



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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Unannounced
Date of inspection:	29 March 2022
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0035344

About the designated centre

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

This centre commenced operations in September 2019. It is a renovated four-storey building which previously operated as a hotel. It is centrally located in Bunclody town and very near all local amenities. Bedroom accommodation on the three upper floors comprises 58 single and two twin room with full en-suite facilities. The first floor has an indoor garden area with walkways and access to a secure external garden area. Communal areas on the ground floor include several seating and dining areas, a large kitchen, an activity room, a coffee dock, a comfortably furnished reception area with a foyer. There are also communal rooms and a hair salon on the upper floors. According to their statement of purpose, SignaCare Bunclody is committed to providing high quality, person-centred care in line with best practice and continuous quality improvement. They aim to promote and enhance the quality of life for each resident, to enable each resident's independence for as long as possible and to provide a home from home where the resident feels safe and protected, where health and wellbeing are promoted. Care services provided at SignaCare Bunclody include residential care, convalescence, palliative care and respite. They provide care for male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Tuesday 29 March 2022	09:15hrs to 19:15hrs	Mary Veale	Lead
Tuesday 29 March 2022	09:15hrs to 19:15hrs	Catherine Furey	Support

What residents told us and what inspectors observed

There was a very welcoming and homely atmosphere in the centre. Resident's rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for within the confines of the service. Inspectors greeted the majority of residents during the day and spoke at length with 11 residents and three visitors in order to gain insight into the experience of those living there. Inspectors also spent time observing residents' daily lives and the care practices in the centre.

On arrival, the inspectors were guided through the centre's infection control procedures before entering the centre. The centre was warm throughout and there was a relaxed, homely and welcoming atmosphere. The centre appeared clean to a high standard throughout. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene.

Following the opening meeting, the inspectors were accompanied on a full tour of the premises. The centre was originally a hotel which had been carefully and beautifully decorated and now accommodated up to 62 residents over three floors. There was a choice of communal spaces that residents could access, for example, the ground floor contained a dining room, sitting room, coffee dock area, activities room and opened out to a small courtyard at the rear. There was an open plan sitting and dining room on the first, second and third floors.

Residents were observed to be relaxed and familiar with the person in charge and other staff and freely conversed with them. Observations on inspection showed that staff had good knowledge into responding and managing resident's communication needs and provided support in a respectful, professional manner. The main areas of the centre were well maintained and clean. The corridors were sufficiently wide to accommodate walking aids and wheelchairs. The inspectors observed appropriately placed decorative art pieces, pictures and memorabilia across the centre. Most bedrooms were homely and personalised which pictures of their families and pets in their rooms. All rooms were observed to be bright and airy, with large windows and tasteful furniture. Some rooms had floor to ceiling windows which provided panoramic views of the town. Inspectors spoke to residents who described their accommodation as a "like a five -star hotel". Residents were supported to bring in their preferred or sentimental items of furniture and soft furnishings and these were evident in many rooms, including residents' own beds, chairs and dressing tables. Inspectors saw that areas not in use by residents such as store rooms and maintenance areas required de-cluttering to ensure appropriate and safe storage.

Residents who resided on the upper floors of the centre were supported to access communal spaces on the ground floor via access to passenger lifts. Where possible, residents were encouraged to do so independently, and when assistance was required, inspectors observed that sufficient staff were available to bring residents to and from different areas in the centre. Residents were observed to enjoy

friendships with their peers and were observed chatting, laughing, and enjoying each others company throughout the day. Residents were observed coming and going from the centre during the day, including going out for family visits, going to the town and going outside to smoke. Inspectors saw that the areas where residents smoked were not sufficient, as discussed further in the report.

Residents were mostly positive about their experiences in the centre and inspectors observed many examples of good camaraderie between residents and staff. Residents were complimentary of the staff and the care they received. Residents told inspectors that they trusted staff and felt safe. Inspectors observed residents calling staff by their first names and having good exchanges of conversations. One resident said of the staff "we know everything about each other's lives, they are like our friends here". Residents were overwhelmingly positive in relation to the choice of food offered. There were snacks and drinks available routinely throughout the day and resident could have additional snacks and drinks any time they chose. There were jugs of fresh water and cordial in many of the residents' bedrooms. Meals were served in the dining rooms or residents could choose to eat in their bedrooms. Pictorial menus were prominently displayed on each floor. Dining rooms were laid out in a hotel-style manner and inspectors observed an unhurried and enjoyable dining experience. Where residents required assistance with food and drinks, this was seen to be provided in a discreet manner.

