



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue, Buncrana, Donegal
Type of inspection:	Unannounced
Date of inspection:	18 February 2021
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0031651

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 February 2021	12:30hrs to 18:00hrs	Fiona Cawley	Lead
Friday 19 February 2021	09:00hrs to 15:00hrs	Fiona Cawley	Lead
Thursday 18 February 2021	12:30hrs to 18:00hrs	Ann Wallace	Support
Friday 19 February 2021	09:30hrs to 15:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

This was a pleasant and welcoming centre where residents for the most part enjoyed a good quality of life and were supported to be independent. All residents spoken with said that they were contented living in the centre and that staff were very approachable and kind. The inspectors found that overall care was person centred however some routines and practices needed to be reviewed to ensure that those residents who were accommodated in the four bedded rooms could make full use of the facilities in their bedrooms and could carry out personal activities such as washing and dressing in private.

The inspection was carried out over one afternoon and one morning. There were 20 residents accommodated in the centre on the day of the inspection and 10 vacancies. 15 residents were receiving long term care and five residents were receiving short term care for convalescence or rehabilitation. Inspectors spoke with 50% of the residents and a number of staff. The inspectors were not able to meet with any family members as there were no visitors in the centre due to the level 5 restrictions.

The designated centre is based in the local community hospital on the outskirts of Buncrana and is close to the local shops and amenities. Accommodation is all at ground floor level and most areas including most resident bedrooms and bathrooms are wheelchair accessible. There is a main car park to the front of the building. Residents have access to two enclosed garden areas. The gardens are landscaped and provide seating and shelter for residents. Staff and residents were particularly proud about one of the gardens which had been created and funded by donations from the local community and had won a community project award.

The premises had undergone a programme of refurbishment over the past two years and the new Ash Unit had been completed in January 2021. The original premises provided bedroom accommodation in two single rooms, two two bedded en-suite rooms and six four bedded rooms with en-suite shower facilities. The two single rooms were vacant on the day of the inspection. As a result most residents were accommodated in multi-occupancy rooms. The inspectors spoke with a number of residents who shared bedroom accommodation and most residents said that they were satisfied with their personal space in these rooms. However two residents said that they would prefer a single room if one was available and another resident told the inspectors that they did not have enough storage for their belongings. One resident who preferred to spend time by themselves told the inspectors when the other residents returned to the bedroom in the evening they left the room and went to sit in the small lounge. This enabled the resident to be private and to watch what they wanted on the television in the lounge which would not be possible if they stayed at their bed and watched the communal television in the bedroom. In addition the inspectors observed that the privacy curtains in the multi-occupancy rooms did not provide enough privacy to ensure that residents accommodated in these rooms were able to carry out personal activities in private and it was not clear

why better use was not made of the en-suite facilities in these rooms. This is discussed further under Regulation 9.

The new Ash Unit was inspected prior to the beds being registered as part of the designated centre. There were no residents accommodated in this unit as it was not registered as part of the designated centre.

In the main unit, which was part of the existing community hospital, there were a range of communal areas available for the residents to use. Some residents chose to sit in one of the three small sitting rooms that were available. These residents told the inspectors how much they enjoyed these quiet, homely spaces. One resident was enjoying listening to his radio. Another resident told the inspectors they enjoyed sitting quietly in the small lounge before lunch and then they would join other residents in the main lounge/dining room for lunch and spend the afternoon in this room to participate in whatever activities were on offer. It was evident that this was how the resident chose to spend their day and that staff were familiar with his preferred daily routine and supported him to spend his day as he wished. The resident appeared very content with his day.

The main lounge/dining room was spacious and had a large window to the front of the room which overlooked the town and residents could see traffic and people passing by. One resident told the inspectors that they loved to spend time watching the comings and goings outside the window. Staff had positioned the resident's chair so that they had a good view of what was happening outside. A member of staff spent time watching the comings and goings with the resident and offered their opinion on what the weather was going to do and what was going on outside the window. Inspectors observed that this was a very companionable experience for the resident who was clearly very comfortable sharing the moment with the member of staff.

