Carndonagh Community Hospital, OSV-0000616, 8 March 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Carndonagh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Convent Road, Carndonagh, Donegal
Type of inspection:	Announced
Date of inspection:	08 March 2018
Centre ID:	OSV-0000616
Fieldwork ID:	MON-0020931

About the designated centre

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

Carndonagh Community Hospital is a designated centre registered to provide health and social care to 46 male and female residents primarily over the age of 65 who live in the Inishowen area. It is a single-storey building, located a short drive from the shops and business premises in the town. It is comprised of two units Oak and Elm that provide general care and Ard Aoibhinn where care is provided to people with dementia.
The Oak and Elm units are part of the original building that dates from 1956. Accommodation for residents is provided in single, double and communal bedrooms that accommodate three and four residents. Ard Aoibhinn is a more recent addition that was opened in 2007. Accommodation for residents is provided in single and double rooms. There are several communal areas where residents can spend time during the day. A day care service that is separate from the residential area is provided within the building.

The following information outlines some additional data on this centre.

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	41

How we inspect

To prepare for this inspection the inspector or 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
08 March 2018	15:00hrs to 19:00hrs	Geraldine Jolley	Lead
09 March 2018	08:30hrs to 14:30hrs	Geraldine Jolley	Lead

Views of people who use the service

During the inspection, the inspector talked with six residents and five relatives. Feedback on the quality and safety of the service was also provided in 11 completed questionnaires received from residents and family members.

Residents expressed satisfaction with the services in this centre and said that they were happy living there. They described having a good time talking to others and joining in the regular activities particularly the music sessions, playing cards, the visits from schools and local bands and visits to the local supermarket. Residents were complimentary of the staff team and regarded them as kind, thoughtful and committed to ensuring they were well and that their needs were met. All said that their experience of raising a concern or making a complaint had been positive.

Residents said they found meals very enjoyable and that there was always a choice available or an alternative if they did not wish to have the main meals. They also said they felt safe, secure and well cared for during the day and night.

Capacity and capability

The inspector found that a robust governance structure was in place. The person in charge had support from the director of nursing in another centre and also from the provider representative. There centre had a plan to drive improvements and address the non-compliances and the action plans from previous inspections with the exception of those related to the premises had been addressed. The premises refurbishment plan was scheduled to start in 2019 and a condition applied to the centre's registration requires that the work is completed in 2020.

The governance and management arrangements in place ensured positive outcomes for the care and support of residents who described having a good quality of life and being able to maintain their independence. Auditing and quality improvement initiatives meant that the provider representative and person in charge had an effective system in place to ensure oversight of the service provided. For example since the last inspection a more active social activity programme had commenced in the dementia care unit and the standard of nursing records had improved.

The inspector found that, at the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and ensure the safe delivery of services. Residents and relatives told the inspector that staff were kind, well informed and respectful. There was emphasis on staff attending dementia care training and the majority of staff had attended training in managing responsive

behaviours, person centred care or in the impact of dementia on everyday life.

A substantial part of the service is focused on short term care with 23 places devoted to residents who require convalescence, rehabilitation, respite or palliative care. Staff were well informed about the short term care needs of residents and had put personal arrangements in place to meet the needs of residents and their families effectively. For example residents were supported to go home with family members and encouraged to go out and do their own personal shopping as often as possible.

Residents reported that their experience of raising issues was positive and matters were addressed promptly by the person in charge. However, the voice and views of residents, and their representatives needed to be formally incorporated into the centre's review processes and regular audits.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew registration was fully complete.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time and was appropriately qualified and experienced for this role. She was well informed about all aspects of the service and about residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to support residents' need and choices over the 24 hours. When staff gaps did arise, continuity of care for residents was ensured through the employment of familiar agency staff.

The inspector noted that staff were familiar with the residents' needs, and that training was provided in specialist aspects of care such as palliative care and person centred care so that staff could comprehensively support residents' particular needs. An action plan in the last report had been addressed and staff provided social care

throughout the day in both the general and dementia units.

