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Bandon Community Hospital, Hospital Lane, Cloughmacsimon, Bandon, Cork

Item Type	report
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Citation	Mary O'Mahony, 'Bandon Community Hospital, Hospital Lane, Cloughmacsimon, Bandon, Cork', [report], Health Information and Quality Authority, 2017-11-02, Older People Inspection Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-04-11 08:07:29
Link to Item	https://hdl.handle.net/20.500.14765/86724

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Bandon Community Hospital
Centre ID:	OSV-0000557
Centre address:	Hospital Lane, Cloughmacsimon, Bandon, Cork.
Telephone number:	023 884 1403
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Richard Buckley
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	13

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 August 2017 09:30 To: 23 August 2017 18:45

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Bandon Community Hospital, established in 1929, was a single-storey building which had been extensively renovated since the previous inspection. The provider, the Health Service Executive (HSE), had developed and agreed plans which were forwarded to HIQA for a new extension, consisting of 21 single bedrooms and two twin bedrooms. The previous person in charge had been involved in these plans from the beginning and the new person in charge had continued to suggest improvements and changes. The provider had made a substantial sum of money available to ensure that the centre complied with the regulatory requirements for premises in designated centres for older adults. On this inspection the provider and new person in charge had submitted an application to register the new extension and to increase the number of available beds to 25 from the previous 22.

The centre provided long-term, respite and palliative care for local residents. At the time of inspection there were 12 residents in the old section of the premises waiting to transfer to the new bedrooms. The person in charge stated that there was a waiting list of 22 residents for the remaining beds. Respite admissions had not occurred during the renovation period in order to optimise the care for long term residents at a time of upheaval. However, the person in charge stated that a small

number of respite residents would again be facilitated to avail of respite admission following registration of the new extension.

Throughout the inspection the inspector observed practices and reviewed documentation such as, residents' care plans, complaints logs, policies, resident surveys and staff files. There was evidence of an effective governance structure and that residents received a high standard of evidence-based care with good access to allied health services. There was a complaints management process in place which was effectively monitored. Staff with whom the inspector spoke were knowledgeable and experienced. Systems were in place to monitor and augment the quality of care. Residents spoke with the inspector about the new extension and they stated they were delighted with the renovations. Residents were facilitated to exercise choice in the location of their new room. It was evident to the inspector that their views were sought and listened to and that their privacy and dignity would be greatly enhanced in the new accommodation. The feedback received from residents and relatives indicated a high level of satisfaction with staff and all the efforts they had made to improve the quality of life of residents. Staff also praised the provider, the builders and the local community for the commitment they had shown to the project on behalf of residents. Staff were equally proud of the new working environment and the space available in each room for attending to resident's needs in a discreet manner.

The inspector found that the newly renovated centre was compliant with regulations as set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. Some minor improvements were required in the area of medication management. The required action was set out in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place that specified the lines of authority and accountability in the centre. The person in charge had been appointed since the previous inspection. She worked full time in an interim appointment and was supported in her role by an experienced clinical nurse manager 2 (CNM 2). The inspector viewed minutes of staff meetings. Staff informed the inspector that issues were discussed and actions taken where required. There was evidence of consultation with residents and relatives in the minutes of residents' meetings. Residents and staff were very complimentary about the provider and person in charge.

The management team had effectively managed the renovation with as little disturbance as possible to residents. The provider stated to the inspector that the builders were obliging and were careful to respect the environment where they worked. In addition, the person in charge stated that she received a positive response and resources were made available from the HSE when she suggested positive changes. For example, large double wardrobes had been built in to each room where initially, free-standing wardrobes had been proposed. A locked shelf had been incorporated into each wardrobe.

There were systems in place to assess the quality of life and safety of care. The inspector viewed audits on medication management, health and safety issues and infection control.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge informed the inspector that she held regular meetings with the provider nominee, her assistant person in charge and staff on a weekly basis. As the person in charge was newly appointed since the previous inspection an interview was conducted with her to evaluate her understanding of the standards and regulations for the sector. She verbalised an ongoing willingness to ensure compliance with the regulations and to enhance the quality of life of residents. Residents were familiar with the person in charge and she communicated effectively with residents, relatives and staff.

