

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Bandon Community Hospital
Centre ID:	OSV-0000557
Centre address:	Hospital Lane, Cloughmacsimon, Bandon, Cork.
Telephone number:	023 884 1403
Email address:	deirdre.carr@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patrick Ryan
Lead inspector:	Mary O'Mahony
Support inspector(s):	Michelle O'Connor
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

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.

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 Quality 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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 March 2016 09:15 To: 23 March 2016 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Non Compliant - Moderate
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Non Compliant - Major
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Non Compliant - Major

Summary of findings from this inspection

This inspection of Bandon Community Hospital by the Health Information and Quality Authority (HIQA) was unannounced and took place over two days. This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. Prior to the commencement of the thematic inspections providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed by the Authority to guide providers on best practice in dementia care and on the thematic inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the Authority. On the day of the inspection there were 22 residents in the centre. The person in charge had stated that there were eight residents who had been formally diagnosed with dementia and a further 2 residents had cognitive impairment.

As part of the dementia thematic inspection process inspectors met with residents, visitors, the person in charge, the provider, the clinical nurse managers (CNMs), staff nurses, care staff, catering and household staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records, policies and the planned activity programme. A number of staff files and residents' files were checked for relevant documentation. The centre was noted to be very clean and well maintained. However, the premises design and layout did not promote privacy, dignity or a dementia friendly environment for residents. The person in charge stated that the centre had been granted funding and planning had been granted for renovations and an extension to the present building. There had been a delay in commencing the proposed renovations. The provider stated that this building was now due to commence on 16 May 2016.

The Standards set by the Authority to monitor 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 formed the basis for the judgments made by inspectors. Six Outcomes were inspected against and the inspection findings were set out in the following report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The person in charge stated that all residents were assessed prior to admission by the Health Service Executive (HSE) placement coordinator. Admissions were arranged through discussion with the placement coordinator and the person in charge. In addition, as there were a number of entrance and exit doors in the centre the suitability of the placement was discussed with the person in charge in the case of a resident with dementia. Inspectors viewed a sample of residents' care plans which indicated that residents had timely access to general practitioner (GP) services and appropriate treatment and therapies. The centre had the services of a medical director and the group of GPs that worked in the practice. Since the previous inspection a choice of GP was highlighted in the updated statement of purpose, as required by Regulations. However, the person in charge said that this choice was facilitated, at a cost, to residents as the HSE had appointed a medical officer to the centre. Residents had a choice of GP from within this practice. In addition, residents who were on respite stay were facilitated to retain their own GP. There was evidence that residents had access to allied health care services and inspectors saw evidence of care plans based on these assessments. There was evidence that processes were in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared.

All staff nurses were involved in the care planning process and were assigned a number of care plans each. A sample of care plans of residents' who had been diagnosed with dementia was reviewed by inspectors. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietician services were seen to be available. The physiotherapist and the GP attended the centre during the inspection. One resident availed of the services of an external dentist. The chiropodist attended on a monthly basis and documentation confirming this was reviewed by inspectors. There was evidence that any concerns regarding weight loss/gain were addressed by the dietician and the GP. A copy of residents' speech and language assessments were readily accessible to all staff including kitchen staff. Inspectors saw documentation that residents' vital signs such as blood pressure were regularly monitored. Where required, staff completed a daily record of residents' nutritional and fluid intake/output. There was

evidence that residents had a malnutrition universal screening tool (MUST) assessment on admission and it was repeated when care plans were updated. Care plan reviews were undertaken in consultation with residents and their representatives, where appropriate, every four months.

