

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Buncrana Community Hospital
Centre ID:	OSV-0000614
Centre address:	Maginn Avenue, Buncrana, Donegal.
Telephone number:	074 936 1500
Email address:	eamon.glackin@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Geraldine Jolley
Support inspector(s):	Nan Savage
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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: 22 March 2016 10:30 To: 22 March 2016 18:00

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	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspectors also reviewed notifications received by HIQA and the ten action plans outlined following the registration renewal inspection conducted on 18 May 2015. The responses to action plans are discussed under the relevant outcomes. As part of the thematic inspection process, providers were invited to attend a seminar to inform them about the associated inspection process and evidence-based guidance was developed to provide information on best practice in dementia care. Prior to this inspection, a self assessment document was completed where the provider compared the service provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The centre can accommodate 30 residents. Fifteen residents are accommodated on a long term basis and the remaining places are devoted to the needs of residents who require short term care and who have problems associated with old age, dementia or who have convalescent, rehabilitation or palliative care needs. Residents with dementia are integrated with the overall resident population in the centre. Approximately a third of residents were assessed have dementia or cognitive problems when this inspection took place.

The centre is located in the town of Buncranna. The premises are purpose built and residents' accommodation is on one floor. The atmosphere was home like and comfortable. There were several communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day. The centre provided a comfortable environment for residents. There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was clear signage in some areas to assist residents locate areas such as toilets and sitting rooms however this required further development to support residents in sustaining independence. There were several areas where residents could sit during the day. All areas were attractively furnished and decorated in a home like style. There was good use of colour on walls and in features such as pictures which added visual impact and provided a focus for residents with dementia or people who had sensory problems. The centre has six communal bedrooms that accommodate four residents and this layout compromised privacy and standard specifications. A plan to address this is in progress and the planned work was on schedule according to the nurse in charge. Bedroom areas were personalised with items such as photographs, ornaments and books.

Inspectors met with residents and varied member of staff during the inspection. They tracked the journey of three residents with dementia within the service and looked at aspects such as nutrition, wound care and falls prevention in relation to other residents. They observed care practices and interactions using the validated observation tool, the quality of interactions schedule, (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place in different communal areas and included times when scheduled activity was underway. Inspectors also reviewed documentation such as care plans, staff training records, medical records and the complaints record. An inspection of the layout of the building was also undertaken.

The inspectors found that interactions between staff and residents were positive and meaningful throughout the day. Staff were noted to talk to residents and greet them warmly when they entered rooms. They engaged them in conversation during their varied contacts for example when encouraging them to undertake their exercise programmes and when administering medication. Comments from residents and relatives who spoke to the inspectors were positive. The care provided by staff and their availability to discuss changes and progress were two of the areas that were two areas that were valued. The inspectors found staff had good knowledge about the value of emotional support, sensory stimulation, validation of feelings and reminiscence when supporting people with dementia. They sat at eye level when

speaking to people and when assisting them with personal care.

In the pre-inspection self assessment document, the provider's judgement of moderate non compliance concurred with the inspectors' judgment in relation to health and social care needs. The inspectors found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard however improvements were required in the following areas, the assessment and documentation of dementia care needs, the outline of care plans was not sufficiently detailed to guide care practice in an informed way and there were very few care plans that outlined social care needs and interventions. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents including residents with dementia is discussed in Outcome 3.

There were a total of thirty residents in the centre on the day of this inspection. Eighteen residents had been assessed as maximum dependency, seven residents had high dependency needs and five residents had medium or low dependency care needs. The centre accommodates 15 residents on a long term basis and the remaining places are devoted to respite, rehabilitation, convalescence or palliative care. Approximately a third of residents had a diagnosis of dementia or some degree of cognitive impairment. There were no residents under 65 years residing in the centre on the day of inspection.

The inspectors found that the wellbeing and welfare of residents including people with dementia were being met to a satisfactory standard however improvements were required in the following areas, the assessment and documentation of dementia care needs, the outline of care plans was not sufficiently detailed to guide care practice in an informed way and

there were very few care plans that outlined social care needs and interventions.