The person in charge demonstrated clinical knowledge in ensuring suitable and safe care. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Minutes were maintained of these meetings. The person in charge organised and delegated the audit system. She stated that she analysed the outcomes to improve care. She explained to inspectors that she was engaged in continuous professional development and promoted continuous improvement in residents' care utilising best evidence-based practice. She had qualifications in gerontological nursing, in dementia care and in social care and regulation. She was trained to deliver in-house training, for example, in presentation skills and communication strategies.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The policy on the prevention of elder abuse set out the protocol in place for the prevention, detection, reporting and investigating of any allegations. The HSE policy on Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014 was seen to guide training and practice in the centre. The inspector found that measures were in place to protect and safeguard residents. Staff spoken with by the inspector were aware of the procedure to follow if they witnessed, suspected or received an allegation of abuse. Training records reviewed confirmed that staff had received training in safeguarding residents and on recognising and responding to elder abuse. Staff confirmed that this topic was initially covered during their induction. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and respectful. Relatives confirmed with the inspector that staff were approachable and kind.

There was an up-to-date policy in the centre to support staff in interventions for residents who exhibited behaviours that challenge which were related to the behavioural and psychological symptoms of dementia (BPSD). Staff members spoken with confirmed that training had been provided to them in how to support residents with dementia. Individualised care plans on behaviour support issues were in place. The inspector noted that the use of psychotropic medication was reviewed regularly by the GP. Bedrails were checked when in use and records of these checks were viewed by the inspector. There was evidence that consent of the resident or a representative had been sought for the use of any form of restrictive practice. Where a clinical decision had been made for the use of restraint a multi-disciplinary (MDT) meeting was held.

The inspector found that residents' finances were managed robustly in the centre. The inspector was informed that two staff members signed for financial transactions and that invoices and receipts were provided to residents. The inspector was informed that the centre was a pension agent for a small group of residents and that these records were maintained centrally by the HSE. The centre conducted regular financial audit.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.*****Theme:**

Safe care and support

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

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

Findings:

A comprehensive emergency plan was in place. It specified the arrangements for the

evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation.

The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. Evacuation procedures were displayed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting and fire equipment were checked and serviced at regular intervals. Related records were found to be in order. Fire training was provided to staff and fire evacuation drills were undertaken at suitable intervals. The most recent fire drill was undertaken on August 18 in the new section of the building. This practice would continue until all staff were familiar with the fire safety procedures for the new building, according to the person in charge. Twelve staff had attended the last drill and the results were recorded. Fire evacuation blankets were positioned on beds and the fire alarm and fire doors were checked in accordance with relevant guidelines. The centre-specific health and safety statement dated August 2017 was seen by the inspector. The risk management policy was reviewed and was seen to comply with Regulation 26 (1).

The inspector viewed the record of accidents and incidents. Learning which had occurred as a result of each incident was documented. The minutes of health and safety meetings were reviewed. The most recent meeting was held in April 2017 and issues such as, a defective medicine trolley, office chairs requiring replacement and a 'policy of the week' initiative were discussed and actioned. There had only been one complaint of noise during the recent building work which the person in charge stated was testament to the planning and support that was available to residents from the builders and staff. Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for dependency and skin integrity, smoking, continence, moving and handling and the behaviour associated with the behaviour and psychological effects of dementia (BPSD). The inspector found that, where appropriate, plans of care were drawn up following completion of these clinical assessments

Infection control guidelines were followed. The inspector found that staff engaged in regular hand-washing and were seen to wear personal protective equipment, such as gloves and aprons. Hand sanitizers and hand washing facilities were in place, around the centre. These were positioned strategically around the new section of the centre and staff training in hand-washing procedures had been updated. The inspector observed that the new centre was very clean with high class sluice, toilet, bathroom and hand-washing facilities available to residents and staff.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

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

Findings:

Each resident was protected by the designated centre's policies and procedures for medicines management. The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The general practitioner (GP) reviewed residents' medicines on a three-monthly basis. Medicines which were required to be crushed had been prescribed for residents to be administered in that form, where appropriate. The processes in place for the handling of medicines, including controlled drugs were safe and in accordance with current guidelines and legislation. Staff followed appropriate medicines management practices and medicines were administered as prescribed according to records seen. However, in the small sample of medicine administration charts reviewed the inspector found that the nurse who had administered some medicines had not signed as having done so.

There were procedures in place for the handling and disposal of unused and out-of-date medicines in the centre. The pharmacist carried out an audit in the centre and the person in charge checked the medicine stock and residents' prescriptions on a weekly basis. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist where possible and five GPs attended the centre. Advice provided by the pharmacist was accessed for staff and residents. The person in charge stated that the pharmacist facilitated staff training and was available to speak with residents. There was a new spacious clinic room in the new extension where medicines and dressings were to be stored.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Care plans were developed for each resident on admission. Residents were consulted in the formulation of these care plans. Appropriate clinical assessments were in place to

address residents' needs. Residents had a choice of GP. Most residents were under the care of one GP practice. Staff stated that they visited the centre five days a week and when required. The person in charge stated that five GPs were available from this practice providing choice for residents. A daily narrative record of nursing care was recorded in residents' care plans.