Staff maintained a daily narrative note on the care of residents. The person in charge stated that alternative activity was arranged for those residents who did not wish to participate in group activities. However, this was not evident on the day of inspection for those residents with dementia who were in bed or sitting in their bedroom. In addition, the social and life history of a number of residents with dementia was not sufficiently detailed to guide staff on providing meaningful activities suitable to their assessed likes, dislikes and needs. A number of residents spoken with by inspectors said that they enjoyed the beauty treatments, quiz, ball games, music, exercises and prayers which formed part of the activity programme. Staff spoken with informed inspectors that residents with a cognitive impairment were provided with Sonas and reminiscence therapy and those with restricted mobility were supported to enjoy pet therapy and chair based exercises. Inspectors saw these activities set out in the activity programme. The person in charge explained to inspectors that the afternoon activity which would have involved aromatherapy had been cancelled unexpectedly. However, inspectors noted that there was no alternative group activity available in the afternoon. Staff assigned to stay with residents in the communal room were not trained to facilitate any activity. In addition, inspectors noted that there were no facilities or objects to occupy residents. This was addressed under Outcome 3: Residents' rights dignity and consultation. Furthermore, in a sample of care plans reviewed inspectors found that residents who were diagnosed with dementia did not have a care plan in place to guide staff in the management of any behaviours that occurred as the result of the behaviour and psychological symptoms of dementia (BPSD). One resident informed inspectors that the afternoons were 'very long'.

Inspectors observed the dining experience of residents: Most of the residents ate their meals on individual bed-tables next to their chairs in the communal room. There were three dining tables in this room. However, these were used by a small number of residents only. A number of residents who had dementia were supported to eat dinner in their shared bedroom area. One resident with dementia remained in bed all day. Inspectors noted that she had a specialized chair which was not in use but was stored in an external storage area. The person in charge stated that her condition had deteriorated and she was now assessed as being more comfortable in bed. However, as this resident shared a five bedded bedroom there was a restriction on the space available for use of the chair within the bedroom area. These matters were found to be at the level of Major non compliance and are discussed further under Outcome 6: Safe and suitable premises.

Residents stated that they were very happy with the care they received, they enjoyed living in the centre and they liked being in a centre near home.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The person in charge stated that staff were made aware on a regular basis, of the policy on the prevention of elder abuse. She attended staff handover meetings to ensure that she was informed of any issues regarding residents' care and welfare. The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The policy was seen to reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014. Inspectors found that measures were in place to protect and safeguard residents. Staff spoken with by inspectors were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff were approachable and kind.

There was an up to date policy in the centre to support staff in interventions and approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. However, inspectors observed that individualised care plans on behaviour issues were in not in place. This was addressed under Outcome 1: Health and social care needs. Inspectors noted that the use of psychotropic medication was reviewed regularly by the GP. There were bedrails in use for 18 residents in the centre. These were checked regularly when in use and records were viewed by inspectors. There was evidence that consent of the resident or a representative had been sought or that where a clinical decision had been made for the use of restraint, a consultation process was followed. Multi-disciplinary (MDT) input was sought and this was documented in relevant files.

Inspectors found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and a sample of records checked were seen to be accurate. Inspectors were informed that the centre was a pension agent for a small group of residents and that these records were maintained centrally by the HSE. Transactions on these accounts were maintained in an ordered and transparent manner. Residents' valuables were kept safely and records of these were shown to inspectors. The administrator informed inspectors that the centre conducted regular financial audit.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents who spoke with inspectors said that staff addressed them respectfully and they felt that every effort was made by staff to preserve their privacy during times of personal care. However, similar to findings on previous inspections the privacy and dignity of residents was not supported by the layout, space and design of the centre. For example, after lunch one resident was seen by inspectors to be using the commode in one of the multi-occupancy rooms. While the privacy curtains were pulled around the bed the door of the room was not closed. Inspectors could view the activity from the entrance hall. In addition, other residents were in the room at the time, which impacted on their privacy and dignity also. Nursing notes from the night staff confirmed residents' previous comments: that some residents called out repeatedly at night and kept others awake. There was a serious risk also to the dignity of those residents who were incontinent or had dementia and exhibited behaviours that challenged. This was addressed in detail under Outcome 6: Premises.