Inspectors observed a centre where the rights and choices of the residents were promoted. A small number of residents in the centre required enhanced and additional supports. Additional staff were allocated on a one-to-one basis to ensure that these residents' social care needs were met. Throughout the day inspectors observed residents in the communal areas partaking in a variety of activities including a sing-a-long of well-known tunes, art and crafts and a general knowledge quiz. The activity schedules was displayed on large, colourful posters on all floor adjacent to the lift and on various notice boards for residents information. On the day of inspection the centre had no Internet service but this did not seem to have an impact on the residents' recreation activities.

Visiting was in line with the most recent public health guidance. Visitors were observed in the centre during the day. The inspectors spoke to visitors who were delighted that the restrictions had been lifted and that there was no requirement to book a visit to see their relative. Visitors spoke of a recent family party held in the large coffee- dock area which the staff had facilitated at a weekend, including decorations, food and a celebratory cake. Inspectors were told that this meant the world to them and they were grateful to the staff for commemorating the occasion.

The next two sections of the report present the findings of the inspection and give examples of how the provider had been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre affect the quality and safety of the service.

Capacity and capability

Overall, this was a well managed centre with established governance and management systems in place to monitor the quality and safety of the care and services provided for residents. This was an unannounced inspection following an application by the registered provider to renew the centre's registration, and to monitor ongoing compliance with the regulations and standards. The centre's previous inspection in March 2021 was fully compliant. On this inspection, inspectors found that actions were required by the registered provider to address the areas of regulation 17: premises, regulation 23: governance and management, regulation 26: risk management, regulation 27: infection prevention and control and regulation 29: medicines and pharmaceutical services. Signacare Bunclody LTD, the registered provider, has three company directors, one of whom is involved in the operational management of the centre. The company is part of the SignaCare nursing home group which consists of a total of four nursing homes and also is recently part of the Virtue Integrated Care group, which consists of a number of nursing homes nationally.

The provider had sufficient resources to ensure the effective delivery of care within the centre. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The person in charge was responsible for clinical management and supervision. The centre was managed on a daily basis by the person in charge. She was supported in her role by a quality manager, clinical nurse manager, a team of nurses, health care assistants and a team of catering, cleaning, administration staff and maintenance personnel. The person in charge had returned from a period of absence. The registered provider had notified the Chief Inspector of Social Services of the absence and had put arrangements in place to appoint another person in charge who was experienced, qualified and took responsibility for the centre during the absence.

There were sufficient staff available to meet the needs of residents. There was nursing staff on duty over 24 hours and contingency arrangements were in place for COVID -19 should they have a suspected or positive case. In January 2022, the centre experienced an outbreak of COVID-19 infection. At that time the centre activated its COVID-19 contingency plan. The out-break was managed very well, the centre had four confirmed cases of COVID- 19 and there was no further onward transmission of COVID-19 in the centre. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene. Staff were supervised by the person in charge and the clinical nurse manager. The staffing rosters reflected the staff on duty on the day.

Staff were supported in their work and had good access to training and development. Training records showed that staff had a comprehensive induction programme when they commenced in the centre. The centre was using an on-line education application platform which provided theory-based training to staff which could be easily accessed on their personal devices. Practical training was provided by the company's training academy. Staff training records were viewed on the day, there was a process in place to ensure that all staff had attended mandatory training

and when it was due.

Overall, records were well maintained. The centre did not have access to the Internet on the day of inspection which resulted in staff not having access to the electronic documentation system. The centre had put a paper based system in place to record all residents' assessments, care needs and medical records. A sample of staff files were reviewed and those examined were compliant with the regulations and contained all the items in Schedule 2 including Garda Síochána (police)vetting disclosures. Current registration with regulatory professional bodies was in place for all nurses. There was a valid contract of insurance against injury to residents and additional liabilities.

