



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Bunclody
Name of provider:	SignaCare Bunclody Limited
Address of centre:	Newtownbarry, Bunclody, Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	29 March 2021
Centre ID:	OSV-0007221
Fieldwork ID:	MON-0030856

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. Also under construction on the first floor is 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:	34
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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
Monday 29 March 2021	09:45hrs to 15:15hrs	Mary O'Donnell	Lead
Monday 29 March 2021	09:45hrs to 15:15hrs	Catherine Furey	Support

What residents told us and what inspectors observed

This announced inspection was carried out over one day. It was evident from observations on the day and from what residents told the inspectors, that despite the restrictions imposed to keep residents safe during the COVID-19 pandemic, the residents had a good quality of life. They were provided with services as set out in the statement of purpose and they were consulted with and supported by staff to lead purposeful lives.

The inspectors completed a walk about of the centre and found that the premises was spotless and laid out to meet the needs of the residents. The centre was a hotel which had been extended, refurbished and decorated to a high standard. The four storey facility provided a range of communal spaces for the residents as well as spacious single bedrooms and two twin rooms which had full en-suite facilities. The inspectors saw that bedrooms were personalised with residents' personal photographs, flowers and ornaments.

There was a communal room and dining room on the first and second floor and a sitting room on the third floor. Most of the residents spent the afternoon on the ground floor. They had lunch in the dining room and enjoyed activities during the afternoon. The ground floor had communal areas, including an activity room, dining rooms, sitting rooms, an oratory and a coffee dock. The coffee dock had a separate entrance and was used as a safe space for residents to meet with visitors. Throughout the day many residents were seen moving freely around the centre. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The layout, contrasting colours and the signage in the centre helped to orientate residents so that they could move around the building independently. There was a secure garden with raised flower beds and vegetable beds. There were plans to create an indoor garden on the first floor and develop roof gardens for residents and their relatives to enjoy. Residents on the second floor had access to an outdoor balcony area with views of the town.

The centre had experienced an outbreak of COVID-19 and at the time of the inspection the outbreak was officially declared over. Four residents in precautionary isolation were in the orange zone on the third floor. They had their movements restricted in line with the Health Protection and Surveillance Centre guidance (*Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*). Rooms used for isolation had a clinical waste bin and a drawer unit stocked with PPE outside the door. Inspectors saw that there were hand sanitizers in each bedroom, at the entrance to the centre, on the corridors and in the communal areas. The first floor was recently renovated and at the time of inspection residents were accommodated on the second and third floors. Inspectors saw that each floor was a separate zone with separate staff allocated to each zone. The orange zone on the third floor also had separate staffing.

Inspectors met and chatted with most of the residents and interviewed six residents individually. Residents told the inspectors that they were comfortable and they felt safe in the centre. Residents looked well groomed and relaxed. Some female residents had their nails polished and they were delighted that a staff member with hairdressing experience was doing their hair as the hairdresser was unable to come into the centre. Residents were satisfied with mealtimes and the drinks and food choices on offer. Residents were pleased that their suggestions for menu options were taken on board. One resident was pleased that she could enjoy curries. Another resident declared that the food was the best thing about living in the centre. He described the gravy as exceptional. They said the staff were kind and there were enough staff on duty both day and night. The inspectors observed that call bells were responded to promptly during the day.

There was a warm rapport between residents and staff and a relaxed and happy atmosphere was evident. Inspectors observed the dining experience at lunch time and saw that tables were nicely set and seating was arranged to facilitate social distancing. Meal times were observed to be a social, unhurried experience and the inspectors saw the food, including modified meals was appetising and well presented. Staff sat with residents and engaged socially while providing encouragement and assistance.