The inspectors based their judgements on observations of the delivery of care and feedback from residents which indicated that care practice reflected evidence based practice but this was not evident from the care plans examined. This judgement was also a finding at the previous inspection conducted on 18 May 2015. The inspectors tracked the journey of three residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

Inspectors found that residents had pressure ulcer risk assessments completed on admission and these were regularly reviewed. Many residents were provided with pressure relieving mattresses and seating. Wound care management procedures were reviewed by inspectors and were found to be satisfactory on this inspection. There was

one resident with a wound care problem being addressed. Prescribed dressing regimes were recorded and progress was recorded and monitored in written and photographic format. Nutritional assessments were completed and dietary supplement added to promote healing. Pain relief was prescribed and administered with good effect according to records reviewed. There were systems in place to optimise communications between the acute hospital and the centre. Copies of transfer documentation to and from hospital in residents' files contained appropriate information about their health, medications and their specific communication needs.

There were some assessments that described dementia or confusion however an assessment of cognitive function was not routinely completed for residents even where dementia care needs were evident. There was therefore a deficit in the information available to confirm residents' cognitive conditions, abilities, care needs or dementia related behaviours. The care plans overall did not describe the good quality care observed and delivered by staff to address residents needs and they did not provide adequate guidance for staff to ensure they met the needs identified in a systematic way. For example several residents were noted to require one to one care or to require time alone and staff were ensuring that they were available to support residents as required however this input and the outcomes for residents was not evident in the care plans examined. Periods of restlessness and emotional distress displayed at times by residents was well understood by staff who said that they talked to residents, provided reassurance and involved them in an activity to alleviate their distress. The inspectors saw this took place with good outcomes for residents.

Residents and their families, where appropriate were involved in the care planning process and their contributions to critical decisions for end of life care and active interventions were recorded. Single rooms were available for end of life care and relatives were supported to be with residents during this time. There was space for them to stay overnight and facilities for making beverages were also available. Community palliative care services were available if required and inspectors saw that the interventions outlined for pain relief and comfort had good outcomes for residents.

Residents had access to allied healthcare professionals. Physiotherapists provided assessment and treatment programmes. Some residents who had experience of the physiotherapy service complimented the service and described how their mobility had improved. Many residents with complex care and mobility needs were assessed by occupational therapy services and had assistive wheelchairs and specialist seating to promote their comfort and mobility needs.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration or deficits in nutrition. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. An inspector observed the lunchtime meal and found that all opportunities were availed of to make mealtimes in the dining room a social occasion for residents. There was continuous interaction between staff and residents while the meal time progressed.

There were arrangements in place to review accidents and incidents and residents were regularly assessed for risk of falls. A falls prevention programme was in place and there was clear identification of residents' falls risks by beds to alert staff. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. An inspector observed a medication administration round on the day of inspection and noted that details of all medicines administered were recorded and systems were in accordance with good practice guidance. There was an ongoing programme for medication management training and records viewed indicated that 25 staff had attended training in the last three years.

There was a comprehensive programme of social care as described in outcome 3 however there were few care plans that outlined the social care needs of residents or their interests and backgrounds. Progress was underway on this but the information available at the time of inspection required development to ensure that a formal assessment of residents social care needs was used to inform the further development and coordination of the activity schedule.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Staff had good awareness of the safety and protection measures in place to ensure that residents were safe and appropriately protected. There were policies in place to guide and inform staff on how to address responsive behaviours and behaviours related to dementia and end stage dementia. Procedures for the management of restraint were also available. Policies were seen to give clear instruction to guide staff practice.

Inspectors were told that one resident with dementia displayed episodes of responsive behaviours. This was documented in the care plan and staff could describe contributory factors such as the presence of infection which they monitored to reduce the incidence of behaviour changes. Some staff had received training on behaviour that challenged and a programme that would extend this to all staff was scheduled for later in 2016. Incidents of behaviours that challenge were recorded and the inspectors saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. Referrals for specialist advice were made to allied health professionals including members of the team for old age psychiatry when staff required additional advice and

support to ensure appropriate care was delivered.

There were some bed rail restraints in use as a falls prevention measure and for security. There was evidence from a review of bedrail use that risk assessments were completed and their use was closely monitored. Alternative measures were put in place before a decision to use bedrails was considered. There was no restriction on residents' movements around the centre.