In the sample of residents' care plans reviewed there was evidence of timely access to allied health care professionals. Dental and optical services were provided through a referral system. There was evidence of access to and use of chiropody, speech and language therapy, physiotherapy and dietician services. The dietician and the speech and language therapist provided regular training to staff on the care of residents with swallowing difficulties and other nutritional needs.

Residents' social care needs were addressed and enhanced, in the centre. Hairdressing services were available to residents. Residents were observed throughout the days of inspection having availed of this service. Residents informed the inspector that they were very happy with the high standard of care, in the centre. They were looking forward to availing of the dining room facilities in the new extension including joining residents for meals. At the time of inspection there was only a small group of residents sitting in the sitting room availing of an activity. However, staff informed the inspector that the new extension would have more rooms for residents to come together for events and meaningful activities. A number of volunteers and external groups attended the centre to provide activities for residents. The inspector viewed minutes of resident and family meetings at which the new extension, fundraising efforts and personalising the new rooms was discussed.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The inspector was shown the renovations which were very impressive. Twenty one residents will now have been provided with single room accommodation, with en-suite facilities. There were also two en-suite twin-bedrooms available where residents had

expressed a choice for this. All rooms were decorated to a very high standard. Each room was painted in a different colour and had a choice of floor covering installed. Grey, white and contrasting strong colours of pink, green, blue and yellow, were the predominant colour schemes for the new extension. Each bedroom was fitted with a 'double-track' ceiling-mounted hoist for those residents who could not mobilise independently. The bathroom ware in the en-suite bathrooms was suitable for older adults and it was evident to the inspector that there had been no expense spared to ensure that the lived environment of residents was of a very high standard. A clock and calendar was available in each room also to aid daily orientation for residents. Each resident had been provided with a 32" flat screen TV and their choice of external views and wall colour. Notice boards were available for residents' personal items and photographs.

The inspector found that there had been extensive consultation about the new building with residents and relatives, where appropriate. Minutes of these meetings were seen and the inspector was also shown survey results which indicated that 98 percent of residents had chosen to live in a single room. One resident stated that she "was always used to this at home". She did not like sharing her room with a group of other residents. She said she would be 'lonesome' when the builders were gone due to the excitement generated by the project. Residents had been advised that there were now sufficient communal spaces for social interaction. For example, residents had a beautifully decorated dining room, two sitting rooms and an internal court yard in which to congregate. The inspector viewed the new "able table" which was being trialled to assess its suitability for residents who required wheelchair use. In addition, the provider informed the inspector that stage two of the renovations involved converting the old rooms for alternative use as well as developing 'a state-of-the-art' large dayroom to the front of the building. This was to be used for entertainment, TV and music as well as watching family members, staff and friends coming and going on a daily basis. The location of this dayroom was the 'brain-child' of the previous person in charge who had wished that the centre and the residents would maintain the existing strong community links.

The new person in charge informed the inspector that the centre was very well supported by the community led by the "Friends of Bandon Community Hospital" group. This group had raised a very large sum of money for the development of the new dayroom. The members of the group had also requested to be allowed to decorate the hallways and external grounds with donated pictures and other furnishings. The internal reception/nurses desk was located at the intersection of the three new accommodation hallways which had been named by residents after local areas of interest: the Cottage Lane, Spring lane and Butterfly lane. This location provided adequate supervision for staff particularly when on night-duty. Closed circuit TV (CCTV) monitors were positioned at the nurses' desk as an added supervision aid.

The inspector viewed the new dining room. This was innovative in design and included an adjoining pantry with kitchenette area for resident and relatives use. One of the larger single bedrooms had been set aside for those residents with palliative needs. The person in charge stated that a single bed-couch or other overnight sleeping accommodation would be available for relatives in this room. A large meeting room/family room had also been included in the building. The centre was located next to

the day-care centre. The inspector observed residents coming and going from this service with relatives. Some of these people also visited residents in the centre which helped maintain connection with the community. The person in charge stated that the physiotherapist from this sector would now be re-locating to a room in the old section of the community hospital. She explained that this had an added benefit for long term residents as physiotherapy would be more accessible to those who had been assessed as requiring this speciality. There were some small alcove areas in the building which staff said would be furnished and decorated to create a homely feel in the centre.

