



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Donegal Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Drumlonagher, Donegal Town, Donegal
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0000617
Fieldwork ID:	MON-0034334

About the designated centre

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

Donegal Community Hospital is a purpose built two storey building located in the town of Donegal, within walking distance of all local amenities. The residential part of the hospital is a 29 bed unit located on the ground floor, which provides palliative care, respite care, convalescence, rehabilitation and continuing care. Accommodation comprises seven single bedrooms (six en suite), one en suite twin bedroom and five multiple-occupancy bedrooms, each accommodating four residents. There are two sitting rooms, a dining room and an oratory for communal use. The designated centre includes a treatment room, staff facilities, a small laundry and a main kitchen.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	09:30hrs to 15:30hrs	Lorraine Wall	Lead
Thursday 2 December 2021	09:30hrs to 15:30hrs	Martin McMahon	Support

What residents told us and what inspectors observed

Overall, the residents were very positive about their care and spoke highly of the staff. Residents said that they were comfortable and that they felt safe in the centre. Visitors stated that the care provided in the designated centre was very good and praised the commitment of the staff and commented that the staff treated the residents with kindness. Inspectors observed that staff and resident interactions were respectful and empathetic.

On the day of the inspection the inspectors met with a number of residents and staff. The inspectors also spoke with some visitors in the centre.

The designated centre is located in Donegal Town and shares the community hospital campus with the local primary care centre and with community services including physiotherapy. The designated centre is accessed through the main door of the community hospital and then through a secure door separating the centre from the rest of the building. The centre has two sitting rooms, a dining room and an oratory for communal use. The designated centre includes a treatment room, staff facilities, a small laundry and a main kitchen. The centre provides accommodation for 29 residents, however there is a restrictive condition on the centre's current registration which prevents the provider from admitting any long term residents as the layout of the premises is not suitable for residents with high dependencies who need long term care.

Inspectors observed that staff were well trained and demonstrated responsibility and accountability for their work. Staff were clear about their responsibility to keep the residents safe. Residents knew how to make a complaint and were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. Residents spoke of the birthday party which took place for one resident the day before the inspection and how much they had enjoyed this.

An activities coordinator was employed in the centre four days per week. The activities coordinator was not present on the day of inspection and inspectors observed that there was little in the way of meaningful activity on offer for the residents. As a result residents spent most of their day sitting by their beds chatting with one another but with little to occupy their time. The centre did not have an activity schedule available for review and some residents told inspectors that they were bored and would like if there was more to do during the day. There was evidence that activities were still being delivered individually rather than in small groups. This arrangement was not in line with the current guidance from the Health Protection and Surveillance Centre.

Activities recorded included shaving, face massage, make up and hair and attending religious services. Residents of higher dependency and those who preferred to spend time in their bedrooms had these activities delivered in their bedrooms. However the schedule was limited and did not ensure that residents had access to

meaningful activities in line with their preferences and capacities and as required by the regulations.

In addition staff told the inspectors that at times the activities coordinator worked across more than one role as they were often redeployed to cover care duties when there were not enough care staff available. This was verified by inspectors who reviewed the roster and found that the activities coordinator sometimes worked as a multi task attendant.

The next two sections of the report discuss the capacity and capability of the provider to provide a safe service for the residents. The compliance with the care and welfare regulations is discussed under the relevant regulation in each section.

Capacity and capability

Overall the inspectors found that significant improvement was required in the governance and management of the designated centre to ensure that care and services were delivered in line with the centre's conditions of registration and Statement of Purpose. In addition this inspection found that improvements were required under the following regulations; staffing, residents rights, training and development and governance and management in order to bring the centre into regulatory compliance.

This was a one day unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the centre's conditions of registration. The centre had recovered from an outbreak of COVID-19 in March of this year and inspectors acknowledged how hard staff had worked to keep residents safe during this time.

The Health Service Executive is the registered provider for Donegal Community Hospital. The senior management team included the provider representative, the person in charge, and a clinical nurse manager. The organisational structure was clear and the lines of authority and accountability were clear. Within the centre, the person in charge and a clinical nurse manager provided oversight and support to a team of nursing, care and support staff. This inspection was facilitated by the clinical nurse manager who was deputising for the person in charge. The provider had completed a review of the governance and management systems in the centre since the last inspection. While significant improvements had been made, the management systems in place did not ensure the service was consistent and effectively monitored. Additionally, the resources available were not in line with the centre's statement of purpose.

At the centre's last registration in 2021 the Chief Inspector had applied a restrictive condition to the designated centre's certificate of registration. This condition stated

that no further long term residents could be admitted to the centre.

There were twenty two residents living in the designated centre on the day of the inspection. Inspectors found that 12 residents accommodated in short stay beds had been accommodated for more than 60 days. Two of these residents had been accommodated in the designated centre for more than 100 days and three residents by more than 200 days. As a result the provider was not operating the designated centre in line with the centres conditions of registration.

Inspectors requested the provider to take appropriate actions to ensure that the designated centre is operating in line with the conditions of registration applied by the Chief Inspector at the time of the centre's registration renewal in May 2021.

Inspectors reviewed the rosters and found that the number and skill mix of the staff employed in the designated centre was not sufficient to meet the resident's needs. This was confirmed by staff within the centre and by the inspectors findings on the day of the inspection. This is discussed further under Regulation 15..

While there was a training programme in place, training records showed that not all staff had completed mandatory training in the management of responsive behaviours. This training was not part of the centres training matrix. As part of the centre compliance plan from the previous inspection, each staff member was due to complete a person centred practice development plan. However, not all staff had completed this.

Since the last inspection there was a small number of notifications submitted to the Chief Inspector regarding injuries that were sustained from falls. The inspector followed up with two notifications where residents sustained injuries after falling in the centre. There was evidence that there was an internal review undertaken and referrals were sent to the National Incident Management System (NIMS). The outcomes of these reviews were implemented into practice and inspectors reviewed evidence of this. For example, increased checks on residents and a review of falls training for staff.

The centre had a complaints policy and procedure in place and a number of complaints were recorded. A review of the complaints records found that residents' complaints and concerns were promptly managed and responded to in line with regulatory requirements. A comprehensive record was maintained about how the complaints were investigated and managed. The complainant's level of satisfaction was also documented.

Regulation 15: Staffing

The number of staff employed was not appropriate to the needs and residents and for the size and layout of the building.

- The centre currently has 3 vacant nursing posts. The deputising person in

- charge informed inspectors that they are actively recruiting for these posts.
- Inspectors reviewed rosters and found that on some days there are only two multi-task attendants providing care. Staff informed inspectors that this was not adequate to meet the residents needs.
 - Inspectors were informed that the activities coordinator was often redeployed as a multi-task attendant and there was evidence that the activities coordinator completes audits of the cleaning schedules.

Judgment: Not compliant

Regulation 16: Training and staff development

There was no evidence that staff had completed training in the management of responsive behaviours as this training was not included on the centre's training matrix.

The clinical nurse manager was not allocated supernumerary hours to complete formal supervision of staff.

Following the last inspection, the provider had planned to complete person centred practice development plans with all staff, however, on the day of inspection this had only been completed for six staff members..

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff files which did not contain references.

Judgment: Substantially compliant

Regulation 23: Governance and management

- While the designated centre had a clearly defined management structure in place, they did not have sufficient resources to ensure the effective delivery of care as the staffing levels were not adequate. Inadequate staffing levels were identified as a risk on the centres risk register.
- The systems in place to monitor the quality and safety of care provided to the residents required strengthening. The management team had made significant efforts to implement learnings from the COVID -19 outbreak and

audits of all areas of care were now completed in a timely manner. However, improvement was required to ensure actions identified in audits were implemented and disseminated amongst staff.