During the day, the inspectors observed that staff who supervised in the sitting rooms engaged with the residents and staff also interacted socially with residents in their bedrooms. For example a staff member was observed sitting with a resident reading. The physiotherapist was on site three days a week and all the residents remarked that they enjoyed the exercise classes. The physiotherapist also attended residents in their rooms to perform passive exercises and was engaged in a rehabilitation programme for residents who were recovering from COVID. None of the residents were on bed rest and generally residents were alert and engaged in whatever was going on. Residents with advanced dementia exhibited signs of well-being. They had soft toys and sensory fidget blankets for tactile stimulation and some residents were singing a song or humming a tune. Inspectors met residents who had formed new friendships with other residents. Residents told the inspectors that the activities were important to them and they were pleased that activities were provided seven days a week. It meant that they always had something to look forward to at a time when visiting was restricted. Residents were pleased that they could use the phone in their room to contact family members. They remarked how kind staff had been during the visiting restrictions and the measures staff had put in place to enable them to stay in touch with their families and friends. Residents said they used mobile phones, Skype and social media which helped them stay in contact with their families.

Residents said they were actively encouraged to express their opinions and their choices were respected. They were pleased that feedback from their meetings was acted upon by staff and management. Feedback from the residents' satisfaction survey was positive and it informed service improvements such as menu suggestions and the time for the evening meal. Residents told inspectors that through the residents' meetings, they were updated regarding COVID-19. They were educated regarding hand hygiene and social distancing. Inspectors saw residents sanitising

their hands and some residents wore a mask when they attended activities. Residents were grateful for the COVID-19 vaccine and arrangements were in place to complete the vaccination of any residents who missed out on the first round.

Inspectors found that the centre was a well-managed with a strong focus on resident's welfare. Managers and staff worked hard to ensure that care was person centred and that residents and their families were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

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

Capacity and capability

There were effective management systems in place in this centre. The centre was adequately resourced ensuring that good quality care and a safe service was provided to residents. The management team were proactive in response to issues as they arose. Improvements required when the centre was registered in September 2019 had been addressed.

Signacare Bunclody Ltd, the registered provider has two company directors, one of whom is involved in the operational management of the centre. The provider had submitted an application to vary a condition of registration to increase occupancy from 43 to 62. The first floor with 19 single ensuite rooms and communal areas was ready in January 2021, when phase two building works were completed. An announced inspection was organised to inspect the centre including the accommodation on the first floor and to monitor the the centre's compliance with the care and welfare regulations. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the overall delivery of care. She was supported in her role by a full time clinical nurse manager, a team of nurses and healthcare assistants, and a team of social, catering, domestic and maintenance personnel.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time, having experienced a COVID-19 outbreak in the centre which affected 21 residents and 14 staff. Sadly four residents had passed away from complications arising from COVID-19. The outbreak was well managed and residents were being rehabilitated towards a full recovery. Staff continued to participate in regular swab tests and precautions were in place to prevent the spread of infection. The centre were successfully implementing their preparedness plan and had managed to cover staff absences during the outbreak. There was ongoing and regular engagement between the centre, Public Health and the HSE. Residents and families were kept up to date with changes and the inspectors viewed a sample of emails that had been sent to families which were informative and up to

date with events in the centre. The centre communicated regularly with families by email and telephone. A post-COVID review had been completed which detailed what had worked well and also identified learnings from the outbreak.

The person in charge gathered data on key performance indicators such as, falls, wounds, and weights on a weekly basis. These were analysed and submitted to the CEO for discussion at weekly meetings. A company-wide schedule of audits was in place. These audits were reviewed by the inspectors and were seen to be comprehensive. Quality improvement plans were developed following completion of the audits. These could be further improved by identifying the person responsible for the improvement and confirmation that the actions were completed.

The person in charge held regular meetings with the clinical management team, clinical staff and with ancillary staff. Minutes of these meetings included discussions on all operational issues in the centre, roles and responsibilities, and disseminating information about audit findings. Compliments and any learning from complaints were also discussed. Updates on HPSC guidelines were also discussed. Staff said that they were well supported in their work and that they were kept informed about any changes in relation to work practices relevant to their role. As a result staff were clear about what were expected of them and demonstrated accountability for their work. Staff told inspectors that a strong team spirit was evident during the outbreak and many staff volunteered to help out and work overtime to ensure that residents received the care they needed. There were regular resident committee meetings where the residents discussed issues in relation to COVID-19 including visiting restrictions. The person in charge was a visible presence in the centre, she informed inspectors that she did a walk-about and actively engaged in care tasks. This enabled her to monitor the service, staff practices and also ensure she was available to meet with residents if they had any concerns.