The dining area was also used for activities. This section of the room was laid out with long tables and a mixture of dining chairs and comfortable seating. It was decorated in a homely fashion with a large dresser and tablecloths on the tables. Over the two days the inspectors observed residents taking part in a variety of activities including arts and crafts, a quiz, music sessions and on the second day a lovely afternoon tea for a resident's birthday. The resident had pride of place at the head of the table and was clearly looking forward to her celebrations. Throughout the day staff and the other residents were heard wishing the resident "happy birthday" and trying to make the day special. It was evident that she was having a lovely day and was enjoying being the centre of attention.

Activities staff were in the centre on both days of the inspection and there was a full programme of activities available for the residents. This included both small group activities and one to one interactions. Staff were seen using specialist sensory equipment with one resident who enjoyed an interactive session sweeping leaves off the table she was sitting at. Staff knew what the resident was able to do both physically and cognitively and so they were able to set up the session at an appropriate level. Staff offered discreet support and encouragement and the resident was able to complete the task independently. This gave her a sense of

achievement. It was clear that the resident was enjoying the activity as she was smiling throughout.

Inspectors saw that there were sufficient communal bath and shower rooms available for those residents who did not have en-suite facilities in their bedrooms. Bathrooms were clean and tidy and there were grab rails in place to facilitate residents to use the facilities safely. One communal shower room had an overhead hoist system in place which supported those residents with higher level physical needs to access the shower safely. Residents were observed using the toilet and bathrooms either independently or with the support of staff. Those residents who spoke with the inspectors said that they were satisfied with the bathroom facilities. Residents said that they had a choice of a bath or a shower but they preferred the shower. Residents said that they could have a shower morning or evening and that staff were always available if they needed help.

There were sufficient staff on duty to ensure that resident's needs could be met and that residents were supported to spend their day as they chose. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. Residents spoke positively about the staff. Call bells were observed to be attended to in a timely manner. Staff spoken to by inspectors were knowledgeable about the residents and their needs.

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Capacity and capability

The inspectors found that this was a well-managed centre and as a result the residents received good levels of care. There was a clearly defined management structure in place with identified lines of authority and accountability. However the oversight of fire safety procedures needed to improve to ensure that all fire safety checks were carried out in line with the centre's policies and that fire safety equipment such as fire doors were in working order. This is discussed further under Regulation 28 in the Quality and Safety section of the report.

On the days of the inspection there were sufficient numbers of suitably qualified staff available to support the residents assessed needs and residents were not waiting for staff to be available to attend to them. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities and demonstrated confidence and accountability for their work.

The person in charge demonstrated a clear understanding of her role and responsibility and had a comprehensive knowledge of the residents, their health and their social care needs. The person in charge was a visible presence in the centre and was available to meet with residents if any resident had any concerns. Staff

informed the inspectors that the management of the centre was extremely helpful and supportive.

The person in charge was supported in the role by two clinical nurse managers who deputized in their absence. There was an on call out-of-hours system in place that provided management advice if required.

Staff had access to education and training appropriate to their role. There was an induction system in place for all newly appointed staff which covered all aspects of the service requirements including arrangements in place due to the pandemic. As a result staff knew what was expected of them in their roles and the standards that were required in their day to day work.

The person in charge and clinical nurse managers provided clinical supervision and support to all the staff. This helped to ensure that staff were aware of how they were performing in their roles and if there were any improvements that were required.

Staff were aware of the regulations, standards and up to date guidance relevant to the service. Policies and procedures were available to staff and staff were informed about any changes that were made and when required additional training was provided. For example during the pandemic a number of policies and processes in relation to COVID-19 had been implemented which provided staff with clear guidance about how to keep themselves and the residents safe. The person in charge had organised daily meetings to review and reinforce the guidance and to ensure that all staff were kept informed.

The person in charge carried out an annual review of the quality and safety of care in 2020. A range of audits were carried out which reviewed practices such as falls management, wound care, medicines management, pain management.

There was evidence of regular staff meetings and updates in relation to the current pandemic. Resident meetings were also facilitated and the minutes reviewed showed good attendance at the last meeting in February 2021.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience in the care of older persons and worked full-time in the centre. She was suitably qualified for the role with the required authority, accountability and responsibility for the centre. She had the overall clinical oversight for the delivery of health and social care to the

residents and she displayed good knowledge of the residents and their needs. She was a strong presence in the centre and was known to the residents and staff. Throughout the inspection she demonstrated good knowledge of the regulations, the standards and her statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents and the design and layout of the centre on the day of the inspection. There was a registered nurse on duty at all times.