Judgment: Compliant

Regulation 16: Training and staff development

A culture of learning for staff was promoted through an ongoing training and professional development programme. The centre's staff were participating in a person centred care training initiative with a University in Edinburgh and several staff had attended training in order to develop enhanced competence in this approach. Many staff had also attended a session on how dementia impacted on a persons life and how they experienced their environment. This has been very useful according to staff as it helped their understanding of responsive behaviours relevant to dementia.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained the required details.

Judgment: Compliant

Regulation 21: Records

The required records were maintained. Staff records viewed contained the majority of information except that full employment records or photographic identification were not available in some records.

Judgment: Not compliant

Regulation 23: Governance and management

There was an established and effective governance and management structure that ensured the service was reviewed and consistently delivered to a high standard. The person in charge had regular supervision and other staff were supervised according

to their roles.

The inspector observed that there were adequate resources to deliver the service effectively. There were good resources allocated to staff deployment, training and development. Staff had an opportunity to develop specialist knowledge on person centred care and were part of an international research programme that focused on person centred care for people with dementia. If there were shortfalls in staff availability additional agency staff who were vetted and appropriately trained were employed. For example since the last inspection staff were deployed daily to ensure that planned social activity took place as scheduled.

Audit and review activity required change to ensure that the views and experiences of residents formed part of the findings and informed future developments.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the majority of information as outlined Schedule 1 of the regulations. The nature and duration of short term care and the specific occupancy of bedrooms needed to be specified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The notifications of incidents were sent to HIQA within the required time limits and where further information was needed this was supplied promptly.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents' complaints and concerns were listened to and acted upon in a timely manner. Residents and relatives said that they had no problems raising issues with the person in charge and said that their concerns were discussed with them and addressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures that underpin the operation of designated centres were in place. Staff knew where to access information to guide their practice when they needed to refer to procedures.

Judgment: Compliant

Quality and safety

Residents said that they were assisted by staff to have a good lifestyle in the centre. They said they had plenty to do every day, could have visitors when they wished and were encouraged to go out to day care services in the community, to local events and to go shopping.

Care, nursing and ancillary staff conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and health was promoted by supporting residents to continue to do as much as possible for themselves and by ensuring residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised every day. This aspect of service delivery had improved significantly since the last inspection when an action plan identified the need for improvement in social care opportunities in the dementia care unit.

All residents had a care plan to guide staff practice. These were reviewed regularly however as described in the action plan in the last report the reviews did not convey the interventions required to support residents' well-being or the good outcomes for residents that resulted from the care delivered.

The inspector found that there was good access to medical services including mental health services and palliative care services. Residents had appropriate input from allied health professionals. There were regular reviews of medicines and the inspector saw that changes were discussed with residents and their families to ensure that medicine regimes were well understood.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). In addition, the inspector found that where any restraint measure was in use this was assessed

and the least restrictive option was in place.

Residents said the standard of catering and the variety of food available was very good. Snacks and drinks were provided regularly in addition to main meals and the inspector observed that drinks were always available to residents. Residents who had specialised support requirements in the area of food and nutrition were appropriately supported at meal times and had access to specialist advice from speech and language therapists and dietitans when needed. Staff engagement and interactions with residents contributed to making meal times enjoyable experiences for everyone. Residents spoken with told the inspector how much they enjoyed their meals and said that staff always gave them a choice. However, the inspector found that the dining environment in Oak and Elm units was confined and did not provide adequate space for residents to eat together in comfort.

The inspector found that the systems in place to ensure the environment was safe for residents, staff and visitors were generally good. The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents and were accessible to staff to assist them if evacuation was needed. Fire training was carried out regularly and all staff had attended however, the fire safety procedures required review as fire drills were not undertaken routinely particularly when the lowest number of staff were on duty to ensure staff could operate fire containment measures effectively.