All staff had access to the online Training Academy which had 12 relevant courses, including mandatory training programmes. Staff were encouraged to identify their learning needs and interests and were supported to complete additional training courses. Registered nurses undertook annual medication management training and had undertaken additional training such as venepuncture and collection of COVID-19 swab samples.

Overall, complaints were well managed in line with the centre's policy. There was one open complaint at the time of the inspection. A review of the complaints log showed that complaints was being investigated in line with the centres complaints procedure.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application to vary a condition of registration was submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full time in the centre. She had recently completed a QQI Level 6 management programme and had the necessary experience in line with regulatory requirements. The person in charge was well known to residents and staff and it was clear that she had responsibility for the day-to-day running of the service.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents both day and night. Staffing levels had increased during the COVID-19 outbreak. There was at least three registered nurses on duty during the day and two at night. Two activity staff worked in the centre and care staff also had a role to meet residents' social needs. The person in charge had arrangements in place to ensure there was dedicated staff to care for any resident who required isolation. The hours worked by housekeeping staff was extended to provide enhanced cleaning in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed by inspectors confirmed that all staff had received training in safeguarding vulnerable adults, dementia and behaviours that challenge, manual handling and fire safety. Staff had also completed training in CPR, medication management, palliative care, nutrition and dysphasia. All staff had completed Infection Prevention and Control (IPC) training included Donning and Doffing of personal protective equipment (PPE) and hand hygiene. The person in charge spent time working with staff on each floor and she ensured that training was implemented in practice. Inspectors observed good IPC practices.

Housekeeping staff who spoke with the inspectors and demonstrated a good knowledge of infection prevention and control practices relevant to their work.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information set out in Schedule 3 and was kept up to date

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance against injury to residents and other risks. The policy was due for renewal in September 2021.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. A company director was on site a number of days each week, and the management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. Inspectors examined recent audits including food and nutrition, restraint and health and well-being and noted that audits were used to inform service improvements. Incidents and accidents occurring in the centre were responded to quickly, for example the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care implemented as necessary. Data relating to falls was analysed and used to improve safety. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements.

The provider and person in charge carried out an annual review of the quality and safety of care in 2020 which was available to staff and residents. The review included feedback from the residents satisfaction survey and an improvement plan for 2021.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had signed a contract. The contract detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose at the centre, which had recently been revised. It contained all the required information and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in line with the requirements of Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints procedure in the centre. Residents who spoke with inspectors said that they felt able to raise an issue with staff if they were not happy about any aspects of the service or the care they received. A resident had recently accessed independent advocacy services to support them with a complaint.

The complaints policy was displayed in prominent position in the foyer of the centre. The person in charge was responsible for responding to complaints, and the provider had oversight of complaints. Complaints were recorded and managed in line with the centre's own policy.

Judgment: Compliant

Quality and safety

Inspectors saw that residents appeared to be very well cared for. Residents gave positive feedback regarding the care they received in the centre. It was evident that residents were consulted with about how the centre was run and that they were enabled to make choices about their day-to-day life. There was evidence of effective communication with residents and their families during the COVID-19 pandemic.

The design of the premises was spacious and bright and its relaxing ambiance was conducive to the overall well-being of the residents. The centre was well maintained and the decor throughout provided an elegant with a homely ambiance. Storage was plentiful and assistive equipment such as hoists and wheelchairs were stored away from communal areas and corridors.

Staff were found to be very knowledgeable about the residents' needs. Visual cues in the form of a "Key To Me" display board were in place in each residents' room. These highlighted the residents likes, past hobbies and family members. This helped staff to get to know residents as individuals and supported staff to engage in conversations appropriate to the resident's social needs and interests. There were corresponding social care assessments and individualised care plans for each resident. Care plans were implemented and reviewed on a regular basis, reflecting each resident's changing needs. Inspectors reviewed a sample of the residents' care plans and saw that they were rich in detail, personalised and effectively directed the individualised care of the residents.