The person in charge had made great attempts to improve the environment by buying suitable pictures and enabling staff to decorate the centre for each occasion. For example on the day of inspection the centre was being extensively decorated for Easter. Inspectors observed that residents had access to newspapers and radios. There were notice boards available in the premises which provided information, for residents and visitors, about activities and events in the centre as well as in the community. Residents also had access to a hairdresser, external therapy groups and various beauty treatments when requested. There was a price list of these treatments displayed on the notice board. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of interaction Schedule or QUIS (Dean et al 1993). These observations took place in the communal area. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. One observation period was undertaken during a 'Cuinas' activity (prayerful, meditative session). The activity involved personal interactions and group singing and praying. Of the 14 residents present 12 were seen to participate while two other residents were asleep for a period of time. The activity leader knew the names of residents and the songs and prayers were familiar to residents from their childhood. Residents confirmed this with inspector. Residents with dementia were familiar with the programme also and were seen to be taking part. The activity was designed to encourage and facilitate successful responses. The observing inspector noted that the majority of interactions during this period involved positive connective

care and also task orientated care. The task orientated care involved residents being brought in to join the group and not been introduced to the group by a staff member who appeared to be rushing to tidy away equipment and organizing seating, without personal interactions with residents.

A second observation period took place in the afternoon. During the first 15 minutes of observation the overall quality of interactions recorded was that of neutral care, as no staff member was present with 14 residents for 15 minutes of the observation period. This correlated with the resident's comment that the afternoons were 'very long'. During the second 15 minutes the interactions involved task orientated and positive connective care. Tea and biscuits were served to residents quietly and carefully with each resident being asked their choice of tea or coffee. These interactions were noted to be positive and residents were seen to interact well with staff members. However, there was no sense of cohesive or group interaction being facilitated during this time which should have provided an opportunity for a social occasion. Later in the afternoon inspectors noted that while staff were present in the communal room individual residents were seen to be unoccupied and sitting around the edges of the room for long periods with nothing to do. Further observations were undertaken throughout the day. Staff were seen to support residents who required help to eat their meals and to speak to each resident individually before any care support or social support was offered. The person in charge stated that she intended to continue to use the QUIS tool following the inspection to improve communication with those residents with dementia.

The person in charge outlined that there were arrangements in place to ensure that each resident's religious and cultural beliefs were respected. Mass was said on a weekly basis and persons of all religious persuasions were facilitated to attend services, if required. Inspectors noted that staff consulted residents in the organisation of the centre and there were records of the minutes of residents' meetings maintained in the centre. Residents who spoke with inspectors outlined that they would feel confident raising issues of concern with staff members and particularly with the person in charge, in whom they expressed their trust.

Inspectors were informed by staff and residents that they had composed their own charter of rights for the centre. This had been printed and laminated. It was displayed around the centre and in the entrance lobby. Residents expressed to inspectors that they were proud of this achievement. There were CCTV cameras in use in the centre and there were signs to indicate where these were present. This was also supported by policy and procedures. The person in charge was the data controller for the centre and she was found to be knowledgeable about the Data Protection Act and her responsibilities to balance safety with the right to privacy.

There were external independent advocates available to residents or relatives should they wish to obtain help to make a complaint or require assistance to express their views. Inspectors viewed posters for these services on the notice board with contact details available if required. There was a good level of visitor activity throughout the day of inspection. Inspectors met and spoke with a number of visitors who indicated that they had freedom to visit when required. Residents were facilitated to exercise their political rights. The person in charge confirmed that residents who wished to vote were facilitated to do so both externally and within the centre. Residents had access to a

portable telephone and their personal mobile phones if they wished to make calls in private. Residents informed inspectors that they received phone calls in the evening from relatives on their personal mobile phones. However, there was no internet access in the centre as this had not been provided despite requests for this to enable residents to SKYPE or email family members, as well as to access the internet and for staff training purposes.

All residents spoken with said that they felt content and they praised the person in charge, the staff members, the activities personnel and the food. However, there were some visitors and staff who felt that space was very limited for residents, for their clothes, for their personal belongings as well as for private conversations.

Judgment:
Non Compliant - Major

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre had an up-to-date policy and procedure for the management of complaints. The HSE complaints procedure 'Your Service, Your Say' was displayed and a copy was included in the Resident's Guide. It was referenced in each resident's contract of care. There was a named 'local complaints officer' who was located off-site and the contact details were available in the centre specific complaints policy and in the statement of purpose. Residents were aware of how to make a complaint and they knew that the person in charge was the complaints officer.

The complaints log was reviewed and inspectors were informed by the person in charge that verbal complaints and concerns were now being recorded. Residents spoken with by inspectors stated that they could raise any issue or concern with the person in charge or staff. Records were maintained of the satisfaction or not of complainants. The appeals process was clearly indicated and learning outcomes from concerns and complaints were documented.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors reviewed a selection of staff files and noted that the documents required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available. There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents on most days. However, the person in charge informed inspectors that there were times when staff who were absent on sick leave were not replaced which put a strain on the remaining staff. Since the previous inspection a staff member supervised residents during the handover reports when all staff gathered for an update on care needs. There was an actual and planned staff rota available which indicated that staff nurses were on duty at all times. All staff had access to education and training which enabled them to provide care that reflected contemporary evidence based practice. Inspectors observed evidence of opportunities for further training advertised in the centre. Staff spoken with by inspectors were knowledgeable about residents and were observed engaging with them in a kind and friendly manner. All members of the nursing staff had up-to-date registration with a relevant professional body which satisfied the requirements of An Bord Altranais.

Staff were able to explain the management structure to inspectors and confirmed that copies of both the Regulations and the Standards had been made available to them. Inspectors noted that there was a selection of health care reading material and reference books available in the office. Staff confirmed with inspectors that there were times when absent staff were not replaced. They explained that there was not enough time for conversing with residents and care was compromised when there was not a full complement of staff. Inspectors viewed the training records for staff. Staff spoken with by inspectors were familiar with the training programme and confirmed with inspectors that training was available to them.

Judgment:
Compliant

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:

Bandon Community Hospital, established in 1929, was a single-storey building which had been renovated in the past few years. It provided long-term, respite and palliative care for 22 residents. At the time of inspection there were 21 residents accommodated in the centre. There was one vacant bed. There were four single rooms, one with an en suite assisted toilet and shower and one with a shared en suite, which could also be accessed from the main corridor. There were three twin bedded rooms, one of which was accessed through the seven-bedded unit. One toilet area was shared by these nine residents. There was a five-bedded unit with en suite containing wash-hand basin, assisted toilet and shower. However, inspectors observed that some of the bedrooms lacked natural light as another building had been erected within the grounds. This was directly outside the windows of a multi-occupancy bedroom. This meant that the room had a dark and dreary appearance and was 'corridor like' in design.

There were three communal assisted toilets each with a wash-hand basin, one communal assisted shower room including an assisted toilet and wash-hand basin. The bathroom contained an assisted bath. However, to assess the bath residents were required to pass through one of the multi occupancy bedrooms. The person in charge said that bed linen laundry was outsourced to an external agency. The centre had an on-site laundry also and residents personal clothing was washed on site. In addition, since the previous inspection some personal laundry was now stored externally for collection by residents' representatives.

There was a small room located off the communal room and this was used as a quiet space for residents to receive visitors in private. During the inspection a resident was brought to this room for a private consultation with the GP. In general the outdoor garden space was unsafe. For example there was access to passing traffic and an unsafe surface for residents walking outside. Inspectors noted that similar to findings on previous inspections, the most recent of which were carried out in May 2014 and February 2015 by HIQA, that:

- there was inadequate provision of suitable communal space for residents for the provision of social, cultural and religious activities.
- the centre had one communal room, measuring 65m², to accommodate 22 residents. This room was used as a dining area, a sitting room, activity room, religious ceremonies and the storage of chairs.
- there was little space for wheelchair-bound residents or residents using high dependency chairs to manoeuvre within this room
- the provision of private and communal accommodation for residents remained inadequate
- sitting, recreational and dining space separate to the residents' private accommodation was inadequate
- inadequate provision of storage
- the external grounds and gardens were not suitable for, and safe for use by residents, in that they were unsecured and led directly to the open road
- insufficient number of toilets, showers and baths
- the residents' bedrooms did not provide sufficient personal space to ensure privacy and dignity. For example, access to a two-bedded room was via a seven-bedded ward

- there was insufficient space for a bedside chairs for residents' and relatives' use in the two bedded room, the five bedded ward and the seven bedded ward
- the size and layout of rooms occupied or used by residents were not suitable for their needs.
- some beds were located up against the walls. To attend to a resident, bedside lockers would need to be removed in order to pull the bed out from the wall.

Inspectors found that overall, the constraints of the design and layout of the building hampered the provision of care to residents and did not provide a suitable environment to enhance their dignity and privacy. Due to the poor design and layout of these multi-occupancy wards which accommodated up to seven residents, there was inadequate private accommodation for residents to ensure that their privacy and dignity was met, on a daily basis. The design and layout of these wards significantly impacted negatively on residents as they were not able to undertake personal activities in private or meet with visitors in private. Inspectors noted that the staff made every effort to protect the privacy and dignity of residents through the use of curtains around the beds; however, the layout of the premises did not lend itself to the promotion of privacy or dignity for residents. The limited space between individual residents' beds also impacted on the quality of life of residents and storage of personal clothing, possessions and belongings. Furthermore, to gain access to the small two-bedded room inspectors had to pass through the larger seven bedded rooms so there was regular traffic of visitors/staff through the latter. Residents in the two-bedded annexed room had to walk through the seven-bedded ward to access the shared toilet. Inspectors also observed that they could see a resident sitting up in the bed having breakfast, from the entrance hall, which was quite a distance from that multi occupancy bed room. This impacted on the privacy and dignity of that resident, of other residents and of visitors. In these larger rooms televisions sets were shared, which limited residents' choice.

Staff informed inspectors that they found it very challenging to attend to residents' toileting and hygiene needs with discretion, as beds were too close together. The curtained screens were positioned very near the beds due to lack of space and it was difficult for staff to assist residents with a wheelchair or commode while also maintaining residents' privacy. Staff said that they would have to get some residents up and out of the multi occupancy rooms so that they could then pull the screen around two beds to afford more space. This unsuitable layout and space constraint limited residents' choices as regards making a decision to have a day in bed or a lie-in in the morning. Residents who had to use the commode in the multi-occupancy bedrooms, because of their physical needs, were compromised as regards their dignity. Inspectors were informed that because of the layout of the rooms, when residents used commodes they had to be moved through other bedrooms to be emptied in the sluice room. This impacted on the dignity of residents using commodes, residents in these bedrooms and any visitors which might be present. The rooms lacked stimulation for residents with dementia.

Judgment:
Non Compliant - Major

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bandon Community Hospital
Centre ID:	OSV-0000557
Date of inspection:	23/03/2016
Date of response:	12/05/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents who were diagnosed with dementia did not have a care plan in place to guide staff in the management of any behaviours that occurred as the result of the behaviour and psychological symptoms of dementia (BPSD).

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

The care plans of all residents with dementia will be reviewed and care plans will be outlined for any behaviours that occur as a result of the behaviour and psychological symptoms of dementia.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents were not afforded a choice of retaining their own GP without having to pay for this choice.

2. Action Required:

Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

Please state the actions you have taken or are planning to take:

Bandon Community Hospital is a HSE establishment and provided medical care as set out by the policies of the HSE. Medical Officers appointed by the HSE provide medical care to the residents. Those who wish to avail of the care of other General Practitioners may do so if they wish but their medical cards do not cover these consultations and therefore they will have to pay for them.

Proposed Timescale: 12/05/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no alternative activity or recreational opportunity afforded to residents on the afternoon of the inspection. Residents with dementia spent long periods of time alone and without social interaction.

3. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:

The Activity Programme of the centre will be reviewed and when, as occurred on the day of inspection, an activity is cancelled at the last minute alternative arrangements will be made to provide an activity. Staff have access to equipment for such activities, such as DVDs, playing cards, board games, CDs of appropriate music.

Proposed Timescale: 30/06/2016

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents who shared bedrooms with residents who called out during the day and night were not afforded a choice of accommodation due to the lack of single rooms.

4. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. This work is fully funded at a cost of €3.44 million with work commencing shortly. In the interim, while awaiting completion of the new building staff work with residents to maintain as calm an atmosphere as possible, accommodation is regularly discussed to ensure residents are in the most appropriate space with regard to their ability to sleep should a neighbouring resident be calling out.

Proposed Timescale: 31/12/2018

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents were not facilitated to undertake personal activities in private. For example, the use of the commode inside the open doorway of a multi occupancy rooms and residents required to use bedpans in multi occupancy rooms at night time.

5. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms

with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. This work is fully funded at a cost of €3.44 million with work commencing shortly. While awaiting completion of the new building staff are aware of the lack of privacy for residents and make every effort to ensure that their privacy and dignity are protected in as far as possible.

Proposed Timescale: 31/12/2018

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Televisions were shared which resulted in lack of access for residents to their individual choice of programme.

6. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

Please state the actions you have taken or are planning to take:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. Each resident will have a television in their own room should they wish and as there will be a number of communal rooms in the new facility residents will be able to congregate to watch different programmes should they wish. While awaiting the completion of the building televisions have been placed in as many spaces as possible to ensure a maximum number of residents can watch the programmes of their choice.

Proposed Timescale: 31/12/2018

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Life story and meaningful activities assessments were not available or sufficiently detailed for all residents, to inform a person centred activity programme throughout the day.

7. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:

Care plans will be reviewed and using a validated tool in conjunction with the various activity providers, appropriate activity programmes will be devised for all residents.

Proposed Timescale: 31/08/2016

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Resident who had dementia were not facilitated to communicate effectively as a care plan had not been prepared for those residents who communicated through behaviour as a result of the effects of their dementia.

8. Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

Please state the actions you have taken or are planning to take:

The care plans of all residents with dementia will be reviewed and a communication care plan will be devised for those residents who communicate through behaviour as a result of the effects of their dementia. Staff who have recently received training in Communicating with Residents with Dementia will be afforded time to assist their colleagues

Proposed Timescale: 31/08/2016

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was limited space for residents to maintain and store personal possessions

9. 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.

Please state the actions you have taken or are planning to take:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. This work is fully funded at a cost of €3.44 million with work commencing shortly. There will be two two-bedded bedrooms with assisted en suite facilities and all rooms will have adequate storage space for residents. Residents will be facilitated to choose the décor and furnishing of their own rooms. While awaiting

completion of the new building staff assist residents and their families to maintain their personal belongings in the limited space available.

Proposed Timescale: 31/12/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider had failed to ensure that the premises of the designated centre was appropriate to the number and needs of the residents of that centre.

For example:

- the residents' bedrooms did not provide sufficient personal space to ensure privacy and dignity. For example, access to a two-bedded room was via a seven-bedded ward
- there was insufficient space for a bedside chairs for residents' and relatives' use in the two bedded room, the five bedded ward and the seven bedded ward
- the size and layout of rooms occupied or used by residents were not suitable for their needs.
- some beds were located up against the walls. To attend to a resident, bedside lockers would need to be removed in order to pull the bed out from the wall.

10. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. This work is fully funded at a cost of €3.44 million with work commencing shortly.

Proposed Timescale: 31/12/2018

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider failed to provide premises which conformed to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

For example:

there was inadequate provision of suitable communal space for residents for the provision of social, cultural and religious activities.

-the centre had one communal room, measuring 65m², to accommodate 22 residents. This room was used as a dining area, a sitting room, activity room, religious ceremonies and the storage of chairs.

-there was little space for wheelchair-bound residents or residents using high dependency chairs to manoeuvre within this room

-sitting, recreational and dining space separate to the residents' private accommodation was inadequate

-inadequate provision of storage

-the external grounds and gardens were not suitable for, and safe for use by residents, in that they were unsecured and led directly to the open road

-insufficient number of toilets, showers and baths

11. 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:

Planning permission has been approved for building new accommodation for residents. Twenty one of the twenty five beds planned in the new building will be single rooms with assisted en suite facilities. There will be two two-bedded bedrooms with assisted en suite facilities. Contracts have been signed and building is due to commence in the coming weeks.

Proposed Timescale: 31/12/2016