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):	None
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 June 2017 11:30	27 June 2017 19:30
28 June 2017 08:30	28 June 2017 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of an unannounced monitoring inspection conducted over 2 days. The inspector reviewed documentation such as care plans, records related to staff training, health and safety, accidents and incidents, and complaints. An inspection of the layout of the building was also undertaken.
The inspector reviewed the action plan responses from the last inspection which was conducted on 22 March 2016 and the notifications received by HIQA.

The centre is registered to accommodate 30 residents. There are 15 places dedicated to long term care and 15 places are devoted to the needs of residents who require short term/respite 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 75% of residents were assessed have dementia or cognitive problems

when this inspection took place.

The centre is located in the town of Buncrana. The premises are purpose built and are located near other community service buildings that include primary care and mental health services. The building is single storey. It was in generally good decorative condition and a home like comfortable environment had been created for residents. There were several communal sitting areas where residents could spend time with others and engage in activity or spend time quietly. These areas were comfortably furnished and were noted to be used well by residents throughout the day. Bedroom areas had been personalised with photographs and there were photographs of residents taking part in activities and events on display throughout the centre. There was an attractive and safe outdoor garden area that had been well cultivated with plants and provided with seating to create a pleasant and interesting environment for residents. Design features to enhance and improve the accessibility of the environment for residents with dementia included good natural lighting, contrast in the colours used for floors, walls and handrails and signage to assist residents locate areas such as toilets and sitting rooms.

The centre has six communal bedrooms that accommodate four residents and this layout compromised the level of privacy available. A plan to address this is in progress and the inspector was told that there are ongoing discussions to progress this plan.

staff were appropriately vetted and there were policies and procedures in place to safeguard residents from abuse. All staff had completed elder abuse training, and were knowledgeable about the steps they are required to take if they identify an abuse situation. Training on the safeguarding procedures introduced by the Health Service Executive was required for all staff to ensure they were appropriately informed about how to implement the required protocols. Residents said that they were "well cared for" and that "there was plenty of staff around" when they needed assistance. Staff interactions with residents were observed to be respectful and supportive. The inspector saw that resident areas were well supervised throughout the day.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The centre had a clearly defined management structure in place and staff spoken to were aware of the reporting structure and lines of accountability. The person in charge reported to the provider representative and there was a regular exchange of information through management meetings. Staff were kept up to date through team meetings and staff handovers to ensure effective communication.

The inspector found that there were adequate resources both in terms of staff and infrastructure to ensure safe service were delivered to residents. The inspector judged that the staff deployment model required review as there was an imbalance in the number of staff available during the morning and throughout the day when compared to the staff available during the evening. This is discussed under Outcome 18: Suitable Staffing. There was a good allocation of resources to social care and the provision of meaningful activity for residents. This included ensuring that residents had opportunities to go out and to remain engaged with the local community through participation in varied community activities.

Systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Audits and reviews of aspects of the service were completed in key areas that included issues that arose from complaints. It was evident that where improvements were identified these were addressed to ensure that the service improved.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was on duty throughout the inspection. He has a full time role and is a suitably qualified and experienced nurse. He had a good working knowledge of the regulations and the HIQA standards that apply to designated centres for older people.

The person in charge is supported by several nurses at clinical nurse manager level. They have substantial experience in the care of older people both in direct care and in management. The clinical nurse manager on duty during the inspection was fully familiar with residents' care needs and choices and preferences that some residents had made in relation to their lifestyle in the centre.

The person in charge was responsible for ensuring complaints were addressed and there was information available to indicate that he addressed this area expediently and thoroughly. He was actively engaged with the provider representative and the estates department in the renovation plans for the centre and the interim arrangements to be made while the required works were underway.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
There were well established administrative systems and documents were readily accessible when requested during the inspection.

Records were generally maintained to a good standard and were up to date. The records related to nutrition that described food and liquid intake were noted to describe the quantities consumed and provided a good overview of residents' intake. It would be beneficial and make the records more meaningful if the liquid intake was reviewed and a total accounted for each day.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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:
Staff had good awareness of the safety and protection measures in place to ensure that residents were safe and appropriately protected. They could describe these measures and said that awareness of residents' choices, attending to their needs when requested and being alert to signs of distress or anxiety helped ensure safety. Policy documents were available to inform staff practice and to guide them if an abuse or adult protection incident was identified.