Residents were facilitated to have good access to local GP services, throughout the COVID-19 outbreak. Support from geriatrician and palliative care services was also accessed, to ensure a high level of medical care for residents. There was evidence of continued liaison with the local public health department and the HSE with regard to the management of the COVID-19 outbreak. The physiotherapist visited the centre regularly and residents had supportive plans to increase and sustain their mobility. Some residents lost their appetite when they contracted COVID-19 and all residents' weights were monitored every week. Residents had been reviewed by the dietitian and individualised plans of care were in place, to ensure residents' nutrition and hydration needs were met. Specialist advice was sought for the management of chronic wounds and appropriate guidance was seen to be implemented by staff. Residents in the centre also had access to psychiatry of later life and attendance at outpatient services was facilitated.

The centre had effectively managed the recent outbreak of COVID-19. They had a good preparedness plan which was revised to reflect learnings from the recent outbreak to ensure the centre was prepared should another outbreak occur. Cleaning procedures were in line with current guidance and the centre's housekeeping staff were competent in all aspects of decontamination and general infection control measures. Residents, staff and visitors were routinely assessed for symptoms of infection. Arrangements were underway to provide suitable storage of

cleaning equipment and chemicals on each floor.

The provider ensured that systems were in place to promote safety and effectively manage risks. Residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed for all staff and fire drills were carried out on a regular basis, simulating both day time and night time evacuation scenarios.

Regulation 11: Visits

Visiting was arranged for all residents in line with current national guidance from the Health Protection and Surveillance Centre (HPSC). Visits were seen to take place on the day of inspection, adhering to infection prevention and control guidelines. The visitors log confirmed that compassionate visits were also facilitated. These were based on an individual assessment of need and were not limited to end of life situations.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There were ongoing improvements to the premises and the grounds of the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under Regulation 26. Risk reduction records including an emergency plan and an up-to-date risk register were in place. Risk assessments were seen to be completed and appropriate actions were taken to mitigate and control any risks identified.

Judgment: Compliant

Regulation 27: Infection control

The provider had put a number of systems in place to manage risks and ensure that the health and safety of residents was promoted. The COVID-19 contingency plan was regularly updated and explained to staff. Staff spoken with were knowledgeable about this plan. Infection prevention and control strategies had been implemented to effectively manage and control COVID-19. Residents who returned from hospital and newly admitted residents were isolated in a separate zone with dedicated staff which minimised the risk of transmission of infection. PPE was appropriately stored outside each resident's room and was seen to be worn, and disposed of appropriately by staff. There were sufficient cleaning resources to meet the needs of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place to monitor fire safety procedures. Preventative maintenance of fire safety equipment including fire extinguishers, emergency lighting and the fire alarm and was conducted at regular recommended intervals. There was a weekly sounding of the fire alarm and daily checks of escape routes. The largest compartment had six residents and fire drills including, compartmental evacuations were conducted at regular intervals and simulated both day and night time scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up to date changes.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were well met. There was evidence of good access to medical practitioners, through the local GP and out-of-hours services. Allied health professionals were regularly accessed, including speech and language therapists, dietitian services and tissue viability specialists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. There was a low use of restraints such as bedrails. Less restrictive alternatives were trialed and documented in the residents care plan. Inspectors viewed evidence that consent was obtained when restraint was in use. Records confirmed that staff carried out regular safety checks when bedrails were in use.

Staff were knowledgeable regarding residents' behaviours and were seen to engage positively and compassionately when behaviours were displayed. Positive behaviour support plans were in place to which described the behaviours, the antecedents to the behaviour and the interventions in place to limit their occurrences.

Judgment: Compliant

Regulation 9: Residents' rights

Two activity coordinators was available to provide activities for residents on a daily basis. Inspectors reviewed the activity schedule on offer to the residents and noted that the activities reflected residents interests' and capabilities. The communal areas of the centre had been arranged to allow for social distancing during group activities.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant