

**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:	Kieran Woods
Lead inspector:	Damien Woods
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	2

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, 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 May 2015 09:30 To: 18 May 2015 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Minor
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Minor
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. Documentation such as care plans, medical records, accident/incident reports, policies and procedures, staff files and the registration application was reviewed. The inspectors met with residents, relatives and varied members of the staff team during the inspection.

Residents and relatives returned questionnaires to the Authority and on review these indicated a high level of satisfaction with the service particularly the dedication and commitment of staff to provide good standards of care. Residents were positive in their feedback about the centre and their care there. The centre is also the location for a day hospital and ancillary health services in the Buncrana area. Some residents had come into long term care in the centre having been attendees at the day hospital. The centre was clean, warm, homely and well organised.

The person in charge and the clinical nurse managers demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire-fighting equipment and the actions they were required to take should the fire alarm be activated.

The last inspection of the centre focused primarily on end of life care and food and nutrition. The actions under those areas had been addressed in full by the centre. A number of non compliances with the regulations were identified on this inspection and these are detailed in the body of the report and the actions plan at the end.

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: 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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

Judgment:

Compliant

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):

Findings:

There were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. The provider nominee had a good knowledge of the service and an understanding of the regulations and standards. He was supported in his role by the service manager for older persons, who has worked

with the service for many years. The person in charge has been the person in charge since the commencement of the regulatory process.

The centre had adequate staffing and additional staff had recently been recruited negating the need to access agency staff and provided a continuity of care for residents in the centre.

There were appropriate deputising arrangements in place when the PIC was absent.

A generic auditing system is in place. This involves the collection of statistical information in relation to, for example, the environment, medication storage and custody, discharge planning, nursing assessment, and restraint monitoring. However, while audits and matrix's under this system were completed, there was limited evidence that learning or outcomes from them were implemented in practice. For example, medication audit findings which identified failure to record administration of supplements had not been actioned. Wound care required auditing as records examined had not been comprehensively completed. There was no annual report on the service available for residents and relatives.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

Findings:

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed sample of contracts of care, 5, were signed by relevant parties. No additional expenses are incurred by residents.

Residents accommodated for respite or convalescent care did not have a contract detailing the terms and conditions of their care. No fees are payable by these residents. There is a residents' guide available containing the information required by the Regulations

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 has not changed since the last inspection. He is a registered nurse and commenced working at the centre in 2000. He was well known by resident and had good knowledge of residents care needs. The person in charge and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. He discussed in detail proposals and plans to enhance the physical and care environment on the community hospital. He also is involved in the management of the day hospital services which serve the local area.

His mandatory training in Adult protection and fire safety were up to date His professional registration was current with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA).

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:

All of the written operational policies as required by schedule 5 of the legislation were available but were not all centre specific. The centre uses the generic policies as

adopted by all centres in Donegal. While these were not all centre specific, those reviewed provided adequate guidance as to what was required.

The directory of residents was not was not compliant with the regulations. It did not contain the information specified in paragraph (3) of Schedule 3. It was maintained on the centres computer database but a hard copy was not available for inspection.

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors. However, some restraint, wound care and staff documentation reviewed was not current in respect of the residents it related to. These deficits are actioned under relevant outcomes 11, Healthcare and 18, Staffing.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspectors of the proposed absence of the person in charge for a continuous period of 28 days. There are clinical nurse managers nominated to deputise while the person in charge is absent.

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):

Findings:

Measures to protect residents 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 HSE procedures. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. Staff had received training in adult protection to safeguard residents. Staff spoken with knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation. There was controlled access via electronic doors to the centre and visitors attendances were recorded in a visitors log at entry.

Judgment:

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):**Findings:**

The fire safety arrangements were satisfactory . Fire preventative measures were in place with evidence of up to date testing and servicing of fire alarms and fire fighting equipment. The fire alarm was serviced on a quarterly basis and fighting equipment was available and was serviced as required. Fire exit routes were clearly marked. Daily checks were completed on evacuation routes and recorded in the fire register. Drills, including simulated night-time evacuation had been completed in 2015 and staff were identified as being up to date in their training. There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. The premises was clean and clutter free. All equipment was serviced and had current service records available including hoists, fire alarm and emergency lighting.

The centre had in place health and safety policy that covered all general risks present in the centre or for related activities. The required risk assessments were in place. However, it was identified that in some cases, related risk assessments had not been updated and were not current. In a sample reviewed there were dates that indicated that they had last been reviewed in November 2009. Restraint practice required attention as documentation was not always current or reflective of practice. this is actioned under outcome 11 healthcare, further in this report.