There was good oversight of clinical care and key performing areas which was evident the comprehensive and ongoing schedule of audits completed in the centre. Audits were objective and identified improvements. However there was no system in place to ensure actions were assigned to individuals or time bound for completion. For example infection prevention and control audits viewed had identified the same non- compliance's over a period time had not been actioned. Similarly learning identified in medication management audits was not transferred to improve medication safety and this was a lost opportunity to improve the effectiveness of the service.Regular management and staff meetings were held but minutes of these meetings did not record the discussion or learning to drive improvements.The provider assured inspectors that the Virtue Integrated Care group was undertaking a review of the current auditing system to enhance its data recordings and to ensure a streamline approach to monitoring and driving quality improvements in the centre.Management oversight of risks in the centre required strengthening to ensure that all potential and actual risks were identified and controlled. This is discussed further under regulation 23: governance and management.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies. There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Health Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff available to meet the needs of residents. There was a minimum of three nurses on duty over 24 hours to allow the centre to implement their contingency plan for COVID-19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents and were observed to be following best practice with infection control procedures and hand hygiene.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safeguarding vulnerable adults, fire training, infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of personal protective equipment (PPE) and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This directory contained all of the information specified in paragraph (3) of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was safe, appropriate and effectively monitored. For Example:

- Audit action plans were not comprehensive enough to drive quality improvement.
- There was no evidence of cascading of learning through the governance structure.
- Oversight of medication management practices required review to ensure that the risks of errors occurring was minimised.
- Environmental audits carried out did not identify the risks associated with storage and infection control practices identified by inspectors on the day.
- There was no general risk assessment for residents who smoke therefore there were no measures or actions in place to mitigate the associated risks this posed to residents. Four residents were identified as smokers. There were no individual risk assessments for these residents, despite each resident having specific supervision requirements when smoking.
- Appropriate fire fighting equipment, and smoking facilities such as ashtrays must be made available to residents. The only fire safety precautions in place for residents who smoke were smoking aprons, which were seen to not be consistently used.
- The system of risk review and analysis regarding residents who smoke was not sufficient. For example, a resident had recently lit a cigarette in the elevator. This risk was not formally addressed, therefore there was no investigation and learning from this event.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were generally managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider provided notice of the absence and return date of the person in charge to the Chief Inspector within the specified timelines.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception and on each floor. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider notified the Chief Inspector of the arrangements in place for a suitably qualified and experienced person who was responsible for the centre during the absence of the person in charge.

Judgment: Compliant

Quality and safety

The rights of the residents were at the forefront of care in this centre. Staff and management were seen to encourage and promote each residents human rights through a person-centred approach to care. Inspectors found that the resident's well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Improvements were required in relation to the identification of risks, medication management, and infection control procedures.

The provider had put infection control procedures and protocols in place to mitigate the effects of both outbreaks of COVID-19 in the centre. These included isolation areas for residents and separate staff teams to minimise the spread of infection. Residents' healthcare needs during the COVID-19 outbreak had been well managed and there was evidence of regular support from general practitioners (GP's), consultant geriatricians and palliative care services. Staff worked hard to maintain safe levels of care to residents during the outbreaks and lessons learned from the first outbreak were used to control the and minimise the second outbreak from spreading. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was seen to be used in line with national guidance. Improvements were required to ensure that storage of equipment did not pose a risk of cross-infection. The overall premises was designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and minor repairs and decorative upgrades were carried out quickly once identified as being required, ensuring the centre was consistently maintained to a high level.

The inspectors saw that residents appeared to be very well cared for. A right-based approach to care was adopted by staff, and residents were actively involved in the organisation of the service. Residents were consulted with regularly and residents meetings were held monthly where residents were encouraged to make suggestions and give feedback on the service. Minutes of these meetings identified that actions were taken on the suggestions made by residents, for example, the timing of the morning soup and tea round had been changed to suit the residents' preferences. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents could undertake activities in private

and there were appropriate facilities for occupation and opportunities for all residents to participate in activities accordance with their abilities. There was evidence of engagement with residents families during the various levels of pandemic restrictions, particularly with regard to changing visiting restrictions. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

Inspectors observed that residents were offered adequate quantities of food and drinks which were properly and safely prepared, cooked and served. The chef was knowledgeable about residents' individual dietary requirements and liaised closely with the management team, ensuring any required changes to residents diets were made. Residents' weights were routinely monitored, in particular during and after the COVID-19 outbreaks. Dietetic services were involved in the care of a small number of residents and the chef and kitchen team were made aware of an additional calorie requirements to ensure residents weights were maintained.

A detailed risk register was maintained in the centre, which identified various clinical and environmental risks, and detailed the control measures in place to mitigate these risks. While there was an overall proactive approach to risk management in the centre, inspectors found that there was no risk assessment in place in relation to residents who smoke. This was of particular concern as there were a number of residents living in the centre who smoked. The registered provider undertook to address this risk immediately. Fire safety management records were reviewed by inspectors. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme.