The inspectors were informed by the person in charge that multi task attendants who were rostered to work as care assistants at the weekends were also required to work in the laundry and housekeeping. This multi-tasking poses a risk of cross infection. The person in charge informed the inspectors that this would be reviewed to ensure that staff were not working in multiple areas.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate mandatory training. The training matrix reviewed by the inspectors confirmed that staff received training in Manual Handling, Fire Safety, Safeguarding Vulnerable Adults and Infection Prevention and Control. Infection Prevention and Control training included Breaking the Chain of Infection, Donning and Doffing of personal protective equipment (PPE) and Hand Hygiene. However, some gaps were identified in the training records in relation to Manual Handling and Breaking the Chain of Infection training. Following the inspection the inspectors received confirmation that this training had been scheduled and that all staff were up to date with their mandatory training.

Judgment: Compliant

Regulation 22: Insurance

The designated centre had a current certificate of insurance which provided cover against injury to residents, staff and visitors. It also provided insurance against other risks including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The management team had systems in place to monitor and evaluate the quality and safety of the service. However, the audit system required improvements to ensure action plans were developed with identified time frames and identified individuals responsible for any required improvement actions and follow up.

In addition the oversight of training required improvements as there were unexplained gaps in the training records for five staff. This was addressed by the person in charge following the inspection and the inspectors were assured that all staff were up to date with their mandatory training requirements.

The provider had completed an Annual Review for 2020. However the document did not contain a quality improvement plan and furthermore it was not clear that residents had been adequately consulted in the review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

There was a contract of care in place for both long and short term care residents which described the services and fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had in place a Statement of Purpose which described the services and facilities provided by the designated centre. This document had been reviewed and updated in the last year and overall it met the regulatory requirements. However, some improvements were required to ensure the information contained within the document accurately reflected all the rooms in the centre as outlined on the floor plans submitted to the Authority.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The quarterly notification of restraints in the designated centre had not been submitted to the Authority in line with the regulatory requirements.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a recording system in place where all complaints were logged. The inspectors found evidence that complaints were investigated, resolved and complainants communicated with. Investigations included learning from the incidents and taking steps to prevent such complaints in future. Residents told inspectors they would speak to a staff member if they had any issues of concern.

Judgment: Compliant

Quality and safety

Inspectors found that overall residents living in the designated centre received care and support that ensured they were safe and that they could have a good quality of life. Residents were supported to maintain their self-care abilities and their independence however some practices and routines did not ensure that each

resident's right to carry out personal activities in private was adequately upheld. In addition inspectors found that improvements were required in relation to infection prevention and control processes, the maintenance of the premises in the original designated centre and in fire safety processes. These findings are discussed further under the relevant regulations.

There was evidence of consultation with residents and their feedback was acted upon. Residents' needs were being met through good access to health care services and opportunities for social engagement.

The new Ash Unit was inspected prior to the beds being registered as part of the designated centre. The accommodation on this unit provided one single en-suite room, one three bedded room and two four bedded rooms. The inspectors found that the layout of one of the four bedded rooms did not ensure the privacy and dignity for residents accommodated in the fourth bed. The bed was located next to a large radiator and window facing onto the garden which would have allowed staff and residents using the garden to see the resident in their bed. In addition there was not enough space around the bed to ensure that equipment such as a hoist could be manoeuvred safely and without encroaching on the resident in the next bed. The provider agreed to reduce the occupancy of this room to three beds. The unit was freshly decorated and all the furniture was new. Bathroom and toilet facilities were wheelchair accessible throughout.

The inspectors spent some time on walkabout in the centre. All of the multi-occupancy rooms in the existing building had en-suite shower and toilet facilities. Residents who were mobile accessed the en-suite facilities for personal care independently or with the support of staff. However those residents who had higher dependency needs were not able to access the en-suite facilities and they received most of their personal care in bed. Staff were observed to be careful to ensure that the privacy screens between each of the beds was fully closed when a resident was receiving personal care whilst in bed. However the screening did not adequately ensure privacy and dignity as conversations could be overheard by other people in the room and it would be evident to others in the room if a resident needed to use the commode beside their bed. This is discussed further under Regulation 9.

