

**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:	kieran.doherty@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Doherty
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

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.

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.

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: 01 July 2014 12:00 To: 01 July 2014 19:00

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

Outcome 01: Statement of Purpose
Outcome 07: Safeguarding and Safety
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidenced based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents and staff and observed practice on inspection. Documents were also reviewed such as training records, audit reports and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre had a minor non-compliance in relation to both outcomes.

Practices and facilities were in place to ensure that residents received a high quality service at the end of life stage. There was an emphasis on meeting residents emotional and psycho-social needs as well as physical needs in a person-centred manner. Residents had end of life care plans which reflected their wishes and preferences for end of life care. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by the local palliative care services. Questionnaires were received from five relatives of deceased residents which showed that families were very satisfied with the care given to residents and their families. However access to a single room for end of life

care was an issue.

Food was properly cooked and served, nutritious and varied and assistance was offered to residents in a discrete and sensitive manner. Residents' nutritional needs were assessed and their preferences were recorded and facilitated. The nutritional assessment tool was not fully implemented and residents at risk of malnutrition were not always identified in a timely manner. This required immediate action. The provider submitted a report to the Authority on 8 July 2014 which described the actions taken to train staff in the use of the malnutrition assessment tool. All residents were re-assessed and details of their nutritional status and action plans for residents identified at risk was found to be satisfactory. Residents had very good access to the general practitioner (GP) and allied health professionals such as the dietician when indicated. Residents provided feedback to the inspector, regarding food and meals, which was very positive.

In addition to the specific thematic outcomes the inspector monitored the actions from the previous inspection on October 2013. Three of the six action plans were satisfactorily completed and further work was required to achieve full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

These issues are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

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

Findings:

This action was complete. The Statement of Purpose had been amended to reflect the whole time equivalents (WTE's) working in the designated centre. The inspector noted that staff from the Day Care Unit were not included in the staffing complement for the centre.

Judgment:

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):

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

Findings:

The person in charge told the inspector that they had reviewed the risk register and organised staff training to mitigate the risks identified in relation to wound care and tissue viability. Details of the training are discussed under Outcome 11.

Appropriate actions had been taken in relation to fire safety. Staff interviewed confirmed that they had attended fire training within the past year or were scheduled to attend fire training the week following the inspection. They were aware of the evacuation

procedures, escape routes and fire alarm call points and procedures to be followed should the clothes of a resident catch fire. Training records showed that all staff had attended fire training in the previous 12 months including staff who worked on night duty.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

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:

Although improvements had been made in relation to the submission of notifications not all notifications had been made in line with regulatory requirements. The inspector found that the Authority had not been notified about a resident who had developed a sacral pressure sore.

Judgment:
Non Compliant - Moderate

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:
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:

The inspector found that each resident had a nursing assessment, including various clinical risk assessments and a care plan in place based on each resident's assessed

needs. The nutritional assessment was not fully completed and this is discussed under Outcome 15. Care plans were developed with the resident and the next of kin, where appropriate and reviewed on a three monthly basis or earlier if required. The nursing metrics indicated that nursing assessments had scored 83% in April to 77% in May. The performance in relation care plans was consistently high with a score of 94% in May 2014.

The inspector examined residents' records and found that care plans were not always sufficiently detailed to direct care. For example the care plan for a resident who had a sacral pressure sore stated "observe". This did not reflect the care that the resident received, which was in line with the protocol. The management of diabetes required improvement. There was no system to ensure that all older people admitted were tested for undiagnosed type 2 diabetes and although residents had access to appropriate chiropody and optical services, they were not linked with diabetic services. The inspector examined the care plans for two residents who had type 2 diabetes and found that the care plans were not sufficiently detailed or fully implemented and the monitoring of blood glucose was not in line with international guidelines. Individualised glycaemic goals of treatment were not set out in care plans. Nurses told the inspector that the night nurse recorded fasting blood glucose on a weekly basis. However, this was not done consistently and records showed that it was over 5 weeks since one resident had their blood glucose monitored.

Training records showed that within the previous six months all nurses had attended wound care training and were deemed competent to safely assess and treat wounds and recognise when referral was required. Three nurses had also attended a tissue viability course in January 2014 and had begun networking with tissue viability nurse specialists. The inspector examined care plans and noted that expert advice had been sought and implemented for two residents who had chronic wounds.