From a review of a sample of records and speaking with staff, it was evident that the standard of care planning in the centre was good. Staff were knowledgeable about residents' individual needs. A comprehensive assessment was completed for residents within 48 hours of admission in line with regulatory requirements. Inspectors saw that assessments and care plans were updated accordingly when there were changes to a resident's condition. There were a number of local GP' s providing medical services to the centre and out-of-hours medical cover was available. Residents had timely access to a range of health care professionals. A physiotherapist attended the centre three times a week (Monday, Wednesday and Friday), to provide support with residents' mobility and rehabilitation needs. There was a low level of pressure ulceration occurring and some staff had received training in wound management. From discussion with the director of nursing and the staff in the centre and observations of the inspector, there was evidence that residents who presented with responsive behaviour were responded to in a very dignified and person-centred way by staff using effective de-escalation methods. There was a low level of restraint use in the centre and it was evident through discussions with staff that a restraint-free environment was promoted.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up-to-date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms were spacious and laid out in a manner that allowed residents to retain control of their personal possessions. Large wardrobes and chests of drawers were provided for each residents belongings. Residents' clothes were sent to an external facility for laundering. Records showed that there had been some previous issues regarding clothing going missing, however this had been resolved with the external laundry provider. Residents stated that they were very satisfied with the current laundry arrangements and that clothing was returned to them without delay.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the matters set out in Schedule 6 of the regulations as follows:

- Not all bedrooms were equipped with a lockable storage space for resident's precious items and money.
- There was a small in-house laundry facility which was used to launder kitchen and domestic textiles. This area was not equipped with a clinical hand-washing sink, as required.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There were three choices of main meal every day, and coeliac and vegetarian diets were catered for. Home-baked goods and fresh fruit were on offer daily. There was a pantry on each floor of the building, which was stocked with snacks and drinks and was accessible day and night. Fresh water

jugs were seen to be replenished throughout the day in residents rooms and communal areas.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks. Risk assessments for residents who smoke were completed on the day of inspection by the person in charge.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by the Health Information and Quality Authority(HIQA) were implemented in full; For example:

- Many items of equipment and boxes were seen stored on floors in numerous areas of the centre including storage rooms and clinical rooms. This is inappropriate and unsafe as cleaning the floor beneath is impossible and the items become contaminated
- Storage rooms in the centre were seen to be cluttered. For example, pillows, boxes of equipment, bags of clothes and linen were all stored in one area, with no clear segregation of clean and dirty items.
- A number of sharps bins in use did not have the temporary closure in place
- There was no hand-washing sinks in any of the domestic store rooms
- While clinical hand-washing sinks were available in the centre, the clinical sinks did not comply with standard 2.2 of the National Standards for Infection prevention and control in community services (2018)
- Healthcare risk waste was held in two large clinical waste bins while awaiting collection. These were kept in an indoor storage area, alongside boxes of PPE and other resident equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Up-to-date service records were in place for the maintenance of the fire equipment detection, fire alarm system and emergency lighting. There was a robust system of weekly, monthly and quarterly checks of means of escape and fire doors. Each resident had a personal emergency evacuation plans (PEEP) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Records reviewed by inspectors showed that annual fire training was completed by staff and regular fire drills were undertaken which provided assurances regarding suitable evacuation times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While overall medication management practices in the centre were good, inspectors found some examples of medication management practices which were not in line with the centre's own medication management policy, and which had the potential to contribute to medication-related errors. For example;

- The system for the safe disposal or return of medications to the pharmacy required strengthening to ensure that medications which were no longer required by a resident were segregated from other medications. Inspectors found an overstock of medications, including controlled medications, stored in the centre, that were not prescribed for current residents.
- The centre uses a pre-packaged system for residents' regular medications. There are some high-risk medications which cannot be packaged into this system and are instead stored separately. Inspectors found that the count of these medications did not match the count of medications signed as administered and there was some confusion amongst staff as to whether the medication had been administered or not.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning in the centre was good and care plans were seen to describe person-centered care interventions to meet the assessed clinical and social needs of residents. Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. Based on a sample of care plans viewed, appropriate interventions were in place

for residents' assessed needs. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulceration and falls.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. Residents' GP's attended the centre regularly to support the residents' medical needs. There was evidence of timely and appropriate referral to, and review by, various health and social care professionals such as psychiatry of later life, speech and language therapy and dietetic services. The interventions prescribed by these professionals was seen to be transferred to the residents' care plans to ensure consistency of care. Wound care was well managed in the centre with the expertise of wound care specialists when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a small number of residents in the centre who presented with responsive behaviours. There was a centre-specific policy and procedure in place for the management of these behaviours. Care plans to support residents with responsive behaviours described the behaviours, the triggers to them and person-centred interventions to engage or redirect residents. Staff were seen to be knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents.

