

Health Information and Quality Authority  
Social Services Inspectorate

Inspection Report  
Designated centres for older people



Health  
Information  
and Quality  
Authority

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

<b>Centre name:</b>	Buncrana Community Hospital
<b>Centre ID:</b>	0614
<b>Centre address:</b>	Maginn Avenue
	Buncrana
	Co Donegal
<b>Telephone number:</b>	074-936150
<b>Fax number:</b>	074-9361500
<b>Email address:</b>	<a href="mailto:eamonn.glackin@hse.ie">eamonn.glackin@hse.ie</a>
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	The Health Service Executive
<b>Person in charge:</b>	Eamonn Glackin
<b>Date of inspection:</b>	31 May 2011
<b>Time inspection took place:</b>	<b>Start:</b> 11:55 hrs <b>Completion:</b> 14:05 hrs
<b>Lead inspector:</b>	Jude O'Neill
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Buncrana Community Hospital was established in 1984. It accommodates up to 36 residents in a main building and chalets all of which are single-storey and purpose-built. Fifteen beds are dedicated to providing continuing care and the rest accommodate residents requiring assessment, respite, convalescence, rehabilitation and palliative care.

Bedroom accommodation in the main part of the building consists of two single rooms, two twin-bedded and six four-bedded rooms, all with an en suite toilet shower and wash-hand basin. Other facilities include three small sitting rooms (one of which is the designated smoking room), a reception area, a large dining/sitting room, three bathrooms/showers, five communal toilets, a kitchen, a laundry, staff changing facilities, and an oratory.

Six of the 13 single chalets are reserved for residential care. Each of the chalets comprises a combined living, dining and bedroom with a separate bathroom facility.

Externally there is a safe and pleasant garden and ample car parking is available for residents, relatives and visitors.

A day centre and primary care centre are co-located on the hospital grounds.

### Location

Buncrana Community Hospital is located on Maginn Avenue. The amenities of the town are located within walking distance along a pedestrian footpath.

<b>Date centre was first established:</b>	1984
<b>Number of residents on the date of inspection</b>	29
<b>Number of vacancies on the date of inspection</b>	7

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	18	10	0	1

## Management structure

The provider of Buncrana Community Hospital is the Health Service Executive (HSE) and the person nominated on behalf of the provider is Kieran Doherty, General Manager for Donegal.

The person in charge is Eamonn Glackin, Director of Nursing who reports to Gwen Mooney, acting Service Manager for older people services. On a day-to-day basis, the person in charge is supported by clinical nurse managers, staff nurses, care assistants, multi-task attendants and a range of other administrative, clerical and ancillary staff. Two clinical nurse managers, Madeline Guerin and Rose Doherty have responsibility for the centre in the absence of Eamonn Glackin.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	6	3	3	2	1

## Background

This was a follow up inspection carried out to assess the actions taken by the provider and person in charge in response to the improvements identified in the report of the registration inspection undertaken on 09 and 10 November 2010.

At the time of the registration inspection, inspectors generally found a good standard in the provision of facilities, services and quality of care. However, improvements were identified in a number of areas which included, fire safety and the development of policies and procedures and other documentation to fully comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Since the date of the registration inspection, the provider and person in charge had made significant improvements and the work undertaken in response to the Action Plan of the previous inspection report is outlined below.

### **Summary of findings from this inspection**

The inspector met with the person in charge and the clinical nurse manager (CNM Grade II) to discuss the progress made in addressing the improvements required following the last inspection. The inspector also walked around the centre and met with a number of residents and staff to assess the impact of the improvements to date.

Of the 15 requirements outlined in the Action Plan of the last inspection report, ten had been fully addressed and five partially addressed. The provider and person in charge had also addressed four out of the five recommendations for best practice. The requirements and recommendation not fully addressed are reiterated in the Action Plan at the end of this report.

The person in charge had a training schedule in place for 2011 to ensure that all staff attended training in fire safety and other mandatory areas such as moving and handling and elder abuse. Arrangements were also in place to ensure that all staff would attend training on the care of residents with dementia.

While a number of environmental issues remained outstanding such as the revision of space to more effectively address the personal and communal needs of residents; the provider had made considerable improvements to the quality of the environment including the installation of thermostatic control devices on radiators and hot water pipes, the installation of a duplicate panel for the nurse-call system, the installation of handrails in all bathrooms and the provision of changing facilities for male staff. On the day of this inspection, a technical services officer was in the centre to assess the environment and identify solutions to fully address all matters outstanding.

Work was well progressed on the development of policies and procedures to reflect the requirements of the relevant legislation. In addition, a local contract of care had been agreed and the statement of purpose had been revised to fully reflect the services and facilities within the centre.

While the person in charge was revising the risk register to reflect the management of risk within the centre, the inspector noted that the door to the clinical room was not locked and only secured by a security chain. Furthermore, within the clinical room, cupboards containing medicines were unlocked allowing unrestricted access by unauthorised persons.

The Action Plan at the end of this report identifies all areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## **Actions reviewed on inspection:**

### **1. Action required from previous inspection:**

- (a) Ensure that all staff are familiar with the fire evacuation procedures.
- (b) Make sure that copies of the fire plan displayed throughout the centre provide clear instructions and evacuation advice to staff, residents and visitors.

This requirement had been addressed. Refresher fire safety training was provided to staff on 08 February 2011, 29 March 2011 and 24 May 2011. The person in charge advised that additional training was to be provided on 19 July 2011, 13 September 2011, 15 November 2011 and 13 December 2011 which will ensure that all staff have attended refresher training. Evacuation notices and revised copies of the fire plan providing clear instructions and evacuation advice to staff, residents and visitors were seen to be in place.

### **2. Action required from previous inspection:**

Install thermostatic valves to hot water outlets and radiators to limit temperatures to a safe level and reduce the hazard of burning.

This requirement had been addressed. The person in charge advised that the work to install thermostatic control valves to hot water outlets and radiators to limit temperatures to a safe level had been completed on 14 April 2011. He said that staff and residents were positive about the changes made and that a technical services officer was in the centre on the day of inspection to verify the effectiveness of the installations.

### **3. Action required from previous inspection:**

- (a) Confirm in writing that the matters identified in the environmental health inspection report of the 30 April 2010 have been addressed. These related to food storage, displaying the origins of beef, cooling and reheating procedures, valid controls in respect of chilled foods, adequacy of hot water supply to wash-hand basins, provision of hand sanitising in the dining room and kitchenette,

suitable cleaning storage, equipment to be maintained in a clean condition and up-to-date reviews on food safety management.

This requirement had been addressed. The person in charge advised that all matters identified in the environmental health inspection report of 30 April 2010 had been addressed. He told the inspector that an environmental health officer had inspected the centre in April 2011 and was satisfied with the action taken. While the report of the environmental health inspection was not available at the time of this inspection, the evidence from inspection indicated that the necessary work had been undertaken.

**4. Action required from previous inspection:**

Provide opportunities for staff to attend training in dementia care.

This requirement had been addressed. The Clinical Nurse Manager (CNM2) in the day hospital completed a 'train the trainers' course on dementia care and delivered the first training session to eight staff on 27 May 2011. The person in charge said that this was very well received by those who attended and that plans were being developed to roll out the training to all staff within the centre.

**5. Action required from previous inspection:**

Provide all residents with a contract for the provision of services within one month of admission to the centre.

This requirement had been addressed. The person in charge advised that, in conjunction with other directors of nursing, a local contract of care had been developed. The new contract of care was reviewed by the inspector and was seen to outline the services provided by the centre and the fees to be charged. The person in charge said that he was issuing the contract to all residents in the coming days and would ensure that all future residents were provided with a contract within one month of admission to the centre.

**6. Action required from previous inspection:**

- (a) Provide sufficient space in the laundry room to separate and manage clean and infected clothing.
- (b) Provide sufficient handrails in the new bathrooms and throughout the centre.
- (c) Install wash-hand basins in the ward kitchen and the laundry room.

- (d) Ensure that externally the location of the centre in the hospital grounds is well sign posted.
- (e) Make sure that there is a hand towel dispenser in one of the new bathrooms.
- (f) Ensure that there are no more than two residents per room (except in a high dependency room) in order to comply with the standards.
- (g) Provide a suitable private area for visitors.
- (h) Provide a suitable area for changing facilities for male staff.

This requirement had not been fully addressed and is reiterated in the Action Plan at the end of this report. The person in charge informed the inspector that the centre's infection control nurse had compiled a report for the general manager on the need for environmental improvement. At the time of this inspection, and in response to the report, a technical services officer was in the centre to meet with the person in charge and identify solutions to the environmental issues identified by inspectors during the last inspection. These issues included bedroom sizes, the identification of an area for residents to receive visitors in private and the need for a wash hand basin in the kitchen.