The requirements of the national safeguarding policy including the revised guidance were due to be part of the ongoing training in elder abuse and adult protection. As described in the last report while all staff had training in elder abuse there was a need for staff to have refresher training so that they were suitably equipped to implement the new safeguarding procedures and make determinations in relation to adult protection in accordance with the new protocols. The inspector found that where safeguarding arrangements had been required in the past to safeguard residents these had been introduced and implemented. For example safety procedures were put in place following an incident that occurred involving two residents.

There were some residents who displayed responsive behaviours at times and who required additional supervision at varied times of the day and the inspector found that

the safety needs of these residents was addressed appropriately. Additional staff were deployed for periods of the day particularly evening times to ensure that residents had adequate support and someone to be with them.
Residents with dementia were integrated with other residents in the centre. The inspector observed that residents were appropriately supervised by staff in all areas on the days of inspection. There were care plans in place that reflected the actions taken where residents presented with responsive behaviours.

A restraint management policy was available to inform practice. All restraints used were recorded and reviewed. There was evidence that risk assessments and reviews were completed where residents had bedrails. Nurses said they informed residents and family members about their rights and the advantages and disadvantages of using bedrails. There were arrangements in place to ensure residents' safety and reduce bedrail rail use and these measures included a proactive falls prevention programme and alternatives such as low beds and floor mats that would protect residents vulnerable to falls. There was no restriction on residents' movements around the centre. One resident had a wander alarm which was reviewed daily and had been assessed as necessary as there were safety concerns.

There was a system in place to safeguard residents' finances and valuables. A policy was available to guide staff on the management of residents' personal belongings and valuables. Where the HSE manage finances on behalf of residents there were individual accounts with a transparent record of all transactions. Records of residents' valuables and property were maintained.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
This outcome was not inspected on the previous inspection. Policies and procedures relating to health and safety were available and there was a risk register that identified a range of hazards and the measures in place to reduce identified risks. The inspector saw that risk associated with the use of the building, bedrails, moving and handling manoeuvres, violence and aggression, infection management and medication were among the risk areas assessed. There were some areas where the information in risk assessments did not reflect practice for example oxygen was stored within the building but the risk assessment conveyed that it was stored outside. The safe management of

violence and aggression in the risk assessment did not include any mention of training for staff to reduce risk if a violent situation arose.

Adequate procedures consistent with the standards published by HIQA were in place for the prevention and control of healthcare associated infections. The inspector observed that staff observed good hygiene practices and that where infections were present there were appropriate safeguards and controls in place. There were supplies of personal protective equipment available throughout the centre however these were stored in hallways and could present a risk to residents with cognitive impairment.

Staff were observed to undertake moving and handling manoeuvres safely however the training record conveyed that some staff had not had training or had not had refresher training within the required intervals. This is identified for attention in outcome 18- Suitable Staffing

The provider and person in charge had ensured that adequate fire safety precautions were in place. There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Suitable fire equipment was provided. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Staff spoken with and a sample of records reviewed indicated staff were suitably trained and knew what to do in the event of a fire. There were fire drills at regular intervals and fire records were kept, which included details of frequency of fire drills, fire alarm tests and fire fighting equipment. The inspector saw that the response to a fire alarm activation was prompt and all staff went to the fire panel to determine the location of the "fire".

Accidents and incidents were recorded in good detail and there were risk assessments in place to determine the level of falls risks in accordance with the established falls prevention programme- "Forever Autumn".

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
A policy and a range of procedures were available to guide staff on safe medicines practice. The inspector found the arrangements in place met good practice standards.

Residents' prescribed medicines were reviewed at least on a three-monthly basis. All prescriptions viewed were completed in line with medication prescribing legislation. Medication was appropriately signed off when it was discontinued. The pharmacist was facilitated to meet their statutory obligations to residents.

There was appropriate secure storage for all medicines including the medicine trolleys used when medicines were administered. There were procedures in place for managing any medication errors in addition to the return of unused and out of date medicines. Medicines that required refrigeration were stored in a designated fridge with a checking schedule in place to ensure temperatures were within the recommended range.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
There were 29 residents accommodated when this inspection was undertaken. Many residents had a range of medical problems and 75% were assessed as having dementia. The inspector found that residents were appropriately assessed, monitored and that their health and social care needs were met to a high standard. Residents and visitors confirmed this finding and commented that there was good access to doctors and other professionals and that there was a varied social programme available daily that all residents could take part in if they wished.