Staff were familiar with the resident's rights and choices in relation to restraint use. Alternative measures to restraints were tried and consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the registered provider had taken all reasonable measures to protect residents from abuse.

- Staff training in safeguarding of vulnerable persons had been completed by all staff
- There was a policy and procedure on the prevention, detection and response to abuse. Staff were knowledgeable about what constitutes abuse and the process in place should an allegation be disclosed to them
- Garda vetting disclosures were in place prior to staff commencing employment
- There was a system in place to safeguard residents' personal finances
- Staff had access to independent advocacy services
- Any allegations of abuse were subject to a critical incident analysis and were seen to be investigated thoroughly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in a diverse range of group or individual activities. Residents were encouraged to choose their own daily routine, and maintain communications outside of the centre. Residents were supported to leave the centre for short trips and overnight stays where possible.

Residents kept up to date with current affairs and local and national news through various media outlets. Newspapers were delivered daily to the centre and global news stations were accessible on TV. Normally, a wireless Internet service was provided throughout the centre; this was temporarily inaccessible during the inspection but was in the process of being repaired.

Residents were supported with access to religious activities of their own denomination.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	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 SignaCare Bunclody OSV-0007221

Inspection ID: MON-0035344

Date of inspection: 29/03/2022

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>Management have reviewed their Governance and Management Systems within the centre:</p> <p>Audit action plans are now comprehensive and are used as a driving force to improve quality of care within the centre. Risks are identified and actioned timebound for completion. Introduction of a New Comprehensive Auditing System – Viclarity within the month of June</p> <p>Minutes of Meeting show evidence of discussion & shared Learning throughout and have detailed action plans to drive improvements.</p> <p>There is now a General Risk assessment for Residents who smoke and all residents now have an individual smoking assessment completed. There is now a system of Risk review, analysis and incidents are investigated including environmental & infection Control and learning shared to drive improvement. These are also discussed with the Quality Risk & Safety Team at the quarterly Meetings and highlighted and discussed weekly with the RPR.</p> <p>Appropriate fire fighting equipment, and smoking facilities such as ashtrays are now made available to residents, staff training completed resume</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

1. All bedrooms are equipped with a lockable storage space for resident's precious items and money – new locks have been replaced on storage spaces where keys have become lost with extra keys available

2. The Provider is in the process of changing all handwashing sinks to comply with standard 2.2 of the National Standards for Infection prevention and control in community services (2018), all domestic rooms and the laundry will have sinks that conform to HBN 00 – 10 Part C, sanitary assemblies

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

1. Items of equipment and boxes are now stored off the floors in storage rooms and clinical rooms to facilitate cleaning the floor beneath, reducing risk of contamination.
2. Storage rooms are now not cluttered and there is a clear segregation of clean and dirty items
3. Nursing and care staff have undergone sharps training and understand the need to have the temporary closure in place.
4. The Provider is in the process of changing all handwashing sinks to comply with standard 2.2 of the National Standards for Infection prevention and control in community services (2018), all domestic rooms and the laundry will have sinks that conform to HBN 00 – 10 Part C, sanitary assemblies
5. Healthcare risk waste, clinical waste bins are locked and stored in a separate area to clean storage items

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Medication Management Practices were reviewed to ensure that the risks of errors occurring was minimised by putting in place the following:

The system for the safe disposal and return of medications to the pharmacy has been reviewed and a robust checking system put in place to ensure no overstocking or medication stored from past residents.

The system for monitoring administration of loose medication has been reviewed and all

Nursing Staff are in the process of retraining in medication management – this is provided on site by the pharmacist – a member of the Nursing staff has now been allocated to medication management

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	01/07/2022
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	25/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	01/07/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	25/05/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the	Substantially Compliant	Yellow	25/05/2022

	product concerned can no longer be used as a medicinal product.			
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