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 comprehensive medication management policy and system was in place which protected residents and ensured safe management of medication. One of the inspectors reviewed a sample of medication charts. Photographic identification was available for each resident. The prescription sheets reviewed were legible. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and two signatures were in place each time the medications were checked. One of the inspectors checked a selection of the balances and found them to be correct. Medicines were stored safely and securely.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident.

There was space to record when a medication was refused on the administration sheet. However, there was no signature recorded when medication was discontinued on a resident administration sheet and there was no maximum dose of PRN stated.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The previous inspection of 1 July 2014 had identified the failure to notify the Chief Inspector of a pressure ulcer. A review on inspection found that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required.

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):

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

Findings:

The action required under this outcome at the last inspection in relation to monitoring of blood glucose levels was complete. However, the documentation of some care interventions was found again not to record sufficient detail to guide staff. It was observed that there were poor records of wound care maintained in the care plans reviewed. There was inconsistent recording of repositioning and insufficient detail on frequency of repositioning required in a file reviewed. In addition, recording of the use of restraint was inaccurate in respect of the use of bed-rails by one resident by one resident and also in relation to up to date and appropriate consent for their use. A review of a sample of the food and nutrition element of care plans showed that on two occasions, required weight checks were not recorded. In addition, there was no recording of the implementation of the dieticians recommendations contained in one residents care plan examined

There was good access to allied healthcare services and GP's in the centre. There was evidence of regular review of residents. Food and nutrition records were found to be well maintained and comprehensive on files reviewed. The centre had implemented a visual falls risk system for staff to assist with identifying readily residents at risk of falls. There were good records of general care recorded by nursing staff.

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:

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 was found to be clean, warm and well maintained on the day of inspection. The day room was homely and there was adequate private meeting space for residents in shared rooms in the centre. The centre had a number of multiple occupancy bedrooms that did not meet the regulatory requirements and standards and which impacted on the privacy and dignity of residents. These have been the subject of previous action plans to the provider. The provider had met with the Authority to discuss renovations to meet the standards and regulations and the proposals as discussed would resolve the outstanding issues but the funding for these was not confirmed as available to complete same.

There were appropriate equipment available, which was maintained according to records reviewed, to support residents and staff in their activities and care. All routine maintenance was recorded and attended to promptly by the on-site maintenance person. Handrails were provided in circulation areas. Grab rails were provided in the shower and toilet areas. A functioning call bell system was in place and at each resident's bed. The dining/living area for residents was spacious and pleasantly decorated with appropriate seating and occasional furniture. There was adequate parking for visitors and staff in the grounds,

Judgment:

Non Compliant - Major

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):

Findings:

No complaints were being investigated at the time of inspection. There were 3 recorded and dealt with appropriately and in a timely manner since 2014. A complaints log was in place which contained the facility to record all relevant information about complaints. A comprehensive policy which outlined the time frames to acknowledge a complaint, investigate and respond to the complainant was outlined. There was an independent appeals process if the complainant was not satisfied with the outcome of their complaint.

Judgment:

Compliant

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:

This outcome was the focus of a themed inspection in 2014 and was found to be compliant. The centre continued to follow the practices and procedures as found on that inspection and deliver holistic, person centred and caring, end of life care to residents.

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):

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

Findings:

The centre was subject to thematic inspection on this outcome in July 2014. The actions identified in that report had been completed. Catering staff could identify all residents with special dietary needs and how those needs should be met and the dietician reviews were in place. The centre had a 3 week menu cycle in place and the catering staff evidenced that a choice of pureed main courses was now on offer in the centre. Food and nutrition charts in a sample of files were reviewed and found complete. Staff had undertaken training as set out in the action plan and this was recorded. Residents spoken with on inspection were complimentary of the food provided. A new food safety system was in place in the kitchen and the most recent Environmental Health Officer inspection report found the centre compliant with their requirements.

Judgment:

Non Compliant - Minor

***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):

No actions were required from the previous inspection.

Findings:

There were activities under way on the day of inspection in the communal day/dining room including reminiscence and music. These were also attended by persons from the day hospital and interaction between them ensured that residents retained local connections. A "home-maker" was in place to assist with activities for the residents. The centre maintenance person had compiled a series of DVD's with old photo's set to music which residents in this and other centres in Donegal used to assist with reminiscence.

A newsletter was produced quarterly for residents. There were detailed minutes of the most recent focus group meeting in February on file.

Inspectors observed staff throughout the inspection interacting with residents in a caring and patient manner. However, the continued use of multi occupancy bedrooms impacted on residents privacy and dignity as out lined and actioned under outcome 12.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre provides a laundry service to residents and a record was kept on admission of clothing brought in by the resident or family members. Information received from questionnaires submitted before the inspection indicated that items of clothing were mislaid or lost when laundered. The staff member in the laundry stated that clothing was marked when the resident is admitted to the centre by way of initials. However, on the day of inspection there was clothing hanging on a rail in the laundry whose ownership could not be identified and was not marked for identification.