Overall the premises was laid out to meet the needs of the residents. There were grab rails along the corridors which residents used to support themselves when they were walking around the centre. Corridors were wide and kept clear so that residents who used wheelchairs or specialist chairs could be transported safely. There was a sloped corridor from the main entrance to the day room and inspectors noted that this was a potential hazard for any residents mobilising in this area. The area was currently being used for window visits as there was a long window running the length of the exterior wall. The person in charge reported that the risk had been identified and in order to mitigate the risk residents were supervised in this area. The inspectors were informed that in the planned refurbishment of the centre the slope would be taken out and the corridor would be levelled.

Most areas of the designated centre were well maintained although the inspectors noted that the sluice room was not well ventilated and that the housekeeper's room

was not well laid out and did not support good infection prevention and control practices. This is discussed further under Regulation 27. In addition the floor covering in one of the small sitting rooms had been removed and the uneven surface created a risk to residents using this area. It was also unsightly. The floor cover had been removed to facilitate the installation of a patio door on to a planned new garden. However there was no agreed schedule for this work to be carried out and no plan in place to restore the floor covering in the short term.

Inspectors observed that all areas of the designated centre were clean and dust free. Residents told the inspectors that the housekeeping team worked hard to keep the centre clean including their bedrooms.

There were dedicated storage areas for wheelchairs and hoists. Each resident who used a hoist had their own sling which was stored in their bedroom. Hoists and wheelchairs were clean and were stored safely. A number of residents had specialist chairs and inspectors saw these were clean and well maintained. The person in charge told the inspectors that residents who required specialist seating had access to the occupational therapist for assessment and advice. This was being done remotely at the time of the inspection due to the Level 5 restrictions. Two of the residents who had specialist chairs commented on how comfortable their equipment was and how it had improved their quality of life. One resident told the inspectors that he was now able to get out of bed and sit up during the day which he had not been able to do previously.

It was evident that the staff knew the residents well and were familiar with their needs as well as their preferences for care and support. Inspectors observed that staff and resident interactions were respectful and kind. A number of staff lived locally and were familiar with the communities where residents had spent their lives before coming to live in the designated centre. Staff demonstrated empathy with the residents and were committed to ensuring that the residents could maintain their links with the local community and their friends and families. Prior to the COVID-19 pandemic residents had been supported to go out into the local community and to join local community groups such as the Active Retirement Group and local tea dances and residents had gone on day trips to local beaches and restaurants. Staff and residents told the inspectors that one local restaurant worked with them to ensure that the 2020 Xmas party had gone ahead despite the pandemic. The restaurant had provided the party meal as a take-out menu and had provided festive napkins and settings for the tables.

Window visiting had been available until Level 5 restrictions were imposed. Visiting on compassionate grounds was still in place. However it was evident that residents missed having visitors in the centre. Both staff and residents told the inspectors that before the COVID-19 pandemic visitors were welcome and that the centre had a lot of visitors every day. Visitors had been able to visit their loved ones in private in their bedroom or others chose to spend time with the residents in the main lounge. There was also a visitor's room available. During the current restrictions the residents were facilitated to keep in touch with their families and friends by mobile phone and by using social media on a computer tablet.

The activities team had been trained in SONAS and were knowledgeable about a wide range of activities for those residents who had cognitive impairment or physical needs which impacted on how they were able to participate in meaningful activities. As a result residents were able to participate in activities in line with their abilities and preferences for meaningful engagement.

Regulation 11: Visits

Visits were facilitated in line with the current guidance.(Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching end of life had appropriate care and support to meet their needs and to ensure their comfort. Residents and/or their families were encouraged to make their preferences for end of life care known and this was recorded in their care plan records. As a result medical and nursing staff were aware of each person's wishes for care and treatment.

Family and friends were kept informed about the resident's condition and well-being and were permitted to spend time with them. Families were advised and supported to take the required COVID-19 precautions when visiting on compassionate grounds and were supervised by staff.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was appropriate to the number and needs of the residents and was found to be laid out as described in the revised Statement of Purpose. However the premises did not confirm to Schedule 6 of the regulations in the following areas;

- The sluice was not well laid out and was not well ventilated.
- The cleaner's room did not have wipe clean splash backs behind the sinks

- and the grouting and panelling behind the sinks was damaged and stained.
- The flooring in one small sitting room had been taken up and not replaced.
 - The residents who were accommodated in the original part of the centre had access to a narrow single wardrobe and a bedside locker. This did not provide adequate storage for residents to maintain their clothes or other personal possessions.
 - The inspectors were not assured that equipment such as specialist air flow mattresses and profiling beds were adequately maintained as the records of equipment checks were not available.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive Risk Management policy that met the requirements of the regulation.