The internal courtyard was available for any resident who wished to smoke and appropriate risk assessments had been undertaken for this. External walkways had been developed and seating areas had been placed at suitable intervals. The person in charge explained that sections of the "old hospital" walls had been preserved and retained. This added an 'old garden wall' effect to the outdoor walkways. Plans were in place to erect bird-tables, flower boxes and suitable plants in the external gardens. Some of the old trees had been preserved when the area had been cleared. There was a view of the new by-pass road and the surrounding hills from the bedroom windows. Where views were not optimal the person in charge explained that fencing and planting would be put in place to enhance the view.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

The inspector observed that residents' privacy and dignity were respected and promoted by staff as much as the present premises drawbacks allowed. These issues had been addressed by the provision of predominantly single-room accommodation in the new build. Residents had previously developed their own charter of rights for their lives in the centre. Satisfaction comment cards and survey results were viewed. The manner in which residents were addressed by staff was respectful. Residents had adequate space to meet relatives and visitors in private in the new building. The centre had a policy on communication for staff and residents.

Resident and relative surveys were undertaken to establish satisfaction with the service. The inspector saw residents reading the information notice boards during the day. There was an information booklet available to them and copies of previous inspection reports were available to view. Relatives stated that their birthdays and other important days were celebrated in the centre. Residents informed the inspector that they were planning to go on an external outing to the local restaurant to celebrate the success of the inspection and the completion of the renovations.

The residents' committee met every three months. This was run by the activities coordinator. This committee allowed residents the opportunity to discuss relevant items such as renovations, meals, staffing issues and activities. The inspector reviewed minutes of these meetings. Residents confirmed that improvements had occurred as a result of their comments. Minutes of meetings indicated that relatives were encouraged to personalise residents' bedrooms including bringing in a favourite item of furniture or pictures from home. Residents had been asked to support the bedroom choice for residents who could not communicate verbally. For example, one man who liked gardening had been provided with a garden-view room. Residents had access to newspapers, TV and radio. Photographs on display in residents' bedrooms indicated the involvement of residents and their family members at events in the centre. Residents were encouraged to partake in film viewing, newspaper reading, conversation, card games, board games, art and crafts and puzzles in order to maintain cognitive ability and social interaction. Throughout the inspection there were a number of activities planned. Validation therapy and aromatherapy sessions were facilitated by staff during the inspection. Each resident had an activity schedule record maintained in their personal, care plan file.

There was an open visiting policy in operation and the inspector met and saw plenty visitors and relatives during the course of the inspection. The inspector found that interaction and appropriate activity provision had improved for residents since previous inspections. Two external groups visited on a weekly basis. Bingo and card games were popular and supported by volunteer staff. Individual activities were also facilitated. The person in charge explained the activities presently available and the proposed programme was outlined for the new dayroom and communal areas.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

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

No actions were required from the previous inspection.

Findings:

A sample of staff files were reviewed, The documents required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available. There were sufficient staff on duty with the right skills, qualifications and experience to meet the assessed needs of resident. The staff rota indicated that staff nurses were on duty at all times. new staffing requirements were currently under discussion with the HSE. All staff had access to education and training which enabled them to provide care that reflected contemporary evidence based practice. Staff were observed engaging with residents in a kind and friendly manner. All members of the nursing staff had up-to-date registration with their relevant professional body.

Staff confirmed that copies of both the regulations and the standards had been made available to them. The inspector viewed the training records for staff. Mandatory training was up to date. Staff spoken with by the inspector were familiar with the training programme and confirmed that a wide range of training was available to them. Staff who had attended training such as in validation therapy were facilitated to make a presentation of the new learning to colleagues, following the training. The person in charge believed that this enhanced the learning environment for staff and encouraged them to use their knowledge to improve residents' care. The person in charge stated that culture change had occurred with support from all staff. For example, staff now had their tea breaks in the shared dining room. One staff member informed the inspector that they had a 'great leader' in the person in charge. The provider and person in charge were spoken with by the inspector and were found to be supportive of each other, of staff and of the community of people in Bandon Community Hospital.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bandon Community Hospital
Centre ID:	OSV-0000557
Date of inspection:	23/08/2017
Date of response:	14/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:

Safe care and support

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

A small number of medicines had not been signed as administered in the sample of medicine administration records seen.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

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

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Nursing staff have been reminded to sign for medications given as per Regulation 29 (5) Nursing staff to complete hseland medication management training.

Proposed Timescale: 31/10/2017