The inspector reviewed a sample of resident local personal property envelopes and found that in one case, there was a discrepancy between what funds were recorded as being present and what was actually present in the envelope. While the envelope contained receipts that explained the discrepancy, they were not recorded concurrently with the expenditure in the record maintained. The log of financial withdrawals was countersigned and maintained appropriately for all other records reviewed.

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):

No actions were required from the previous inspection.

Findings:

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 are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. All nursing staff had up to date registration. Staff observed on inspection interacted with residents in a patient and caring way.

The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspectors noted that the planned staff rota matched the staffing levels.

The staff files reviewed had the information required in accordance with the schedule to the regulations, but two did not have required photographic identification.

Judgment:

Substantially 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:

Damien Woods
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:	18/05/2015
Date of response:	08/10/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care delivered to residents in the designated centre .

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

An annual review of the quality and safety of care of residents will be undertaken for 2015 and completed by 7th December 2015.

Proposed Timescale: 07/12/2015

Theme:

Governance, Leadership and Management

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

The outcome of audits and recommendations had not been actioned, for example, in relation to medication management.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Audit outcomes will be actioned to ensure that the service is safe, appropriate, consistent and effectively monitored. This will include findings from medication audit and wound care audits

Proposed Timescale: 31/10/2015

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:

Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

3. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

A new hard copy directory of residents has been put in place to include all information specified in Paragraph (3) of schedule 3.

Proposed Timescale: 07/10/2015

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:

Risk assessments reviewed had not been updated and were not current in some instances.

4. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

All risk assessments will be reviewed and updated both on the risk register and the Health and Safety department Safety Statements to ensure they are current.

Proposed Timescale: 31/10/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

There was no signature recorded when medication was discontinued on a resident administration sheet and there was no maximum dose of PRN stated.

5. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication management will be discussed with the prescribers to ensure all medicinal products are administered in accordance with the directions of the prescriber.

All Kardex(s)/Administration sheets have been reviewed to ensure that any medications discontinued on a resident are signed for.

All PRN medications will have a maximum dose stated.

Medication audits are being undertaken on a monthly basis

Proposed Timescale: 31/10/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The documentation of some care interventions was found again not to record sufficient detail to guide staff.

There was inconsistent recording of repositioning and insufficient detail on frequency of repositioning required in a file reviewed.

The recording of the use of restraint was inaccurate in respect of the use of bed-rails by one resident and also in relation to up to date and appropriate consent for their use.

Food and nutrition element of care plans showed that on two occasions, required weight checks were not recorded and there was no recording of the implementation of the dieticians recommendations contained in one residents care plan examined

6. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

A review of repositioning records has been undertaken by the CNM11+CNM1 to ensure consistent recording and sufficient detail on frequency of repositioning to be on the Care Plan of the residents concerned.

- Each staff member will be directed to ensure completion of repositioning records as care is provided.
- The staff nurse allocated is responsible for prescribing the care and detailing the frequency of the repositioning.
- A review of restraint recording has been undertaken to ensure accuracy and appropriate consent has been obtained as per policy.

The above points will be discussed at a Staff Nurse Meeting 14/10/15.

Food and nutrition care plans have been reviewed to ensure weight checks and any dietary recommendations are implemented and recorded.

Proposed Timescale: 14/10/2015

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:

There are 6 multi occupancy rooms that require reconfiguration to meet ongoing regulatory requirements.

7. 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:

Detailed plans have been drawn up and submitted to H.I.Q.A. June 2015 detailing refurbishment of Buncrana Community Hospital.

Proposed Timescale: 31/12/2018

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:

There was no recording of the implementation of the dieticians recommendations contained in one residents care plan examined.
required weights checks had not always been completed in files reviewed.

8. 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:

A review of food and nutrition Care Plans has been undertaken to ensure required , weight checks are undertaken on an ongoing basis and that dietician recommendations are implemented and are recorded as having being so in the residents care plan.

Proposed Timescale: 07/10/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Receipts for expenditure in one residents personal property envelope were not recorded concurrently with the expenditure in the record maintained.

9. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

A review of personal property procedures has taken place to ensure that all expenditure is being recorded in the record to match the receipts.

Proposed Timescale: 07/10/2015

Theme:

Person-centred care and support

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

There was clothing hanging on a rail in the laundry whose ownership could not be identified and was not marked to assist identification.

10. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

A review of laundry procedure has been undertaken to ensure all items of personal clothing are marked for identification purposes prior to being laundered.

Proposed Timescale: 07/10/2015