There was an up to date risk register in place which identified any current risks and the measures that were in place to mitigate those risks.

The Risk Management policies included a comprehensive COVID-19 policy. This clearly set out the processes and actions to be followed in the event of a COVID-19 outbreak in the centre. During the inspection the inspectors observed that staff were following these processes, for example all staff had their temperature taken on arrival for work.

Inspectors reviewed the incident records and found that incidents such as falls or near misses were reported and investigated and that any learning from the event was shared with the relevant staff.

Judgment: Compliant

Regulation 27: Infection control

Overall there was good oversight of infection prevention and control practices in the centre. The person in charge had prepared effectively for COVID-19. There were appropriate processes in place in order to prevent an outbreak of COVID-19 happening in the centre and to limit the transmission of the virus in the centre if an outbreak did occur. However some improvements in infection prevention and control practices were required;

- One member of staff was working in more than one role when on duty. They worked as a health care assistant and as a member of the housekeeping and laundry team.

- Two members of staff observed by the inspectors did not adhere to good standards of hand hygiene when providing personal care for residents.
- One member of staff observed by the inspectors did not perform appropriate hand hygiene before donning personal protective equipment (PPE).
- Signage in relation to the precautions that were needed for residents in isolation was not clear.
- The cleaner's room was not ventilated to external air and the sluice sink was not stainless steel.
- The sluice sink in the laundry was not stainless steel and did not have an adequate drainage area.
- The sluice room was not well laid out and did not have a suitable sized sink or adequate racking in place to store bedpans and urinals.
- A Legionella assessment had not been completed since 2019.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall the provider had taken adequate precautions against the risk of fire in order to protect the residents in a fire emergency. However the inspectors found that the oversight of fire safety checks was not robust and as a result a number of fire doors in the centre failed to close properly when the fire alarm was sounded on the second day of the inspection.

This was addressed immediately and the fire doors were repaired that day. The person in charge confirmed that all fire doors were in working order by the end of the second day of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors found that medications were administered safely and in accordance with the directions of the resident's General Practitioner (GP). Nursing staff attended regular medication training updates and underwent an annual competency assessments of their practice.

Medications were stored securely and those medicines that were no longer required were returned to the pharmacy. There were clear processes in place for the ordering and return of medications.

The inspectors followed up on one non-compliance from the last inspection in relation to crushed medications and found that this had been addressed by the

provider.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a pre-admission assessment prior to their admission to the designated centre and a full medical and nursing assessment was completed within 24 hours of their admission. The resident's needs were assessed against a range of validated nursing assessment tools and these were kept with the resident's nursing records.

The inspectors noted that risk assessments in relation to the use of restraints did not provide sufficient information about how the decision to use a restraint such as a bed rail or lap belt had been agreed with the resident and/or their family and did not record what alternatives had been trialled before the decision was made.

Each resident had a care plan in place which reflected their current needs and preferences for care and support. Care plans were person centred and provided enough information to guide nursing and care staff about each resident's care needs.

Care plans were developed with residents and/or their family and were reviewed every three months or if the resident's needs changed. However a number of care plan records in relation to the use of restraints such as bed rails and lap belts were not reviewed and did not ensure that the restraint was still the appropriate and least restrictive approach to supporting the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) who saw them regularly. There was a primary care centre on the same site as the designated centre and the GPs were accessible when needed. Residents also had access to specialist medical care as required. Records showed that referrals were made to consultant medical and old age psychiatry when a resident's needs changed.

Residents had access to a high standard of evidence based nursing care in line with their assessed needs.

Residents also had access to physiotherapy, speech and language therapy and dietitian. Many of these services were being delivered remotely at the time of the inspection due to COVID-19 restrictions. Residents were accessing private chiropody

as there was no general medical service (GMS) chiropody available during the pandemic. However the provider was funding this and there was no cost to the residents.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns.

Residents who spoke with the inspectors said that they felt safe and that they could talk to a member of staff if they were worried about anything.

The inspectors reviewed the records of two safeguarding incidents and found that they had been investigated promptly and that appropriate measures had been put into place to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Overall the inspectors found that care was person centred and that residents' rights were upheld in the centre. However the layout of the four bedded rooms did not ensure that residents accommodated in these rooms could carry out personal activities in private.

Although staff ensured that when a resident was receiving personal care the curtain screens were fully closed around each of these residents' beds the curtains did not prevent other residents in the room hearing what was being said to the resident. The other residents in the room could also observe staff coming and going from behind these curtains collecting linen and other items for personal care. Residents did have access to en-suite showers in their bedrooms but the shower facilities were not appropriate for those residents who had significant mobility needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0031651

Date of inspection: 19/02/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following inspection all 5 staff member identified have completed their training and a robust training system has been implemented including a matrix which is reviewed quarterly by management to ensure that all training is completed within correct time frames. The Clinical audits will be reviewed to ensure all Action Plans are completed with timeframes, and individuals are identified to complete follow through.</p> <p>The completed Annual Review is currently being reviewed to include a quality improvement plan, this will be made available to all residents and staff for feedback at the next staff/resident meeting. Quality Improvement Plan attached</p> <p>Due to be completed by: 30th April 2021.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose version 7 sent to HIQA on 12th April 2021. This version accurately reflected all rooms in Buncrana as outlined in the floor plans that accompanied. Floor plans were sent to HIQA on 12th April 2021.</p> <p>Following inspection, HIQA training was attended by Management via Zoom 03.03.2021, to discuss the prescribed information required as part of applications to renew registrations of designated centres. This session included the requirements of the</p>	

Statement of Purpose, floor plans and application form, as well as the required prescribed information for PPIMs and PICs. The document has been reviewed again to ensure it reflects all the rooms in the centre as outlined on the floor plan submitted.
Due to be completed by: 30th April 2021

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The quarterly notifications on restraint will be submitted prior to 30th April and then quarterly to the authority in line with the regulatory requirements.
Due to be completed by: 30th April 2021

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Infection Prevention and Control and Estates have been contacted regarding the Sluice and Cleaners room. We are currently awaiting plans for the refurbishment of both areas.

The flooring in the sitting room has been fully replaced. Completed
An interim review of storage will be completed by the person in charge. Quotes will be obtained and sourced for resident's specific use. This major work will be addressed in the refurbishment of the building during 2022.
A folder is devised to ensure maintenance Log is completed for all the equipment. All service documents will be stored in the folder. This folder will be reviewed every three months by Person in Charge.
Due to be completed by: 31st October 2021

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Presently Staff roles are being reviewed, all staff are rostered in either direct or indirect care. Complete date 30th July 2021

All Staff have recently completed AMRIC Hand Hygiene, AMRIC Donning & Doffing of PPE. Management will carry out spots checks monthly and IPC Nurses will support. - Completed

Signage has been produced to identify any isolation rooms in use, this is visible on the door of the said room. Signage has been placed in the corridor to identify the direction of the isolation rooms. Completed

Works are in progress with the HSE Estates and IPC regarding Sluice ventilation and Cleaners Room.

A date has been given for Legionella assessment, 13th September 2021

Due to be completed by: 30th September 2021

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A full review has been completed for oversight of Fire checks. An identified member will continue with the weekly fire checks overseen by management.

Due to be completed by: Completed and ongoing

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A review of residents care plan has been completed, specifically including all risk in regarding restrictive practices, in consultation with residents and families.

One resident has been referred to Occupational Therapist regarding seating, where positional belt has been prescribed.

Due to be completed by: 30th April 2021

Regulation 9: Residents' rights	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: It has been re-iterated to staff at daily handover to be aware of respect, privacy and dignity of each resident while carrying out personal care. Staff will be mindful to approach personal hygiene needs after the breakfast activity is completed. If a client chooses to eat breakfast after personal hygiene needs are met, this will be respected to and organised. With respect to the ensuite not being used for 1 or 2 residents, this was incorporated into the residents care plans and the reason for this is noted there in. Management are asking "The Inspectorate" to review the judgement on Regulation 9 as a result. Please see relevant notes in Feedback Form Due to be completed by:30th April 2021 & on-going</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre	Substantially Compliant	Yellow	31/08/2021

	to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	26/04/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	26/04/2021

	precautions.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	26/04/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/04/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	30/04/2021

	reasonably practical, ensure that a resident may undertake personal activities in private.			
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