Residents had good access to primary care services that included GPs, allied health professionals, palliative care and specialist mental health services for older people. An out-of-hours GP service is available outside regular office hours. Residents' care documentation confirmed they had timely access to specialist services when required and were supported to attend other out-patient appointments for assessment or treatment. Residents the inspector talked to said they were satisfied with the care they received and one resident said that " everyone makes sure we have the care and treatment we need".
Allied health professionals that included speech and language therapists and dieticians

attended the centre as necessary and assessed residents who were at risk of unintentional weight loss or who had lost weight. Recommendations made were included in care plans and followed by staff. The inspector saw that six residents had their nutritional intake monitored rigorously each day with records of nutritional intake recorded and supplements provided as recommended. The inspector saw that the daily nutrition records were completed well with portion size and liquid amounts outlined however the records would provide more meaningful information if liquid quantities were totalled att eh end of the day. Residents' weights were checked on a monthly basis or more often if necessary to ensure that fluctuations were identified and timely interventions were put in place. Catering staff had information to inform them about residents' special diets that included diabetic diets, modified consistency diets and where fluids required modification and thickening agents. Residents at risk of dehydration were closely monitored. Staff had training in the administration of subcutaneous fluids to help prevent hospital admissions.

The inspector found on this inspection that residents' healthcare needs were comprehensively assessed using validated risk assessment tools which informed the development and completion of care plans. There were two actions in the last report that described where care plans required improvement. Both actions had been addressed. There was significantly better detail recorded on residents' dementia care needs as the inspector found that communication capacity was described and also what ability residents retained in relation to their daily activities and social care interests. Residents who required high levels of care had their needs identified clearly and there were clear plans for the interventions to be put in place and the one to one support to be provided when necessary. In addition to action plans in the last report the provider and person in charge had reviewed care interventions in response to complaints and where deficits in practice had been identified for example in areas such as communication these had been rectified. Daily progress notes were completed and were linked to care plans. Arrangements were in place to ensure care plans were reviewed on a quarterly basis or more often in response to changing needs. Residents and their relatives were involved in care plan development and reviews and their contributions were recorded to inform care practice.

There were two wound care problems in receipt of attention. These were complex wounds of long term duration and were not associated with pressure area problems. The inspector reviewed care plans for wound care and procedures for pressure ulcer prevention. There were clear instructions for staff on the dressings to be used and pain relief assessments and interventions. Care plans and progress records described clearly changes in the condition and size of the wounds and the responses to treatment. Procedures to prevent pressure related skin ulcers were satisfactory. Assessments that identified risk of skin breakdown were completed and equipment such as pressure relieving mattresses and cushions in addition to care procedures that included regular position changes were put in place to prevent deterioration. Wounds were described in detail by staff who used an appropriate measurement system which assessed size, type, and exudate and included a treatment plan. Photographic records were maintained. Tissue viability advice, dietetic and occupational therapy specialists were consulted as necessary when staff required advice on the management of wounds that were not healing or deteriorating. Nurses had identified that they would benefit from training in wound care management to help them address complex problems they encounter

regularly.

Staff were trained to provide clinical procedures to prevent unnecessary hospital admission and were adequately skilled to manage percutaneous endoscopic gastrostomy (PEG tube) and subcutaneous fluid administration.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were 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 clean and in good decorative condition Equipment and appliances such as hoists, wheelchairs and walking aids were available to support residents and help them remain independent.
There were a number of design features throughout that contributed to residents' well being and reflected good dementia care design. These included space for residents to walk around freely, good lighting, contrast in the colours used for floors, walls and handrails. There was to assist residents locate areas such as toilets and sitting rooms. 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 when walking around.

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. Dining tables were attractively laid with fresh flower arrangements and at meal times food was served on plates in contrasting colours to help people with dementia or visual problems. A large screen television was available to support ease of viewing for residents with visual problems.