The inspector saw that a wound care protocol was available to staff in the tissue viability folder. The guidance had criteria for the assessment, care planning and evaluation of pressure areas. The monthly audit data showed that compliance with the protocol had improved from 78% in March to 83% in May 2014.

Judgment:

Non Compliant - Moderate

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:

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 criteria for admission to the chalets had been reviewed and a decision taken to decommission the chalets. There were no residents living in a chalet on the day of inspection. The inspector met the person who had resided there and he confirmed that he was now living with other residents in the main unit.

Six bedrooms had accommodation for four residents. Although these multi-occupancy bedrooms were spacious and had ample screening. It was difficult for staff and visitors to maintain privacy when single rooms were not available for end of life care. This matter is discussed under Outcome 14.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Each resident received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs and respects their dignity and autonomy. There was a policy in place since 2012 and a robust system to ensure that staff understood and implemented policies in relation to care of the dying person care following a death and supporting the family and friends throughout their journey. Care practices and facilities are in place so that residents received end-of-life care tailored to their needs and respected their dignity and autonomy. Staff were familiar with procedures for the last rites and respectful care of the remains of the deceased person. A draft policy had been recently been circulated to persons in charge in the area and required some minor amendments before sign off.

Residents had end of life care plans in place and were supported to make informed decisions about their treatments and their wishes for the future, end of life care and funeral arrangements. The care plans included situations where acute care would be accessed, preference for place of death, people who were to be informed and those they wished to have present at the end, religious or spiritual wishes and funeral arrangements. There was evidence that medical, nursing staff and family supported each resident when planning end of life care. Assessments and care plans were reviewed routinely on a three monthly basis, at the resident's request or when a

resident's condition changed. All the residents who died in the previous two years were supported to have a comfortable death in the centre. The centre had strong links with primary care and community services and residents who wished to return home were supported to do so. Three of the five relatives who participated in the inspection survey stated that their relative had died in shared accommodation. The two single rooms were both occupied on the day of inspection and were not available for end of life care. The inspector noted that two residents who were receiving end of life care were sharing a four bedded room. Six bedrooms had accommodation for four residents. Although these multi-occupancy bedrooms were spacious and had ample screening. It was difficult for staff and visitors to maintain privacy when single rooms were not available for end of life care.

Family and friends were facilitated to be with the resident when they were dying. There was an open visiting policy and suitable facilities were provided. Visitors had access to a quiet room and kitchenette facilities. A chalet which was being refurbished had overnight accommodation with en-suite facilities. Overall relatives were very satisfied with the end of life care provided to their loved ones and the support they received. A special bag was used to return personal effects at a time that suited the bereaved family.

Religious and cultural practices are facilitated. Staff and residents confirmed that the Church of Ireland Minister and Roman Catholic priests visited residents regularly. Mass was celebrated weekly and organised prayer services were part of the activities for residents. Residents and families had access to a beautiful secure garden and they also had opportunities to meet with neighbours and friends when they participated in the actives in the day care unit.

Relatives and staff confirmed that arrangements for the removal of remains occurred in consultation with deceased resident's family. The oratory was sometimes used for this purpose. Residents told the inspector that they were supported to pay their respects or to attend the removal ceremony following the death of a resident. Residents who were close to the deceased were invited to join staff and form a guard of honour at the removal ceremony.

Buncrana Community Hospital is a designated Level 2 General Palliative care Hospital, which offers palliative care at an intermediate level provided by professionals who have experience and additional training in palliative care. There is access to the local consultant led palliative care service. One resident was in receipt of this service on the day of inspection. The inspector also examined the care plans of residents who died recently and saw that palliative care services were accessed in a timely manner and expert advice was implemented. Two nurses had completed a higher diploma course in palliative nursing and the majority of staff had participated in end of life training. The comfort of the resident was paramount and symptoms such as pain and anxiety were well managed. Staff were working collaboratively with the palliative care nurse to identify a suitable pain scale to document levels of pain and the response to analgesia.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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 comprehensive food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members who spoke with the inspector were knowledgeable regarding this policy and they had received training to support its implementation.