Notwithstanding, the provider and person in charge had already made considerable improvements to the environment and had actioned a number of the requirements set out in the last inspection report. In particular, revised arrangements to the management of laundry had been introduced in consultation with the infection control nurse, a wash hand basin had been installed in the laundry and a hand-towel dispenser and additional handrails had been installed in the new bathrooms. New signage had also been erected in the hospital grounds clearly identifying the designated centre and suitable changing facilities had been made available to male staff.

#### **7. Action required from previous inspection:**

Ensure that the content of the review in respect of bed rails is evident.

This requirement had been addressed. Sister Doherty (CNM2) demonstrated to the inspector the manner in which reviews were carried out using the electronic record management system. The inspector was satisfied that all reviews carried out by staff (including the use of bed rails) were available for future reference.

**8. Action required from previous inspection:**

Make sure that the measurements and photographic information regarding wound care is recorded in order to show progression and subsequent treatment.

This requirement had been addressed. While there were no pressure ulcers at the time of this inspection, Sister Doherty demonstrated the approach to wound care management using documentation relating to a resident where a wound had been successfully treated. The inspector observed that measurements and the use of appropriately consented photographic evidence were present in the care file reviewed. He also noted that the approach to wound care was multidisciplinary and in accordance with best practice.

**9. Action required from previous inspection:**

Ensure that the documentation that must be kept for all staff working in a designated centre as required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) is available.

This requirement had not been fully addressed and is reiterated in the Action Plan at the end of this report. The person in charge told the inspector that while the centre had made significant progress in achieving full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), a small number of references remained outstanding. The person in charge had drafted a letter to all staff requesting that all outstanding information be provided at the earliest opportunity. The person in charge said that this letter was to be given to the relevant staff following the inspection.

**10. Action required from previous inspection:**

Compile a statement of purpose, which details all the items specified in the Schedule 1.

This requirement had been addressed. The person in charge had updated the statement of purpose to reflect the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**11. Action required from previous inspection:**

Produce a residents' guide that includes all matters listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) including the number of residents to be accommodated and the contract of care for the provision of services.

This requirement had been addressed. The person in charge had updated the residents guide to include a copy of the contract of care and the number of residents to be accommodated at the centre.

**12. Action required from previous inspection:**

Compile a comprehensive written risk management policy and procedure in accordance with Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) to include information regarding the precautions to be in place to control aggression and violence and self-harm.

This requirement had not been fully addressed and is reiterated in the Action Plan at the end of this report. While a draft risk management policy was in place that complied with the relevant legislation, this had not yet been signed off by the general manager. Furthermore, the person in charge advised that work was still ongoing on updating the risk register to reflect the revised policy.

**13. Action required from previous inspection:**

Include details in respect of the person in charge in the duty roster.

This requirement had been addressed. The person in charge had introduced dedicated duty rosters to reflect the staff on duty on the ward and in the day hospital. There was also a duty roster in place to identify management and administrative staff on duty and the person in charge had included his details on that roster.

**14. Action required from previous inspection:**

Put in place written policies and procedures on all the items listed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) including the creation of, access to, retention of and destruction of records, the provision of information to residents and emergencies.

This requirement had not been fully addressed and is reiterated in the Action Plan at the end of this report. The person in charge advised that in conjunction with the local HSE policy development group, a number of policies and procedures had been revised to be centre-specific and fully reflect the requirements of Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). While all policies and procedures as required by Schedule 5 were not yet in place, a number had been signed off which included a policy on the creation of, access to, retention of and destructions of records. However, policies on the provision of information to residents and emergencies had not yet been signed off by the general manager.

**15. Action required from previous inspection:**

Ensure that the policy in respect of volunteers takes account of the regulation regarding volunteers working in the centre for example having their roles and responsibilities set out in a written agreement between the centre and the individual, receiving supervision and support and vetted appropriate to their role and level of involvement in the centre.

This requirement had not been fully addressed and is reiterated in the Action Plan at the end of this report. The person in charge informed the inspector that work was well progressed in updating this policy to include provision of written agreement between the centre and the individual on their role and responsibility and receiving supervision and support. However, he advised that the policy remained in draft and had not yet been signed off by the general manager.

**Best practice recommendation 1**

It is recommended that the title of the centre and persons accommodated (residents, clients and/or patients) is referenced consistently throughout all the documentation.

This recommendation had been addressed. Discussion with the person in charge and a review of the documentation used within the centre confirmed that the terms 'residents' and 'Buncrana Community Hospital' was referenced consistently in all documentation.

**Best practice recommendation 2**

It is recommended that a method is adopted so that information in relation to residents' previous care reviews is accessible.

This recommendation had been addressed. Sister Doherty demonstrated to the inspector how information in relation to residents' previous care reviews was accessible to staff and used to inform future reviews.

### **Best practice recommendation 3**

It is recommended that staff have an annual appraisal.

This recommendation had not yet been addressed and is reiterated in the Action Plan at the end of this report.

### **Best practice recommendation 4**

It is recommended that a residents' call system is put in place which is easily accessible by staff.

This recommendation has been addressed through the installation of a duplicate panel. The person in charge advised that the feedback from residents and staff following the installation has been very positive.

### **Best practice recommendation 5**

In light of the views expressed by residents and relatives it is recommended that staffing levels are reviewed particularly in the evenings and take any necessary action to ensure that residents and relatives are satisfied that the centre is adequately staffed at all times.

This recommendation had been addressed. The person in charge informed the inspector that an independent expert had been engaged to look at staffing levels within the community hospitals in Donegal. At the time of this inspection, the general manager was awaiting a report and recommendations.

### **Additional issues identified on inspection**

The inspector observed that the door to the clinical room had not been locked but was instead secured by means of a security chain. Furthermore, a number of cupboards within the clinical room were unlocked allowing unrestricted access to residents' medication and other medicinal products such as needles and dressings. This matter was raised immediately during the inspection with Sister Doherty who gave an undertaking to address forthwith.

## Closing the visit

At the close of the inspection visit, a feedback meeting was held with the person in charge and Sister Doherty to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the person in charge, residents and staff during the inspection.

### *Report compiled by:*

Jude O'Neill  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

01 June 2011

Chronology of previous HIQA inspection	
Date of previous inspection	Type of inspection:
20 & 21 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 August 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
9 & 10 November 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Buncranna Community Hospital
<b>Centre ID:</b>	0614
<b>Date of inspection:</b>	31 May 2011
<b>Date of response:</b>	20 June 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

Residents and other unauthorised persons had unrestricted access to medicines and medicinal products.

#### Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

#### Reference:

Health Act, 2007

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

Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Clinical room door to be locked when not in use and all cupboards containing medicines therein to be locked at all times.	Immediate

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b>  The physical design and layout of the centre did not meet the needs of residents in terms of provision of private and communal space, a separate area for residents to receive visitors in private and the installation of a wash hand basin in the kitchen.	
<b>Action required:</b>  Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.	
<b>Action required:</b>  Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the layout of the premises is appropriate to the needs of residents.	
<b>Action required:</b>  Provide adequate private and communal accommodation for residents.	
<b>Reference:</b>  Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	



**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The risk management policy and procedure was not in accordance with Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required:**

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Reference:**

Health Act, 2007  
Regulation 31: Risk Management Procedures  
Standard 26: Health and Safety  
Standard 29: Management Systems

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

**Timescale**

Provider's response:

The current draft risk management policy to be signed off. Further to this the existing risk register to be updated to include:

- Control Aggression
- Violence and Self Harm

31/10/2011

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

The policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were not available.

**Action required:**

Put in place all of the written and operational policies listed in Schedule 5.

**Reference:**

Health Act, 2007  
Regulation 22: Maintenance of Records  
Regulation 27: Operating Policies and Procedures

Standard 29: Management Systems

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Policies on the provision of information to residents and a policy on emergencies to be compiled and put in place to meet the requirements of Schedule 5 of the Health Act 2007.</p>	31/10/2011

**6. The provider has failed to comply with a regulatory requirement in the following respect:**

The policy in respect of volunteers did not fully reflect the regulation regarding volunteers working in the centre for example having their roles and responsibilities set out in a written agreement between the centre and the individual, receiving supervision and support and vetted appropriate to their role and level of involvement in the centre.

**Action required:**

Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

**Reference:**

Health Act, 2007  
 Regulation 34: Volunteers  
 Standard 22: Recruitment

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>The current draft policy to be signed off and fully implemented and to include provision of written agreement between the centre and the individual on their role &amp; responsibility and receiving supervision and support.</p>	30/09/2011

## Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	<p>It is recommended that staff have an annual appraisal.</p> <p>Provider's response:</p> <p>A system will be put in place to ensure staff have individualised personal Development plan in place on an annual basis with all having one completed by end of 2011.</p>

Any comments the provider may wish to make:

Provider's response: **None Supplied.**

Provider's name: **Kieran Doherty**

Date: **20 June 2011**