The centre has six communal bedrooms that accommodate four residents and this

layout compromised how staff could provide adequate levels of privacy. There were full screens around beds and there was adequate space to use equipment such as hoists and specialist chairs when required. A plan to address this is being developed and the planned work is scheduled for completion in 2021. It is a requirement of this report that information on the schedule of works and interim arrangements for residents is supplied to HIQA. Bedroom areas were personalised with items such as photographs, ornaments and books.

The areas that required attention during the last inspection had been addressed. The area where oxygen was stored was now clearly identified, wooden surfaces in sluice areas had been replaced and toilets and bathrooms where handrails were deficient had been reviewed by the occupational therapist and additional supports had been provided.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
A complaints process was in place to ensure the complaints of residents and anyone acting on their behalf were listened to and addressed. The process included an appeals procedure. The complaints procedure was on display and met regulatory requirements. Residents the inspector talked to said that they felt confident that staff would listen to them and some said that staff were very "responsible and sorted out minor problems immediately" and also said "staff were keen to keep us happy and well".

Records showed that complaints made to date were investigated and that meetings with family members took place to reassure them that issues would be addressed and inform them of the outcome of their concerns. The inspector found that a range of matters had been addressed. Some complaints had been reviewed in detail to inform future practice. The recommendations from these reviews were being implemented and included ensuring that incident records were completed in a timely way and that communication with families was also timely.

The inspector noted that complaints records required improvement to ensure the record contained a summary of the investigations completed.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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 inspector found that residents rights were respected and that there was a range of social opportunities that ensured that residents could enjoy life in the centre. Documentation and information from staff conveyed that residents were consulted about aspects of life that included the activity schedule, meals and events.

The centre was managed in a way that supported residents' capacity to exercise personal choices. Residents were facilitated to exercise their civil, political and religious rights, and were enabled to make informed decisions about the management of their care through the provision of appropriate information. Residents who refused interventions had the freedom to do this and these decisions were respected and recorded.

Staff had introduced a wide range of activities that were creative and provided stimulation for residents. There was a dedicated activity coordinator who was supported by carers and nurses. Each resident had the opportunity and choice to participate in activities that were meaningful and which suited their needs, interests and capacities.

The activity schedule included sensory activity, live music and dancing, arts and crafts and different forms of reminiscence therapy. An activity was scheduled for mornings and afternoons. Residents were greeted when they came to the sitting area and made welcome. Te news of the day or a topical event was discussed. The inspector was told that the activity schedule was varied according to residents' needs and to ensure that there was a good variety in the programme. The inspector observed some of these activities during the inspection and noted that residents were very responsive and engaged with these activities.

Efforts were made to ensure that residents remained in contact with the local community. Residents attend some activities in local community centres and hosted events in the centre. Recently a garden tea party held during a weekend had been a great success according to residents. People from the local community visit regularly to

contribute to the social activity schedule. Some tell stories or talk about aspects of life that interest residents an others provide pastoral care or pray with residents.
The centre had a well cultivated attractive and safe garden area where residents could spend time outdoors. There were several features to provide interest including flowers, vegetables and garden ornaments.

The activity coordinator said that "doll" therapy had been introduced recently and this was proving helpful to some residents. Future plans include the introduction of pet therapy.

An action plan in the last report identified that a policy was required to support the use of the closed circuit television system in operation at entrance/exit points and on corridors. This had been completed and was available for inspection.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector found that the numbers and skill mix of staff available to provide care including social care were appropriate to meet the assessed personal care and nursing needs of residents in the context of the size and layout of the centre. However the staff deployment model required review as there was a significant difference in the number of staff available in the evening after 17:00 hours when compared to the number of staff available throughout the morning and day time. For example there were three nurses on duty in addition to the person in charge, six care staff, activity staff, ancillary and administration staff. However, after 17:00 hours there was a reduction in the staff available with two nurses, two care staff and a multitask staff on duty until 21.30 hours. During the night there was one nurse and one carer on duty. There were some residents who required one to one supervision during the evening and the inspector saw that additional staff were available to undertake this duty to ensure the comfort and well being of residents. This intervention was noted to have a good outcome with residents

able to spend time in different areas and to show contentment. Despite this, the inspector concluded that the staff deployment model required review to ensure there was a more equitable number of staff available throughout the day and evening as staff were noted to be very busy during the evening period helping residents to bed, administering medication, answering queries on the telephone and responding to residents' requests for assistance.