The centre was well furnished, warm and had good levels of natural light however the layout of private and communal space in the Oak and Elm unit did not meet residents' privacy needs or provide them with adequate space for their personal possessions. A number of bedroom areas are multiple occupancy and accommodate more than two residents. Elm unit had a bedroom that accommodated four residents and another that had three occupants. Oak had two bedrooms that accommodated four residents. This communal layout compromised privacy as storage space for personal possessions and equipment was limited and the way staff could provide person centred care was compromised. These matters have been highlighted in previous inspection reports and the Health Service Executive (HSE) has informed HIQA of plans to redevelop the centre to appropriate specifications.

Ard Aoibhinn is purposely designed unit established to meet the needs of people with dementia. The unit has many features that reflect good dementia design and promote independence. These include different colours on bedroom doors, good lighting and varied areas to sit or to take part in activities. It comprises eight single rooms and four twin bedrooms. All bed rooms have an en suite toilet, shower and wash-hand basin. There is safe garden spaces where residents can spend time outdoors and the inspector saw several residents enjoying time in the garden.

Regulation 10: Communication difficulties

Staff were aware of the communication needs of residents and had a range of communication strategies in place to support residents to communicate. These included sensory equipment, signage to guide residents around and pictorial images of meals and the environment.

Judgment: Compliant

Regulation 11: Visits

Residents said that visitors were welcomed and relatives confirmed this. There were some concerns expressed that there was not enough space to see visitors in communal areas; however the inspector saw a number of quiet areas around the centre where residents could see visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Efforts were made to ensure that residents had some personal items near their beds. There was limited space in communal bedroom areas to store clothing and personal items due to the limitations of space. In the purpose built Ard Aoibhinn unit rooms were noted to have a range of personal belongings and adequate storage for clothing.

Judgment: Not compliant

Regulation 13: End of life

Relatives told the inspector that staff were diligent in their assessment of residents needs at end of life and ensured that they knew the wishes of residents at this time so that they could be carried out as they planned. Staff were well informed about end of life care, had training to support their practice and further guidance when needed from the local palliative care team. Relatives could remain with their loved ones as long as they wished and there were facilities such as sleeping areas and food provisions to ensure their comfort.

There were four residents in receipt of palliative care during the inspection and all were observed to be receiving appropriate care and attention. Families said they were informed about aspects of their relative's conditions including pain relief measures and the progress of their illnesses. Several staff had training on end of life

care and the person in charge had a post graduate qualification in palliative care.

Judgment: Compliant

Regulation 17: Premises

There is a deficit in communal sitting and dining space in the Oak and Elm units. There is also a lack of storage space throughout both units. A number of bedroom areas are multiple occupancy and accommodate more than two residents. This communal layout compromised privacy as storage space for personal possessions and equipment was limited and the way staff could provide person centred care was compromised.

Judgment: Not compliant

Regulation 18: Food and nutrition

The menus were varied and there was a choice offered for main meals. Residents said they liked the food and that catering staff offered them a range of alternatives if they did not like what was on offer or preferred a snack at main meal times. Staff have successfully supported residents to eat independently and safely when they have swallowing problems and this enabled residents to enjoy a wider variety of food.

Judgment: Compliant

Regulation 26: Risk management

There was an established risk management system in place. A risk register was in use to identify risks and the control measures to reduce risk. The measures included the required policies and procedures. The inspector noted that a lack of storage space for equipment such as hoists meant that these items were stored in hallways which presented a trip hazard.