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with national Health Service Executive (HSE) procedures. Staff spoken to by inspectors confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. The Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. Training for some senior staff on the role of the "designated person" with responsibility for adult protection had been completed. Training on these revised adult protection procedures was outstanding for other staff but was scheduled during 2016 according to information supplied to the inspectors.

A policy was in place for the management of residents' personal belongings and valuables and appropriate procedures were in place to safeguard money and property. Where the HSE manage finances on behalf of residents there were individual interest bearing accounts and each resident's individual account had a transparent record of all transactions. Records of residents' valuables and property were maintained.

This outcome was judged to be moderately non compliant in the self-assessment and inspectors made a similar judgement based on the requirements for training on responsive behaviours and the new adult protection procedures.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents including residents with dementia were consulted and actively participated in the organisation of the centre. Information in care records indicated consideration had been given to people's levels of capacity and their abilities to make their own choices and decisions. However, some records did not always fully explain who had been

involved in the decision making process and what discussions had taken place.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the varied sitting areas throughout the day.

Inspectors spent time observing staff and resident interactions before, during lunch and in the afternoon using the observation tool QUIS. These observations took place in the communal sitting and dining areas and were completed over selected time frames. The engagements observed were all of a positive nature. The inspectors saw that staff engaged residents in conversation whenever they were nearby. When passing through any area where residents were sitting they greeted residents and took time to speak with them. Staff were familiar with residents' day to day physical care needs, family backgrounds and interests and used these aspects of life to chat with them about their family and the news of the day. Opportunities were used to discover how residents were feeling, how their general well being was or what activity they were looking forward to during the morning or afternoon. Overall the observations of interactions between residents and staff indicated that all interactions were of a positive meaningful nature. For the majority of residents there were several positive interactions and continuous conversations with staff. All residents including residents who were in bedrooms had some interventions at regular intervals. There was good use of prompts, eye contact and touch. No resident was left without engagement or stimulation for a long period of time.

During the lunch time period an inspector observed that staff were available in adequate numbers to encourage independent dining and to assist residents in a discreet and sensitive manner. The inspector observed staff offering menu choices to residents and reminding them about the dishes being served as the meal progressed. The inspector observed that residents were given plenty of time to have their meal and that the experience was a pleasant social event. The inspector observed that staff communicated and engaged with residents while assisting them. The delivery of care reflected a person-centred approach and supported residents to maintain their independence, dignity and functioning. Residents including residents with dementia were consulted and actively participated in the organisation of the centre. Information in people's care records indicated consideration had been given to people's levels of capacity and their abilities to make their own choices and decisions. However, records did not always fully explain who had been involved in the decision making process and what discussions had taken place. This is discussed more fully in the outcome on health care.

There was a varied social and recreation programme. An activity coordinator employed over a five day period facilitated the majority of activities with support from volunteers and care staff. In conversation with staff and residents, review of documentation and observation it was found social care and recreation activity formed a significant part of the day for residents. The activity co-ordinator described to an inspector how the activity programme was designed to meet residents changing needs. She conveyed a good understanding of the needs of residents with dementia and was creative in her efforts to ensure residents were provided with activities that met their interests and capabilities. She had completed training on dementia care.

Inspectors found there was a varied activities programme for residents which included arts and crafts, exercises, music and knitting sessions. A reminiscence session was

conducted each week by a volunteer and there was a regular interdenominational prayer session. Inspectors found that occupation and recreation was modified to ensure that residents with dementia could participate. There were also activities aimed at meeting their specific needs. These included sensory activity such as hand massage, the creation of memory books and arts and crafts. Each year a "birthday" calendar is produced which residents said they enjoyed making particularly because their paintings are included. There was a good connection with the local community. Pupils from local schools visit the centre and contribute to social activities and residents go out to visit schools and attend events. Residents told inspectors that there are regular outings to tea dances, local shops and cafes. They said they enjoyed the proximity to the town as it gave them good opportunities to go out without difficulty.

Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in elections. Choices and preferences were respected on a day to day basis. Residents were noted to be able to get up and return to bed at times that suited them and were asked by staff whether they wished to stay in their room or spend time with others in the communal rooms. Inspectors observed that residents could spend time in varied rooms and could watch TV or take a nap when they wished. Newspapers including local papers and magazines were available as observed by inspectors. There was some good signage to direct and enable residents with dementia to independently access toilets and communal areas and inspectors were told that this is being developed with assistance from a local voluntary group-Dementia Aware Donegal.

There is closed circuit television in use and signage indicating that this system operated was on display near the nurses' office area but a policy to guide staff and support the use of this equipment was not available.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints process in place that met the requirements of legislation. There was an emphasis on listening to the complaints of residents including people with dementia, their families or next of kin. The complaints procedure was displayed prominently and met regulatory requirements. Residents and relatives that the inspectors talked to confirmed that they knew how to raise a concern and felt they could express their concerns or dissatisfaction to staff without difficulty. Residents with dementia were noted to be supervised closely and staff said that while communication

problems were significant in some instances they could determine when residents were unhappy or uncomfortable and explored their feelings with them to establish if they had a concern or complaint.

Records of complaints reviewed showed that complaints were investigated promptly. The outcome of complaints including the complainants' satisfaction with the outcome was evident in the records. The inspectors saw that a range of matters had been addressed and these included communication issues regarding health care and the availability of allied health professionals. All matters had been resolved satisfactorily. The complaints process included an appeals procedure.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspectors examined the staff duty rota for a two week time span. The rota showed the staff complement on duty over each 24-hour period. The inspectors noted that the planned staff rota matched the staff numbers and skill mix on duty and were satisfied that staff allocations were appropriate to meet the needs of residents during the day and at night. This judgement was based on observations of care practice, staff interventions, feedback from residents and the availability of social activity.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Training to support professional development was also provided and included training on restraint management, dementia care and management of behaviours that challenge. The majority of staff had attended training on emergency procedures including cardiopulmonary resuscitation. Other training provided falls prevention, hand hygiene and nutrition. A finding of this inspection as discussed earlier in this report indicated that training on assessment of dementia and associated care planning was required to support the delivery of care. Training on restraint management and bedrail use had been completed by staff but the inspectors noted that some staff required refresher training as the most recent attendance recorded was 2012.

The rota indicated the person in charge had sufficient time for management and governance tasks and to support and supervise staff. There was an identified nurse at clinical nurse manager level to take charge in his absence. Staff informed the inspectors that copies of both the regulations and the Standards had been made available to them and they expressed knowledge of their content to the inspectors.

Systems to support communication between staff to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure good communication and to promote the continuity of care from one shift to the next.

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:

The centre is located a short walk from the town of Buncrana. On the site is a primary care centre and a day hospital. It is a single storey building, maintained in good decorative condition and all areas were visibly clean. Equipment and appliances such as hoists, wheelchairs and walking aids were available to support and promote the independence of residents. The inspectors reviewed all premises areas as residents with dementia could be accommodated throughout the unit.

There were a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was clear signage in some areas to assist residents locate areas such as toilets and sitting rooms however this required further development to support residents in sustaining independence. There were several areas where residents could sit during the day. All areas were attractively furnished and decorated in a home like style. There was good use of colour on walls and in features such as pictures which added visual impact and provided a focus for residents with dementia or people who had sensory problems. There was one large sitting/ dining room that was in constant use and where activities took place. This was well organized for it's multipurpose use. Dining tables were well positioned and there was adequate space to accommodate wheelchairs and mobility aids. Residents told inspectors that they enjoyed spending time here and said that staff "made great efforts to keep the place looking good and there were fresh flower arrangements on tables every day". A large screen television was available to support ease of viewing for residents with visual problems. Bedroom areas were personalised with items such as photographs, ornaments and books.

There was an on-going programme of refurbishment for the centre and the inspectors were told that residents were consulted about colour schemes and furniture when replacements were sourced. There was a variety of seating tailored to residents' needs available and the inspectors noted that the majority of residents used the communal

areas during the day. Residents who chose to spend time in their rooms were visited frequently by staff who checked that they were comfortable and provided drinks and snacks. The centre has six communal bedrooms that accommodate four residents and this layout compromised privacy and standard specifications. This has been highlighted for action in previous inspection reports and a plan to address this is in progress. The planned work was on schedule according to the nurse in charge.