- The provider was not operating the designated centre in line with the centre's current conditions of registration.

Judgment: Not compliant

Regulation 31: Notification of incidents

Since the previous inspection the Person in Charge had submitted notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints policy and procedure in place, which met the requirements of regulation 34.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the residents in the centre were provided with a good standard of care and support. On speaking to residents, they spoke highly of the care they received and said that staff were kind and helpful. The inspector observed staff engaging with residents in a respectful, person centred manner and they were kind and courteous in their engagement with residents. Staff demonstrated an understanding of residents and were familiar with the residents assessed needs.

A sample of resident files were reviewed on inspection and there was evidence that residents needs were adequately assessed using a variety of validated assessment tools. Assessments were updated in a timely manner and detailed the needs of the residents. These assessments were used to inform detailed care plans and inspectors found that these care plans guided the delivery of care effectively.

Residents had access to GP services and healthcare professionals such as dietetics, speech and language therapists and physiotherapy. The deputising person in charge

informed the inspectors on the day of inspection that there was no dedicated occupational therapy service available for the centre; however, the registered provider made this available on referral basis. While the inspector found that access to healthcare was in line with regulatory requirements, the provider had identified in their risk register that there were times when the centre was providing services for residents that were 'out of area' and couldn't access their own GP. Nevertheless, there was no evidence that this had an adverse impact on residents and the provider was monitoring this.

Inspectors observed that residents had access to newspapers, radio and television. Residents were well informed about current affairs and local matters. While access to activities for residents had improved since the last inspection, there was a lack of opportunities for residents to participate in activities in accordance with their interests and capacities. There was no regular established activity schedule. Activities appeared to happen on an impromptu basis. Additionally, there was no process in place to involve residents in the organisation of the designated centre.

There were arrangements in place for residents to receive visitors in the designated centre. However, these required review as some restrictions remained in place. The deputising person in charge explained that this was due to the high incidence rate of COVID-19 within the community. However, risk assessments to explain the rationale for this were not available for review on inspection.

Overall the centre was very clean and tidy. The centre had a comprehensive cleaning schedule in place which included a weekly deep clean. The provider had a contingency plan in place for the management of COVID-19 and had developed an outbreak management plan which included learning from the recent outbreak. Infection prevention and control audits had been completed and actions had been implemented.

There was a comprehensive risk management policy in place which had been recently updated and the person in charge had identified appropriate risks on the risk register. Inspectors reviewed the actions set out in the centres compliance plan in relation to fire precautions within the centre following the last inspection and found that the provider had made necessary improvements in this area.

The inspectors also found that there had been significant improvements in the systems and processes surrounding medicines and pharmaceutical services. The centre now had a close working relationship with pharmacy services and all medications were clearly prescribed and appropriately discontinued. The inspector reviewed a number of kardexes and these were legible and there was a process in place for the safety checks. All medication was clearly defined and appropriately recorded. The staff that the inspectors engaged with were knowledgeable of the medication administration processes and reported that the system had significantly improved since the last inspection.

Regulation 11: Visits

While there was provision for visiting, visits continued to have some restrictions that were not in line with the guidance from the Health protection and Surveillance . For example, visits had time limit and a limit on the amount of visits a resident could have per week. There was no risk assessments completed in relation to visiting to explain the rationale for these restrictions.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had a risk management policy in place which had been reviewed and updated since the last inspection and was in line with the requirements of schedule 5.