The centre had led out on a nutrition project some years ago and had developed systems to support ongoing monitoring and improvement in this area. Menus had been approved by the dietician and residents were provided with a varied and nutritious diet that was tailored to meet individual preferences and requirements. The inspector found that overall practices and procedures were in place as described in the self assessment questionnaire and areas for improvement had been progressed. Arrangements for residents to access to onsite dental services and staff were working towards introducing an oral assessment tool.

Processes were in place to ensure residents did not experience poor nutrition and hydration but they were not always adhered to. Nutritional screening was carried out using an evidence-based screening tool on admission and at a minimum of three monthly intervals. Up to date care plans for nutrition and hydration in place for based on assessed need. However the assessments were not correctly carried out and this undermined the processes in place to ensure residents do not experience poor nutrition.

The inspector examined assessments and care plans and found that the nutritional assessment tool was not accurately completed to identify residents at risk of malnutrition. The computer system registered a "low/med/high risk" based on body mass index and not the score generated by the screening tool. Comprehensive assessment is vital in order to put timely interventions in place, thus ensuring that residents do not experience poor nutrition. Residents who had lost weight over a period were not identified as at risk of malnutrition and relevant care plans were not put in place. For example, a resident who lost 13.5 kg in a six month period was deemed to be "low risk". Another resident who was at high risk did not have timely interventions in place. Staff monitored the food and fluid intake of residents who were deemed to be at risk but food and fluid records were not always accurately recorded. Regular weight monitoring was carried out monthly or weekly if residents were at risk. However, there was no evidence that weight discrepancies were appropriately followed up. Nurses told the inspector that weight fluctuations may have been due to the fact that the hoist scales had been out of commission for over 8 weeks and they now used the seating

scales.

Residents had good access to the GP and appointments with speech and language therapy (SALT) for residents was facilitated off site. The care plans were implemented in practice and the inspector saw that advice from the dietician and speech and language therapist (SALT) was implemented for individual residents. There was also access to the community occupational therapist. The centres guidelines and practices for the management and monitoring of residents with diabetes needed to be reviewed. Staff identified two residents who had type two diabetes. Although appropriate diets and education was provided to these residents, neither of the residents were linked to diabetic services and there was no evidence that they had a diabetic blood screening and the monitoring of weekly fasting blood sugars was not in line with up to date practice.

The inspector observed that fresh water was provided in bedrooms and water jugs and other drinks was available in communal areas. Main meals were served at 9:00 hrs, 12:30 hrs and 16:30hrs and a substantial supper was served at 19:00hrs. Residents stated that they were satisfied with the times of meals and confirmed that snacks were available at any time. The majority of residents choose to have breakfast in bed in their rooms. The inspector joined residents for dinner at 12:30 hrs and observed the evening meal being served from 16.30hrs. The majority of residents took these meals in the spacious dining room and the meals were a pleasant social event. Residents who preferred a more intimate dining experience dined in a smaller day room or in their bedrooms if they wished.

Residents were offered two choices of main course at each meal time and individual preferences were readily accommodated. Residents were supported to eat independently and their clothing was appropriately protected. Assistance was provided in a discrete dignified manner by staff who sat with individual residents. The menu was written on the notice board and some residents were shown two plated meals to allow them to choose. All residents received a main meal was hot, attractively presented and tasty with ample portions. Satisfactory numbers of staff were present to supervise and assist residents. The inspector spoke to a number of staff, and found that they had received training in food hygiene, nutrition and supplementation. Most of the care assistants held a FETAC level 5 qualification which included modules of food and nutrition.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of resident's specific requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents for breakfast or tea time but they were not offered a choice at lunch time. Kitchen staff and other staff members were aware of those residents who had special dietary needs and food was fortified in the dining room when the meal was being served. Staff were supported by the community dietician who facilitated training for staff, provided special diet sheets and came to review residents when requested to do so. The inspector reviewed care plans and observed that dietetic advice was regularly sought by telephone. It was difficult to determine from records if the dietician had recently reviewed a resident on site and a senior nurse suggested that it may have been in four months previously.

Staff members who spoke with the inspector was aware of residents' food preferences, likes and dislikes and this was recorded in the care plans. Additional snacks, beverages, home baked scones and pancakes and milk puddings were offered to residents. A number of residents were prescribed nutritional supplements. The inspector reviewed the medication prescription and administration records and found that residents were provided with their prescribed supplements at the required times.

