotherapy reviews, regular occupational therapy, an annual influenza vaccination programme, regular vital sign monitoring and medication reviews by their GPs. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary. A suitable pain assessment tool was available for residents with dementia.

Care plans were informed by comprehensive assessment and the application of validated tools to determine each resident’s risk of malnutrition, falls, level of cognitive function and skin integrity among others. Overall, care plans in place were informative and person-centred. However, there was opportunity for improvement to ensure that specific details were included in nutritional care plans to facilitate a consistent approach by staff. Residents’ care plans were updated routinely on a three to four monthly basis and thereafter to reflect their changing care needs. Improvements had taken place with records of any consultation with residents or family members where appropriate. The inspector found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and care needs. A communication policy document was available to inform residents' communication needs including residents with dementia. Equipment was provided to support residents with communication needs such as 'talking mats'.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. No residents were in receipt of end-of-life or palliative care services at the time of this inspection. The inspector reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of-life care were also recorded. Residents receiving end-of-life care were accommodated in single bedrooms where possible, to enhance their end-of-life comfort and privacy. Relatives of residents were facilitated to stay overnight with residents receiving end-of-life care if they wished. Staff outlined how residents' religious and cultural practices were met. Members of the local clergy from the various religious faiths were available to provide pastoral and spiritual support to residents as necessary.
There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure related skin injury assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of skin breakdown. There was a very low incidence of pressure wounds developing in the centre. Tissue viability specialist services were available to support staff with management of any residents’ wounds that were deteriorating or slow to heal. There was arrangements and policy documentation to meet the wound care needs of residents in the centre as necessary including procedures in place to photograph wounds for the purpose of monitoring progress.

Judgment:
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

The person in charge had notified two safeguarding concerns to the Office of the Chief Inspector since the last inspection. All reports had been fully investigated in line with the policy and procedures. Additional information and a full review of any actions following the incidents had taken place and learning identified. This was reviewed and additional supervision measures were found to be in place at the time of this inspection and reviewed regularly by the multidisciplinary team. All residents were found to be appropriately safeguarded at the time of this inspection.

The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this was in place.

There were comprehensive policies on safeguarding vulnerable persons at risk of abuse, responding to allegations of abuse and management of whistleblowing. Staff spoken with confirmed that they had received training and were knowledgeable regarding their responsibilities. Training records reviewed indicated that staff had received ongoing education on safeguarding and attended reflective practice work shops. Staff spoken with and training records reviewed, confirmed that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint. Additional specialized dementia care behavioural and supervision training had been sourced by the person in charge and seven staff had attended this.
The inspector was satisfied that robust systems were in place for the management of residents’ finances. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate accounts records were kept for each resident and two signatures were recorded for each transaction. Regular audits were carried out by a senior administrator on-site. The provider acted as pension agent for a small number of residents and all money was paid into an interest bearing resident account. Monthly statements were available at the request of residents or their representatives. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The policy on restraint was under review and also included reference to the national policy 'Towards a restraint free environment'. clear directions on the use of any restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There was a further reduction in the use of bed rails. There were a small number of residents using bed rails at the time of inspection, one at the residents own request. There were no residents with a dementia assessed as requiring bed rails. Alternatives such as low low beds, crash mats and bed alarms were in use for some residents. The inspector noted that risk assessments and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice. There was evidence of review by the General Practitioner (GP) as well as regular reviews of medications, and access and referral to psychiatry services. Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered by nursing staff and there was clear oversight of this. Records were maintained to indicate the rationale for administration of these medications, other interventions which had been tried to manage the behaviour and the effect and, the outcome for the resident following the administration of the medicine as outlined in the restraint policy guidance.

The inspector observed staff interacting with residents in a respectful, gentle and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoken stated that they were supported by great staff and received very good care.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' rights were promoted and their dignity was respected. The ethos of the centre to provide a high quality service that promotes dignity, safety, health and well being. This included people living with dementia. Maintaining independence and autonomy was a key part of this approach, which is a consent-led service. The culture centred around a recognized model of care for dementia using an appropriate homely environment. Management and staff had identified an area for improvement to improve resident participation in management. Staff and resident participation in Donegal personal practice development project was ongoing.