Judgment: Not compliant

Regulation 27: Infection control

Staff could describe infection control measures clearly. They knew how to manage laundry safely and how to observe universal precautions to ensure good infection control management.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions in place did not include a schedule of fire drills that included drills when the lowest numbers of staff were on duty.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were appropriately stored and staff were knowledgeable about the medicines in use. Relatives said that staff informed them about changes in medicines and ensured they knew exactly what medicines residents required prior to discharge.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The arrangements to meet each resident's assessed needs were described in an individual care plan. Residents were involved in the reviews of their care plans and family members confirmed that they were also consulted. The reviews of care plans did not indicate the level of intervention that residents required to meet their needs, their responses to treatment or the positive outcomes that had resulted from care interventions.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents' health care needs were recognised, assessed and addressed through the care planning system and access to a range of medical and allied health professional staff. The services of specialist staff such as palliative care and mental health were also available.

Residents' medical needs that presented outside of regular hours were noted to be appropriately responded to and addressed by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who exhibited behaviours associated with dementia or other responsive behaviours received appropriate care. There were records of factors that could contribute to fluctuating behaviours and the inspector saw that staff were skilled and trained in how to address such behaviours competently and in a way that protected privacy and dignity. Where needed, additional staff support and supervision was made available.

Judgment: Compliant

Regulation 8: Protection

There were systems and measures in place to protect residents from possible abuse and harm. Any incidents and allegations of abuse were reported, screened, investigated and responded to appropriately and in a timely manner. Residents reported that they were happy living in the centre. All safeguarding issues were reported to the local safeguarding team.

Staff were provided with training in the safeguarding and protection of vulnerable persons. Over the course of the inspection, staff engagement and interactions with residents were observed to be person centred and positive in nature.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said that their rights and choices were respected. There was good access to the outdoors and the inspector saw that residents in the dementia unit were out with staff during the day looking at the plants and garden features. Many went on visits home with family if they wished and relatives said this was appreciated.

The social programmes available met residents' needs with one to one support and sensory equipment also available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carndonagh Community Hospital OSV-0000616

Inspection ID: MON-0020931

Date of inspection: 08/03/2018 and 09/03/2018

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1 staff record failed to include photographic ID. This had been obtained and included in the personnel file on the 15/3/2018. All files have been reviewed for full documentation. A checklist has been included for all files and this will form part of checking all documentation received for new files.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Resident forums will continue to include the resident's feedback for future developments. Changes have been implemented from the resident's feedback from these meetings to meals and activities. New format of obtaining residents feedback is being explored by the activities co ord to ensure all residents have their say.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose had been updated to include the individual room numbers and number of persons that can be accommodated in each room. This has been submitted to the Chief inspector following the inspection. The Statement of Purpose will continue to be updated annually or as changes occur.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: While we endeavor to create personal space at each bedside for each resident with the space that is available, the new refurbishment will address this issue.	

Space for storage and personal possessions is included in the planned new refurbishment	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Refurbishment works are scheduled for starting August 2018, subject to funding. These new works will enhance the environment for all residents in providing Person Centered Care. All Refurbishment works to be fully completed by 2020.	
Regulation 26: Risk management	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Equipment that was stored in a hallway has been removed and stored in the store room. Quality, Risk and Safety Meeting scheduled every quarter, with the next meeting on 16/5/2018 will address these issues of risk. Accidents and incidents are recorded, followed up and audited by the management team monthly. There are also audits being completed on this. Lack of storage will be addressed in the new refurbishment works.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: While all Mandatory Fire Training has been completed by all staff annually, 2 monthly localised drills will be scheduled with the lowest number of staff on duty to ensure fire containment measures are operated safely. The first of these has been completed on the 3/4/2018.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: One to one training will continue with staff nurses to ensure interventions and responses to treatment and the positive outcomes are reflected in the resident reviews. 4 monthly review forms have been revised and include all interventions and progress of each resident which will be reflected in the residents individual care plan, following the reviews. A new computer system of recording care plans is under review which should enable a more consistent layout of recording these outcomes.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Yellow	30/12/2020
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	Completed 15/3/2018
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with	Substantially Compliant	Yellow	30/12/2018

	residents and their families.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	16/5/2018 and ongoing
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 aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/12/2018