There was no forum for residents to meet with or give verbal feedback to the chef. There was however clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. The inspector spoke with staff in the kitchen who were knowledgeable about special diets and a record detailing residents' special dietary requirements and preferences was maintained for each resident in the kitchen. The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

The inspector spoke with a number of residents regarding food and mealtimes. All responses were positive with residents expressing a high level of satisfaction with the choice of food and the overall dining experience. Residents who had their tea from 16:20 said they found this satisfactory. One resident said she would prefer to have her evening meal later and the person in charge agreed to follow up on this.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge told the inspector that following a review of staffing, a third health care assistant was rostered to work until 23:00hrs each night since October 2013. The duty roster reflected this arrangement and staff told the inspector that they could also use an agency if additional staffing were required. Residents, visitors and staff told the inspector that staffing levels on day and night duty were adequate to meet the needs of

residents.

Judgment:
Compliant

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'Donnell
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:	01/07/2014
Date of response:	30/07/2014

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.

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The Authority had not been notified when a resident developed a sacral pressure sore.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Going forward notification will be given to the chief inspector in writing within 3 working days of its occurrence

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

Proposed Timescale: 30/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

Care plans were not always sufficiently detailed to direct care.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The CNM 1 & CNM11 will monitor care plans to ensure that they are sufficiently detailed to direct care.

Proposed Timescale: 30/07/2014

Theme:

Person-centred care and support

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

There was no system to ensure that all older people admitted were tested for undiagnosed type 2 diabetes.

Residents were not linked with diabetic services.

Care plans were not sufficiently detailed Individualised glycaemic goals of treatment were not set out in care plans.

Monitoring of blood glucose was not in line with international guidelines. The night nurse recorded fasting blood glucose on a weekly basis; however this was not done consistently.

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:

Management are taking the following measures to ensure that the management of diabetes is at the appropriate standard.

Management have asked the Diabetic Nurse Specialist to devise a Standard Operating Protocol around diabetes management for older people admitted to Buncrana Community Hospital (Same to be attached) All older people admitted to Buncrana Community Hospital will have full blood screening on admission to include blood sugar levels to establish a baseline and identify any undiagnosed diabetes.

1. The CNM 1 & 11 to ensure that monitoring documentation appropriately filed and maintained in the residents designated folders.

2. Nursing Staff to be given further training on individual glycaemia goals of treatment by

(a) Nursing Practice Development over the next 2 months – Record of same to be kept.

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

Six bedrooms each had accommodation for four residents. Although these multi-occupancy bedrooms were spacious and had ample screening. It was not possible for staff and visitors to maintain privacy when single rooms were not available for end of life care.

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:

Staff will endeavour to offer EOLC in single rooms whenever possible. As on the day of the inspection this is not always possible, however staff will continue to do their utmost to maintain privacy of all residents wherever they are nursed.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Residents who required a pureed meal were not offered choice at lunchtime.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Residents who require a pureed meal are now offered a choice at lunchtime. This change was immediate after the inspection 01/07/2014.

Proposed Timescale: 02/07/2014

Theme:

Person-centred care and support

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

Processes were in place to ensure that residents did not experience poor nutrition and hydration but they were not always adhered to.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

In order to ensure residents are provided with adequate food and drink to meet their dietary needs the following measures have been undertaken.

- Staff are currently introducing oral assessment tool as part of the residents overall assessment on admission or during their stay for all residents

Complete: by 15/08/2014.

Staff have now received further training on use of the MUST Screening Tool same delivered by Nursing Practice Development on 03/07/2014 + 07/07/2014

All residents have been reassessed following on from this training and outcomes have been highlighted in a report to the HIQA Inspector dated 07/07/2014. The Community Dietician had been involved with assisting nursing staff in further treatment interventions with the clients on the 03/07/2014 and 04/07/2014. Same Complete 04/07/2014

All residents care plans have been reviewed to reflect same. The community dietician will spend a half day each month at Buncrana Community Hospital reviewing residents on an ongoing basis with nursing staff and also accepting new referrals as necessary. The resident's files are being reviewed to ensure that all food and fluid diets are properly recorded in same.

Proposed Timescale: 08/07/2014