As part of the inspection, the inspector spent 60 minutes in two half hour sessions observing staff interactions with residents with a dementia. The inspector used a validated observational tool (the quality of interactions schedule or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The inspector formally monitored staff and resident interactions during the day using this tool. The overall quality of the interactions was found to be positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. Staff and residents were observed to be interacting well with good communication throughout the period of the inspection. The inspector observed that the staff helped put the residents at ease. Mealtimes were observed to be social occasions with residents chatting and all were well supported to enjoy the dining experience.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspector that there was an open visiting policy, with a visitors sign-in book at reception. Residents could receive visitors either in the visitor's room, or in private in their bedrooms or access refreshments in the dining rooms. The inspector observed staff knocking on doors before entering residents' bedrooms.

During the inspection, residents were observed taking part in music and dancing sessions, reading newspapers and attending a prayer session, and participating in a small group sensory hand massage session. Residents also told the inspector they could engage in personal activities in private. The inspector saw that on Oak and Elm in shared bedrooms each resident had in place their own area around their bed space. This contained their personal items, photographs and mementoes and staff were supportive of making the environment personal to the resident. Nonetheless there was limited space for personal belongings and any additional seating.

Each resident’s preferences for pastimes and activity was assessed as part of an individual assessment. Family celebrations, birthdays and other occasions were planned for and residents told the inspector they enjoyed having meaningful things to do. There
was an activities plan in place at the centre, with regular local outings taking place. For example shopping trips and visits to the local community for social gatherings.

There was level access to a safe enclosed outdoor garden for residents with suitable furniture and seating. A fully-equipped hairdressing room was in place to facilitate personal grooming. Residents could also attend physiotherapy and occupational therapy assessments within the centre.

Residents had access to the provider representative and could also raise any issues through him or the person in charge. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident's meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed. Proposed improvements in the centre were discussed and feedback received from relatives and residents. There was evidence of the voice of the resident in the day-to-day running of the service. Examples of resident and relatives feedback being acted on were discussed, and this included improvements to day space and mealtimes.

Residents were satisfied that their spiritual and religious needs were met in the centre. A chaplain was available to support residents and an oratory space was accessible. Residents were supported to be connected with the local community groups. They had access to a wireless internet connection and land-line telephone. Staff informed the inspectors that a number of residents had their own mobile phones and could access a computer. Newspapers were delivered to residents on a daily basis, and up-to-date information was available in all of the units and reception areas. Centre details and information about service provision was available in an up-to-date resident's guide. There was good access to television and radio in the centre.

Residents' civil rights were respected in the centre and discussed in residents meetings. Residents were supported to ensure they were registered to vote, or visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

**Judgment:**
Substantially Compliant

### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A complaints procedure was in place and the inspector reviewed the records. There had been a small number of verbal complaints recorded since the time of the last inspection,
all had been investigated and actioned in line with the policy, and the outcomes were clearly recorded in the complaints file.

The complaints procedure was displayed prominently and this was in line with the information within the complaint’s policy. The inspector confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the registered provider representative at management meetings. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had appropriate staff numbers and skill-mix in place to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care was adequate, with positive staff engagement. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicate in a clear and open manner with residents, offering choice before continuing to assist them. Staff demonstrated positive, person-centred care during all interactions observed by inspector.

The inspector reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff on duty during the inspection. The inspector found that there was an appropriate level of staff supervision in place. The person in charge is supported by two clinical nurse managers (CNM), with one CNM responsible for the dementia specific unit. An on-call management rota is in place and unanticipated leave was usually covered by temporary agency staff. Recruitment procedures were well advanced to appoint staff including two more registered nurses and four multi-task attendants. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed including training in fire safety, safeguarding and moving and handling. Staff had received in-house training in dementia care,
communication skills and responding to responsive behaviours. A small number of staff were scheduled to complete mandatory at dates the week after the inspection.

The inspector confirmed safe recruitment procedures. A sample of staff files were reviewed. An Garda Síochána vetting disclosures for staff and volunteers were in place.