Residents the inspector spoke to were positive in their comments about staff and confirmed that they were caring, responsive to their needs and treated them with respect and dignity. They said there was always something to do and that they enjoyed being able to talk to staff and to join in the varied activities.

Arrangements to achieve compliance with mandatory training for staff were in place. Staff had received up to date training in fire safety and elder abuse prevention and management. There were some staff who did not have up to date moving and handling training and this was being scheduled the inspector was told.

Training to support professional development was provided and included training on end of life and making plans for end of life care, dementia care including The Virtual Dementia Tour and audit systems. Staff had also attended information sessions on how to support carers which they said they had found very useful. Other training had been provided on aspects of risk management and included falls prevention, hand hygiene and infection control. The staff training programme was on-going.

Systems to support communication between staff and the staff team and management to enable them to provide safe and appropriate care were in place. There were daily handovers to ensure staff were informed of residents' needs and day to day priorities and to promote the continuity of care from one shift to the next.

The inspector was told that all staff currently on duty had Garda clearances.

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 report[1]

Centre name:	Buncrana Community Hospital
Centre ID:	OSV-0000614
Date of inspection:	27/06/2017 and 28/06/2017
Date of response:	28/07/2017

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 05: Documentation to be kept at a designated centre
Theme: Governance, Leadership and Management **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The nutrition records did not have a total summary of liquid intake recorded each day to guide staff on the quantities consumed day to day. **1. Action Required:** Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

Please state the actions you have taken or are planning to take:
The records of liquid intake will be totalled each day to give an accurate account of resident's intake.

Proposed Timescale: 31 July 2017 and ongoing.

Proposed Timescale:

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had training in elder abuse however training on the new procedures for safeguarding was required for all staff to ensure they were able to meet their responsibilities in accordance with current protocols.

2. 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:
Residents are kept safe in accordance with the existing Elder Abuse Policy. The Safeguarding Policy and associated training is due to be scheduled and all staff will attend to ensure they have information on the new procedures.

Proposed Timescale: 31/12/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The following areas were noted to need attention:

There were procedures in place to determine risks and hazards however some of the risk management arrangements did not reflect actual practice in the centre for example oxygen storage.

The risk assessment for violence and aggression did not include training for staff.

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

3. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
Oxygen in the main is stored outside the building; however when there is an identified need a small supply is stored in the treatment room for ease of access or in an emergency situation. The risk assessment will be reviewed to reflect current practice.

The Risk Assessment on violence and aggression will be reviewed to reflect the requirement of training for staff to reduce risk if a violent situation arose

Personal Protective equipment which is stored in the hallway is there for infection control reasons to store aprons and gloves for use. Staff will ensure this area is left tidy with no gloves / aprons hanging down to minimise risk to dementia patients in the vicinity.

Proposed Timescale: 30/09/2017

Outcome 12: 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 centre has six communal bedrooms where standards of privacy and dignity can be compromised. There is a plan in place to address this and interim arrangements will be required to facilitate the building work. These arrangements need to be advised to ensure the plan is achieved within the prescribed time frame.

4. 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 schedule of work is due to commence in 2019 and interim arrangements for residents are being considered at present. The work is due for completion in 2020 in accordance with the condition of registration.

Proposed Timescale: 31 Jan 2019 and on-going to 2020

Proposed Timescale:

Outcome 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The record of complaints did not convey the range of investigations completed or explanations for incidents such as unexplained injury in some cases.

5. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
A record of all complaints will be maintained including details of any investigation into the complaint, the outcome and whether or not the resident was satisfied.

Proposed Timescale: 31 July 2017 and on-going.

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff deployment model required review as there was a significant imbalance in the number of staff available during the morning, afternoon and early evening and the staff numbers available after 17:00 hours. The inspector saw that staff were very busy after this time with resident care needs, medication administration and requests for assistance.

6. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The staff allocation is kept under review and should there be a requirement for additional staffing beyond this; the CNM will have discretion to roster additional personnel.

Proposed Timescale: 31 July 2017 and on-going

Proposed Timescale:

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were some staff that did not have up to date moving and handling training according to the information on training that was available.

7. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
Staff who did not have up to date Manual Handling training will be rostered to attend training to ensure all staff are to date

Proposed Timescale: 30/09/2017