Other areas that were noted to require attention included, the provision of storage space for equipment such as hoists, wheelchairs and zimmer frames needed revision as some were stored in the hallways near toilets and this could present a hazard to residents when they walked around. While sluice areas were well organised, some wooden surfaces did not enable effective cleaning to effectively manage infection control. There was no indication that oxygen was stored in the treatment room and some toilets and bathrooms had handrails on one side only which did not provide fully effective support for residents with mobility problems. Personal protective equipment such as gloves and aprons were stored in hallways which could present a risk to residents with cognitive impairment.

Judgment:

Non Compliant - Moderate

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:

Geraldine Jolley
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:	Buncrana Community Hospital
Centre ID:	OSV-0000614
Date of inspection:	22/03/2016
Date of response:	07/07/2016

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

There was a deficit in the assessments and care plans for residents with problems associated with dementia. There was no routine assessment to indicate levels of cognitive impairment to guide and inform staff actions.

1. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

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

resident when these have been assessed in accordance with Regulation 5(2).

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

All current care plans of residents with dementia will be reviewed to ensure Mini Mental State Examination assessment to indicate levels of cognitive impairment will be carried out to guide and inform staff actions.

All new residents with dementia will have a M.M.S.E. carried out within 7 days of admission.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

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

There was a deficit in the assessments of social care needs and in the information available to inform staff on how dementia impacted on day to day life. The outline of care plans was not sufficiently detailed to guide care practice in an informed way. For example, several residents were noted to require one to one care or to require time alone and staff were ensuring that they were available to support residents as required however this input and the outcomes for residents was not evident in the care plans examined.

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All care plans of residents will be reviewed to ensure an individualised assessment of social care needs is carried out. Care plan will be reviewed to ensure care plans reflect care practice to meet the needs of our residents with dementia.

Proposed Timescale: 31/08/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Training in the management of responsive behaviours is required for all staff due to the frequent changes in the resident population and the number of residents with

dementia.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

An ongoing programme of training in the management of responsive behaviours will be delivered to all care staff during the forthcoming calendar year. This to include 14 Nursing Staff and 25 care staff.

16 Staff trained at time of inspection.

- 16 staff received training on 24/06/2016
- A further 2 training sessions will be delivered before year end.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

Staff had training in adult protection and some had training on the revised guidance however all staff required refresher training to ensure they were familiar with the new guidance and associated procedures.

4. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

There is currently a dispute at national level between the Nursing Unions and the HSE regarding the Safeguarding Policy and its implementation.

Once this dispute is settled staff will undertake training on the new guidance. Meanwhile staff will continue with the Elder Abuse Policy.

Proposed Timescale: Dependant on National Dispute settlement date

Proposed Timescale:

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:

A policy on the use of the closed circuit television system was not in place.

5. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

A Policy in use of closed circuit television system will be devised and implemented.

Proposed Timescale: 31/12/2016

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 provision of storage space for equipment needs revision.

The presence of wooden surfaces in sluice areas did not enable effective cleaning to manage infection control

There was no indication that oxygen was stored in the treatment room

Some toilets and bathrooms had handrails on one side only which did not provide fully effective support for residents with mobility problems and

Personal protective equipment such as gloves and aprons were stored in hallways which could present a risk to residents with cognitive impairment.

6. 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:

- The provision of storage space for equipment will be incorporated into the planned works for Buncrana Community Hospital.

Complete by: 2021

- New infection control shelving being sourced for sluice area.

Complete by 30th September 2016

- New signage to be provided outside treatment room area to indicate O2 is stored

there.

Complete by 31st August 2016

- 1) Will seek an O.T. Assessment of toilet areas in Rooms 1-10 and large bathroom area to enhance effective support for residents with mobility problems

Complete by 31st August 2016

- 2) Outcome will be forwarded for funding approval thereafter.

- Will explore methods of limiting access to residents in these areas which could cause harm. Will seek further advice from Infection Control Department on this.

Complete by 30th September 2016

Proposed Timescale: