Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	08 August 2023
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0041065

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:	23

How we inspect

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
Tuesday 8 August 2023	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents in the centre, and the overall feedback was that this is a good centre, with a majority of the residents expressing high levels of satisfaction with the care and service they received.

Some residents' comments were that "I enjoyed all the activities in the centre and that there is always some things to do here", "the food is great here", "The staff are very supportive", "I love the live music sessions".

The centre is located near Buncrana town and is close to local amenities. The centre is in a single-story facility that can accommodate 41 residents, and 23 residents were accommodated in the centre on the day of inspection. The centre has a reception area, and seating arrangements were available near the reception area for residents and visitors to sit and relax. The centre has two units namely the Ash ward and the Main ward.

Following an introductory meeting with the person in charge, the inspector went for a walk around the centre. There was a calm atmosphere in the centre, and some staff were observed helping residents to settle in the day room during the morning hours. Call bells were attended to in a timely manner, and staff were observed assisting residents with their care needs and interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in the company of staff, and the staff who spoke with the inspector were knowledgeable about the daily routines of residents.

There was a range of activities on offer in the centre, and an activity schedule was displayed for residents to see. An activity staff was allocated to support residents to engage in meaningful activities. The activities planned for residents included a prayer service, chair exercise with movement, a live music session, and one-to-one activity sessions. The inspector observed that the activities that had been scheduled took place. The inspector observed a group of residents participating in the prayer session, and staff supported the residents to be active participants in the session. Some residents told the inspector that they enjoyed the rosaries, which they found relaxing. During the afternoon hours, a live music session was provided by an external musician, and residents were singing along with the musician and obviously enjoying the live event.

In addition to the various indoor activities, the activities records showed that residents had been supported to participate in a range of outdoor activities such as woodlike walks, day trips to a famine village, local scenic trips, boat trips, and outings to dine at local hotels. The residents who spoke with the inspector commented that they enjoyed the outdoor activities and trips out of the centre. Residents confirmed that there was a variety of activities available for them in the centre, although some residents said that they would like more gardening activities. This was brought to the attention of the person in charge, and they informed the

inspector that this would be facilitated.

Overall, the centre was laid out to meet the needs of the residents, and residents had sufficient communal space. The inspector reviewed a number of the residents' bedrooms in the main ward, and they were found to be well-maintained. Residents had access to a wardrobe and a bedside storage cabinet in their bedrooms to store personal belongings. Rooms were personalised with residents' photos and their personal belongings.

The inspector observed the residents' dining experience. There was a choice of main courses and desserts. The inspector observed that the centre had a sufficient number of staff to support the residents during meal times. Residents' feedback was generally positive regarding their menus and mealtime experiences.

Residents had access to information leaflets regarding advocacy services and how to access them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the provider had well-established management and staff teams in place for the management and oversight of the centre. However, the provider's governance and management, including the oversight required for maintaining the centre's physical environment, required significant improvement to ensure that the service provided to the residents was safe. Furthermore, the provider's complaints procedure had not been revised to ensure that it met the requirements of the regulation.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The Health Service Executive (HSE) is the registered provider for the designated centre. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, and information technology.

A clearly defined management structure was in place, which comprised the centre's person in charge and a service manager representing the provider. On the day of the inspection, the service manager for the centre was available and supported the person in charge of the inspection. A team of staff supported the management team and was clear about the reporting structures in place.

An annual review of the quality and safety of care delivered to residents for 2022

was available in the centre for the inspector to review.

The provider had several management systems in the centre, such as risk management systems, quality improvement checks, and audits, to ensure that the service provided is safe, appropriate, consistent, and effectively monitored. However, more focus and effort were now required to ensure that where incidents did occur in the centre, the learning from these incidents was clearly recorded and communicated to relevant staff so that any improvement actions were implemented promptly and effectively. Furthermore, the provider had failed to address a number of the compliance plan actions from the previous inspection. These findings are further discussed under Regulation 23.

The provider had a complaint procedure in place, which was an adapted version of the provider's national complaints policy, published in 2017. In addition to the provider's own complaints procedure, information leaflets regarding the national complaints procedure (your service, your say leaflets) were also available for residents. However, the centre's complaints procedure had not been revised following recent changes in the regulations, and a complaints review officer had not been identified. In addition, the name of a person in charge of another designated centre had been mentioned in the centre's complaints procedure as a complaint's officer.

Regulation 15: Staffing

The number and skill mix of staff in the centre was found to be appropriate to care for 23 residents accommodated in the centre, and the person in charge ensured that a registered nurse was available at all times in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A sample of training records reviewed by inspectors demonstrated that staff were up to date with training in fire safety, moving and handling practices and the safeguarding of residents. There were systems in place for the supervision and support of all staff.

Judgment: Compliant

Regulation 23: Governance and management

Some actions were required to ensure that the provider's management systems were effective in ensuring the quality and safety of the care and services provided for the residents. For example:

- A review of the incident records showed that appropriate control measures had not been put into place following an incident in April 2023, where an intruder had accessed the centre's reception during evening hours. As a result, there was a second similar incident in June 2023, and this time, an intruder had accessed the residents' accommodation area. The person in charge informed the inspector that control measures had been identified and implemented following the second incident, which included locking the reception door after evening hours. However, this control measure had not been documented in the provider's risk register, and the incident had not been recorded as discussed in the centre's management and staff meetings. As a result, the inspector was not assured that the learning from the incident had been communicated to all staff and that the improvements in security would be consistently implemented in the centre.
- The provider had failed to ensure that the non-compliant findings in relation to the fire safety issues identified in the previous inspection held in 2022 had been addressed in a timely manner.
- The provider had failed to provide sufficient resources to address the maintenance issues found in the main building and set out under Regulation 17. In addition, it was not clear why the provider had left the newly refurbished Ash unit vacant when residents were living in personal and communal spaces that required significant repair and refurbishment.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaint procedure was not updated in line with the requirements of the regulations, and a review officer to review the complaints had not been identified.

Judgment: Substantially compliant

Quality and safety

Overall, the care provided to residents was good. However, significant focus is now required to ensure that the centre's physical environment is maintained to a high standard to ensure that residents can enjoy a safe and comfortable living environment. Furthermore, additional improvements were required to ensure that two residents' care plans were comprehensively reviewed and reflected the

residents' current needs.

Care provided to the residents was person-centred, and residents were involved in decisions about their care and daily lives in the centre. Residents in the multi-occupancy rooms had privacy curtains around their beds, and staff used these at all times to ensure residents could carry out personal activities in private.

The inspectors reviewed a sample of residents' care files and found that residents' needs were being assessed using validated tools, and comprehensive assessments were completed following their admission into the centre. Residents at risk of malnutrition and pressure ulcers were monitored closely, and their care plans were reviewed at appropriate intervals. However, improvements were required to ensure that this was reflected in all care plans reviewed by the inspector.

Whilst the newly refurbished Ash unit was well maintained, the main section of the centre's premises, where all of the residents were accommodated on the day of the inspection, was not well maintained. This is further discussed under Regulation 17.

The provider had not sufficiently reviewed the centre's fire precautions to ensure flammable products were stored securely to prevent the risk of fire. Furthermore, the provider had not progressed the actions to clarify fire compartments in the centre and ensure that all staff were aware of the location of each fire compartment so that they could evacuate residents to a place of safety in a fire emergency. For example, the centre's building layout that was available for residents and staff did not provide accurate information about the main fire compartment boundaries. As a result, two staff who spoke with the inspector were unable to clearly identify the main compartment boundaries in the building. This was a repeated finding from the previous inspection held in June 2022. Furthermore, two large oxygen cylinders were stored in the treatment room, which posed a fire hazard in the centre. This was brought to the attention of the person in charge, and the large cylinders were removed from the treatment room and relocated to an external storage area on the day of inspection.

Regulation 17: Premises

The premises of the centre did not conform to the matters set out in Schedule 6 of the regulation. For example, the provider had not kept the designated centre in a good state of repair internally. As a result, the residents had to live in a poorly maintained environment and posed an injury risk to residents and staff. For example:

1. There was visible damage to the internal ceilings in a number of areas due to water leaking from the roof.
2. Some areas of the internal ceilings had mould growth.
3. Staff who spoke with the inspector said that rainwater would often leak through the damaged ceiling. Although the inspector did not observe any water leaks on the day of inspection, buckets were in place underneath the

damaged internal ceiling to collect any rainwater that may leak from the roof and wet floor signages were also kept in place to prevent accidental falls in this area. It was evident that the issue of water leaking from the roof was a persistent issue in this centre

4. The floor linings in many areas of the main ward, including corridors, sluice rooms and some bedrooms, were damaged, and dust and dirt had accumulated in these areas.

Judgment: Not compliant

Regulation 26: Risk management

A centre-specific risk management policy and procedures were in place, which included hazard identification and assessment of risks throughout the designated centre and measures in place to control the risks identified.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not sufficiently reviewed the fire precautions in the centre. For example:

- The centre's building layout had not been reviewed following the previous inspection to ensure that it provided clear and accurate information about the centre's main fire compartment boundaries for staff and visitors to respond to a fire emergency. As a result, two staff who spoke with the inspector were unable to clearly identify the main compartment boundaries in the building. This was a repeated finding from the previous inspection held in June 2022.
- Furthermore, two large oxygen cylinders were stored in the treatment room, which posed a fire hazard in the centre. This was brought to the attention of the person in charge, and the large cylinders were removed from the treatment room and relocated to an external storage area on the day of inspection.
- A storage room containing electrical distribution boards was used to store combustible materials such as bed linen, and this posed a fire hazard in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider had not sufficiently reviewed residents' care plans in the centre to ensure that the most relevant and up-to-date information was available in care plans to guide staff in providing the most appropriate care for residents. For example:

- The behavioural care plans developed for a resident following a behavioural incident had not been sufficiently reviewed. As a result, the inspector observed that the interventions mentioned in the resident's care plan to manage the risks associated with the responsive behaviours had not been implemented. This was brought to the attention of the person in charge, and the inspector was informed that the plans were not currently implemented due to a lack of occurrence of similar incidents. However, the inspector did not receive satisfactory assurances that a comprehensive review took place prior to discontinuing the existing plan.
- In another resident's care records, the inspector read that a physiotherapist had reviewed the resident to improve their mobility and had recommended that the resident carry out a series of twice-daily exercises. However, this recommendation had not been incorporated into the resident's care plan, and as such, staff were not clearly informed about this exercise regime. As a result, this resident had not been adequately supported to comply with the physiotherapist's recommended treatment plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing care and health care needs were met to a good standard. Residents were supported to safely attend outpatient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Measures in place included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were held regularly and were involved in the organisation of the centre. The centre routinely held residents' meetings, and the minutes of such sessions showed that the residents were consulted about the organisation of the centre.

The provider's arrangements to ensure residents have access to meaningful activities in the centre were satisfactory. Residents were able to access all resident areas without restrictions, including the outdoor area.

Residents had access to televisions, newspapers and radios in the centre.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0041065

Date of inspection: 08/08/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The risk register has been updated to include unauthorised persons entering the building. The risk reduction control measures include keypad access controls points and CCTV cameras. There is also a confidential visitors' book on entering and exiting the Residential Care facility, which is monitored by the staff on duty. The PIC, together with the Clinical Nurse Managers have put a system in place to ensure that learning from all incidents will be a permanent agenda item at all staff meetings. The importance of recording and documenting has been highlighted to all staff and will be monitored by the PIC and Clinical Nurse Managers. The Fire Safety compartmental drawings requested have been received and included with this action plan. The updated drawings have been posted on the walls at critical Fire Safety points around the center and highlighted to all staff. All staff attend annual Fire Safety training. All staff practice monthly Fire Evacuation drills. Ash ward is available to all residents. Currently discussions are ongoing with the Person In Charge, residents and their families regarding relocating residents to this area to provide additional space privacy and dignity.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

The complaints procedure has been updated in line with requirements of the regulation. A review officer to review complaints has been identified.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The visibly damaged ceiling, the mould on the internal ceiling, the damaged floor linings and the leaking roof have been escalated to HSE Maintenance and HSE Estates with a plan put in place to repair or replace.

The PIC has completed a risk assessment of the issues identified with the physical environment and this has been added to the center's risk register.

The PIC met with the Clinical Nurse Managers and the housekeeping staff to review the center's cleaning schedules and MEG environmental audits to ensure the day to day environmental cleaning is compliant with regulations and HSE IPC policy.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire Safety compartmental drawings requested have been received and included with this action plan. The updated drawings have been posted on the walls at critical Fire Safety points around the center and highlighted to all staff. All staff attend annual Fire Safety training. All staff practice monthly Fire Evacuation drills.

The large cylinders of oxygen were removed at the time of inspection and are stored in a locked external oxygen cage. The PIC and Clinical Nurse Managers have put a system in place to ensure no large oxygen cylinders are stored internally.

The PIC has reviewed all rooms in relation to appropriate storage – this will be monitored by the PIC and Clinical Nurse Manager on their walk arounds. Furthermore it will be highlighted at staff handovers and daily safety pauses.

Regulation 5: Individual assessment	Substantially Compliant

and care plan	

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All care plans have been audited following the inspection to ensure they are person centred and reflective of all residents' current medical and social status.

In consultation with the resident, they now have a personalised exercise regime in place which is documented in their care plan and all staff are informed of this regime.

All Behavioral care plans have been audited to ensure the interventions described to manage the risks associated with the responsive behaviors are being implemented and comprehensively reviewed before discontinuing the interventions, where appropriate.

The PIC and Clinical Nurse Managers have a system in place to audit care plans at least 4 monthly or more often is there is a change to the residents' health and social care needs.

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.	Not Compliant	Orange	31/01/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/10/2023

	consistent and effectively monitored.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/09/2023
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	31/10/2023
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	31/10/2023
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	31/10/2023