**Judgment:**
Compliant

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre is located a short walk from the town of Carndonagh. On the site is a primary care centre and a day hospital. It is a single storey building and all areas were visibly clean. Equipment and appliances such as hoists, wheelchairs and walking aids were available to support and promote the independence of residents. The inspector reviewed all premises areas as residents with dementia could be accommodated throughout the unit, and in the dementia unit. The design and layout of the dementia unit was satisfactory with smaller dining and day spaces throughout the unit for up to 16 residents. On Oak and Elm some toilets and shower rooms had minor damage to floors and missing tiling which required maintenance and attention. The inspector was informed that immediate repairs would take place and that the toilets and shower rooms were an identified part of the overall refurbishment.

There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was clear signage in some areas to assist residents locate areas such as toilets and sitting rooms. However this signage required further development to support residents in sustaining independence and wayfinding. There were several areas where residents could sit during the day. Many areas were attractively furnished and decorated in a home like style. However, the lack of communal space in Oak and Elm has been identified as an area for improvement on previous inspections. The inspector observed the central sitting room is well used by a large number of residents. There was good use of colour on walls and in features such as pictures which added visual impact and provided a focus for residents with dementia or people who had sensory problems. Dining spaces were adequate with space to accommodate wheelchairs and mobility aids. Residents told the inspector that they enjoyed spending time here and said that staff "made great efforts to keep the place looking good. A large screen television was available to support ease of viewing for
residents with visual problems. Bedroom areas were personalised with items such as photographs, Mementoes and books.

There was an agreed programme of refurbishment which included the creation of additional day space planned for the centre and the inspector was told that residents would be consulted about colour schemes and furniture. There was a variety of seating tailored to residents’ needs available and the inspector noted that the majority of residents used the communal areas and outdoor spaces during the day. Residents who chose to spend time in their rooms were visited frequently by staff who checked that they were comfortable and provided drinks and snacks. The centre has a number of multi-occupancy bedrooms that accommodated three or four residents and this layout compromised privacy and standard specifications. The inspector saw that equipment in place was to a high standard, but space for chairs beside beds was limited in the four multi-occupancy rooms on Oak and Elm. Staff had ensured that personal items and belongings were well taken care of but there was limited personal storage beside bed spaces. This has been highlighted for action in previous inspection reports and a plan to address this is in progress. The inspector was informed that the major planned works were on schedule and meetings with estates department were to take place and in conjunction with another centre in the area was on track to be completed in 2020.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The person appointed to represent the provider had changed since the last inspection and details of this change had been notified to the Office of the Chief Inspector. He attended the feedback of this inspection, engaged fully and was familiar with the designated centre and its' residents and services provided. He meets with the person in charge for a formal management meeting every two months, and is aware of any operational issues at the centre.

The annual review had been completed for 2017, quality and risk was well managed, additional staffing had been approved for the centre to reduce the reliance on the use of agency staff.

Judgment:
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>22/08/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Space around beds in multi-occupancy rooms limited the amount and number of personal items and seating in place for residents.

1. Action Required:
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A plan for refurbishment includes addressing the requirements of Regulation 12 (c) in which personal space for storage and personal possessions at each bedside will be available.

Proposed Timescale: To be completed by 2020

Proposed Timescale: 01/01/2020

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<th>Outcome 06: Safe and Suitable Premises</th>
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<tr>
<td><strong>Theme:</strong></td>
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<td>Effective care and support</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The premises did not conform to all the requirements of schedule 6:
- Day space in Oak and Elm was inadequate
- Multi-occupancy bedrooms need review to ensure adequate space, seating and storage and residents are suitably accommodated
- Minor repairs required to missing tiling in shower room which required maintenance and attention

2. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A planned refurbishment of the hospital will include addressing the requirements of Schedule 6. This is due to commence by end of 2018, subject to funding, and to be completed by 2020.

Minor repairs of tiling and painting have been completed on the 30/09/2018.

Proposed Timescale: To be completed by 2020

Proposed Timescale: 01/01/2020