Judgment: Compliant

Regulation 27: Infection control

The centre had comprehensive cleaning schedules in place and the person in charge had effective oversight of this. Learning from the COVID-19 outbreak had been implemented and infection prevention and control processes met the requirements of Regulation 27.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors followed up on the non-compliances from the last inspection and found the provider had completed the necessary actions to bring the centre into compliance with Regulation 28.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had made significant improvements in this area since the last inspection and was operating the centre in line with the requirements of Regulation

29.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents in the centre were assessed on admission and in line with regulatory requirements thereafter. Overall, assessments were found to be of good quality and included a range of validated tools. Care plans were developed and reviewed regularly based on these assessments and were found to be of good quality and effectively guided care delivery.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that healthcare was of a good standard and residents had had good access to nursing, medical and allied health care.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of inspection the inspectors observed care practices to be person-centred. Each residents privacy and dignity was respected, however there were some areas which required improvement:

- Inspectors found that there were limited activities available for the residents to engage in and when this was made available, it was not consistent and activities were not meaningful.
- There was no process in place to consult residents about the running of the centre.
- Most residents ate meals at their bedside and did not have the choice of eating in the dining room as it was assessed as being too small for social distancing during meal times. There was no evidence that alternative measures had been explored.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Donegal Community Hospital OSV-0000617

Inspection ID: MON-0034334

Date of inspection: 02/12/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1.0 WTE Nursing commenced on the 12/01/2022. 1.0 WTE Care Assistant commenced on 17/01/2022. 0.79 WTE Chef commenced on 24/01/2022. 0.51 WTE Care Assistant approved to commence 07/02/2022. Interviews for Nursing staff have been held on the 24th, 25th, and 26th January 2022, from this the 2 remaining nursing vacancies will be filled. This will allow for the activities coordinator to concentrate on Activities only with the residents.</p> <p>Date to be completed: End of March 2022.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A trainer will be providing training on the 'Management of Responsive Behaviours' on 22nd February 2022. Date to be completed: June 2022.</p> <p>The Person Centred Development Plans have all been completed in Donegal Town CH and there has been 14 staff plans reviewed which equates to 26.92% of staff completed and the remaining is ongoing.</p> <p>Date to be completed: End of February 2022.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Files have been reviewed and references are in place on all personnel files.</p> <p>Date completed: 10/12/2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To improve staffing levels</p> <p>1.0 WTE nursing commenced on the 12/01/2022</p> <p>1.0 WTE Care Assistant commenced on the 17/01/2022</p> <p>0.79 WTE Chef commenced on the 24/01/2022.</p> <p>0.51 WTE Care assistant approved 07/02/2022.</p> <p>Date to be completed : End of March 2022.</p> <p>Clinical Audit results will be discussed and Action Plans drawn up to monitor the quality of safety of care. We will be introducing discussions of metrics at hand-overs so all outcomes are discussed with staff.</p> <p>Date of completion: 16/12/2022.</p> <p>Staff meetings to re-commence safely as per COVID guidance.</p> <p>Discharge planning and transfer of residents will take place in a timely manner to comply with the current conditions of registration.</p> <p>Those clients over 60 days:</p> <p>4 Clients moved to their Long Stay Choice</p> <p>1 Client RIP</p> <p>1 Client Discharged home</p> <p>3 Clients moving to their Long Stay Choice of care week of 24/01/2022</p> <p>2 Clients awaiting to be seen at Panel on 24/1/22</p> <p>1 Client due to be discharged on 02/02/2022</p>	

Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: Risk assessment completed to support structured and controlled visiting in Donegal Community Hospital. Scheduled visiting in place to avoid visitors congregating with residents or other personnel When weather improves – outside visiting will be facilitated.</p> <p>Date to be completed: This is monitored weekly taking into account with number of COVID confirmed cases in the local community and the latest guidelines from IPC.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A programme of activities has been compiled for residents to engage in and the activities co-ordinator will keep a file of activities undertaken by residents. The CNM2 will also meet monthly with residents to consult with them on the running of the centre. Residents are offered the choice of dining room or bedroom to take their meals and this is documented on the diet sheets by the person serving meals.</p> <p>Date completed: 10th December 2021.</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
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Not Compliant	Yellow	28/01/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff	Not Compliant	Yellow	22/02/2022

	have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/01/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	10/12/2021
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	31/03/2022
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	Yellow	31/03/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	10/12/2021

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Yellow	10/12/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Yellow	10/12/2021