



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

## Issued by the Chief Inspector

Name of designated centre:	SignaCare Waterford
Name of provider:	Signacare Waterford Ltd
Address of centre:	Rocklands, Ferrybank, Waterford, Waterford
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0033956

## About the designated centre

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

SignaCare Waterford is situated on an elevated site overlooking Waterford city and environs and enjoys the convenience of all of the city's amenities. Originally a period house and hotel it has been developed and extended to a high standard to accommodate up to 64 residents. The registered provider is Signacare Waterford Limited. Bedroom accommodation consists of three twin bedrooms and 58 single rooms. All bedrooms are en-suite and contain showers. There are several communal rooms throughout the centre and a large secure garden is overlooked by a balcony and day rooms. There is car parking to the front of the building. The centre caters for male and female residents over the age of 18 for long and short term care. Care services provided at SignaCare Waterford include residential care, convalescence, palliative care and respite. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 268 staff and are recruiting in line with the needs of the residents as the centre is occupied.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	60
--	----

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
Wednesday 9 March 2022	09:15hrs to 17:40hrs	Catherine Furey	Lead
Wednesday 9 March 2022	09:15hrs to 17:40hrs	Mary Veale	Support

## What residents told us and what inspectors observed

Inspectors took the opportunity to speak to sixteen residents throughout the day to gain insight and feedback about their experiences living in SignaCare Waterford. Inspectors also met with two visitors. Residents were very positive about their experience reported that they felt safe, secure and comfortable in the spacious, bright centre. Visitors expressed high levels of confidence in how the centre was run and were reassured that their loved one was being well cared for. One family member stated that the care was excellent and there was ongoing clear communication from the centre on all matters. Overall there was a calm and relaxed atmosphere in the centre, and residents looked well cared for and happy.

On arrival inspectors were guided through the centre's infection control procedures before entering the building. Inspectors observed visitors being assisted with the same process throughout the day. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct personal protective equipment (PPE) and frequently performing hand hygiene.

Residents' bedrooms and communal rooms were laid out over four levels with lifts and stairs to facilitate movement between these areas. The centre was exceptionally clean and tastefully decorated, with a luxurious hotel-style finish. There was a choice of communal spaces that residents could use on the ground floor including a visitors room, seating and dining areas and a library. These areas were furnished with reminiscence memorabilia, such as an antique gramophone and cabinets displaying delicate crockery. The large dining and sitting room overlooked the centre's landscaped garden and there was access to a safe enclosed balcony. Many bedrooms on the ground floor had doors opening out onto the grounds and bedrooms on the upper floors had large floor length windows to maximise the views of nature, bringing a sense of outdoors into the rooms. The lower ground floor had a peaceful oratory room, decorated with residents framed art pieces. A dedicated activities room and sitting room on this floor opened out into the secure garden. The garden contained wide walkways which were suitable for wheelchair users and promoted residents to walk safely. Although it rained heavily on the day of inspection, many residents said that they enjoyed spending time in the garden when the weather permitted.

On the day of inspection, the second floor was being used as the "red zone" for the centre's current COVID-19 outbreak. This was a self-contained area with dedicated staff and facilities. The outbreak of COVID-19 had greatly affected the residents who were isolating and could not attend the wider communal areas. However, arrangements were in place for these residents to receive visitors. Inspectors spoke with residents in this area who said that their visitors kept them going and that they understood that the isolation was necessary for a short period of time. The outbreak of COVID-19 was contained within the second floor and did not disrupt the daily lives of the other residents. Residents told inspectors that the person in charge and

all of the staff were very good at communicating changes, particularly relating to COVID-19 and had kept them informed as things happened.

Residents appeared well cared for and were relaxed and engaged in the company of other residents and staff. Interactions between residents and staff was positive and patient. There was a sense of familiarity and camaraderie between residents and staff and a sense of well-being was evident. There was a range of comfortable seating in convenient locations throughout the centre where residents could sit and rest as they walked around. Residents had opportunities to participate in a variety of group activities every day, led by two dedicated staff members. Small group activities took place on each floor. The large dedicated activities room on the lower ground floor contained a kitchenette and large wheelchair accessible activity tables. Residents were seen to enjoy a hot drink while reading the daily newspapers. Activity schedules were clearly displayed in pictorial format on the notice boards in the activities area and residents gave positive feedback about the choice and quality of activities provided in the centre.

Residents could choose to dine in their rooms or in one of the communal dining spaces. The large dining room had a hotel-style servery where residents could see and smell the food being served to them. Meals were attractively plated up and residents were seen to enjoy the sense of occasion at mealtimes, heightened by the restaurant-style décor in the dining room. Staff were seen to offer discreet assistance to residents where required and encouraged residents to maximise their own independence at mealtimes. All residents had high praise for the food on offer, with one resident saying it "deserves five stars".

Residents expressed high levels of satisfaction with other aspects of the service provided, for example, their bedrooms, their routines, access to the hairdresser and laundry services. Resident's personal bedrooms were spacious and bright and residents had ample space to store and display personal and important items such as their own furniture, artwork and photographs. Residents said they were encouraged to give feedback and would have no hesitation in expressing any concerns or requests. They were highly complimentary of the staff in the centre and stated they were always responsive, kind, and could not do enough for them. Inspectors observed many examples of discreet and person-centred care throughout the day.

The next two sections of this report will present the findings in relation to the governance and management of the centre, and how this impacts on the overall quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The provider ensured that the centre was adequately resourced and the centre had a history of good compliance with the

regulations. Overall systems were supporting quality and safety improvements and there were good levels of compliance found on inspection. Some improvements were required with regard to the provision of appropriate training and the notification of incidents.

Signacare Waterford Ltd. is the registered provider. There are 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 person in charge had recently taken on the role in January 2022. She was supported to integrate into this role by the company's Quality Manager. On a daily basis the person in charge was supported by a full time clinical nurse manager, a team of nurses and healthcare assistants. Other staff members who contributed to the delivery of high-quality care included a physiotherapist, activity coordinators, domestic, catering and maintenance staff and a nominated visitors support person.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. Residents and staff had been through a challenging time, and were currently experiencing a second outbreak of COVID-19 in the centre. The first outbreak occurred in January 2021 and affected 20 residents. The current outbreak commenced in February 2022 and on the day of inspection a total of 26 residents had contracted the virus. On both occasions, the centre had successfully implemented their COVID-19 contingency plan and had managed to substantially increase their staffing levels during the outbreak with a combination of agency staff and redeployment of staff from other SignaCare centres. There had been a high uptake of the COVID-19 vaccine amongst staff and residents. There was ongoing and regular engagement between the centre and the Public Health department regarding the centre's infection control procedures. A post-COVID review had been completed following the outbreak in 2021 which detailed what had worked well and also identified learnings from the outbreak. Overall, the current outbreak was well-managed and the affected residents had supportive plans in place to promote a full recovery.

There was evidence of regular engagement with the residents and their families during the pandemic. The provider sought to ensure the residents and families views were captured through satisfaction surveys and regular residents committee meetings, where pertinent issues such as changes to the visiting guidance were discussed. Inspectors followed up on a number of pieces of unsolicited information which had been received by the Chief Inspector since the last inspection. This information contained concerns in relation to the service provided to residents. These were found to have been appropriately investigated and managed by the registered provider.

The centre had good oversight of quality and safety and carried out routine audits on key aspects of the service, for example, medication management, behaviours that challenge, restrictive practice, infection control and end of life care. The findings of audits informed improvements in the centre and ensured ongoing high standards of care was provided. For example, staff hand hygiene audits were

undertaken as part of a suite of infection control audits, an audit in which poor practice was observed had a clear improvement plan which identified hand hygiene refresher training for staff. The inspectors reviewed the training to confirm that refresher hand hygiene training had been completed. Resident satisfaction questionnaire were used to inform improvements in the centre and formed part of a regular feedback process in the centre. A recent residents survey identified that the presentation of modified diet required improvements and additional menu's were required in the centre. There was evidence that the person in charge and chef had met to discuss the issues raised by the residents and changes had been made to the modified meals making meals more appetising and extra menus were displayed in the dining rooms.

There were sufficient resources to provide care in line with the centre's statement of purpose. Additional staff resources had been put in place since the last inspection for catering, housekeeping and activities staff. The centre had sufficient staff available to meet the needs of residents. Agency staff were employed by the centre during the outbreak to cover unplanned sick leave. 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. A comprehensive suite of appropriate training was provided for all staff in the centre. Training had continued throughout the COVID-19 pandemic and this was facilitated through the SignaCare group's own training academy using on-line and remote learning platforms where appropriate. There was good oversight of training requirements in the centre and an ongoing flexible schedule of training was evident.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. There was evidence of good governance and communication systems within the centre and regular meetings were held with all grades of staff. In addition, the provider held regular meetings with the senior managers across the SignaCare company. The format of senior management meeting was concise and contained standing agendas or action plans following the meeting. The management team meeting discussions were evident on local staff meeting agendas and learning identified from complaints and audits was captured at local meetings.

Incidents and reports as set out in schedule 4 of the regulations were mostly notified to the Chief Inspector within the required time frames. One incident had been omitted in error and was submitted immediately following the inspection. Incidents and accidents were well-managed in the centre and were analysed and trended to identify areas for improvement. Overall, there was a low level of documented complaints. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures. Feedback from residents and families was encouraged and used to inform ongoing quality improvements in the centre.

## Regulation 14: Persons in charge

The person in charge had commenced their role in January 2022. She was a registered nurse, working full-time in the centre and had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of two nurses on duty at all times. Night time staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Not all staff had been supported to access appropriate training relevant to their respective roles. For example;

- Eight staff required training in safeguarding, which is required when working with vulnerable elderly people
- Three staff required refresher training in behaviours that challenge. This was important as there was a number of residents in the centre who were identified as displaying these behaviours.
- Two staff members had completed a walk-through of fire-safety during their induction however they had not completed formal fire safety training.

Judgment: Substantially compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector on request. A sample of staff files, nursing documentation, fire drills and restraint records were reviewed during the inspection and found to contain all the required information. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that inspectors spoke with were knowledgeable about their roles and responsibilities.

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, audits of infection control, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. Audit outcomes and plans for improvement were discussed at the organisation's clinical governance meetings and at regular staff meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2021. This included targeted improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review was prepared in consultation with the residents and their families and contained their views and feedback on the service provided. The annual review was made available to residents in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated annually, contained all of the information set out in schedule 1 of the regulations and accurately described the facilities and the services provided in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Improvements were required to ensure that all statutory notifications were submitted to the Chief Inspector in accordance with regulations and within the

timeframes set out. One incident had been omitted in error and was submitted immediately following the inspection

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was prominently displayed at the reception and throughout the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Inspectors 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 of the regulations were in place. These were seen to be centre-specific and updated at regular intervals to ensure that they reflected best practice information.

Judgment: Compliant

## Quality and safety

Overall, the quality and safety of care provided to residents in SignaCare Waterford was of a high standard and the centre's person-centred ethos of care was seen to be delivered. Inspectors found that residents' holistic needs were met through a planned and coordinated approach by management and the wider staff team. The systems in place ensured that the quality of life for residents remained the central focus, and inspectors found that residents had a positive experience living in this centre where their individual rights and choices were respected. Oversight of medication management and fire safety required strengthening to ensure consistent best outcomes for residents.

The service prioritised the rights of individuals by promoting choice at every opportunity. Residents were consulted with and participated in the operations of the service and about their individual physical, social and spiritual needs. Residents meetings were held monthly where residents had opportunities to give their feedback regarding the service provided. Social assessments had been completed

for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. Residents could undertake activities in private and there were appropriate facilities for residents to participate in activities in accordance with their interests and capabilities. A comprehensive activity schedule was in place over seven days of the week including exercise classes, various arts and crafts, reminiscence and singing. The weekly activities were advertised throughout the centre. There was a small number of younger residents living in the centre. The inspectors met these residents and discussed the type of care provided to them. These discussions, and a review of residents' documentation provided assurances that younger residents were encouraged to maintain a lifestyle that was age-appropriate and respectful.

While the COVID-19 outbreak impacted on the freedom of residents who had contracted the virus to move around the centre as normal and to participate in their usual daily activities, residents were kept informed about the reasons for this and were supported to have regular visitors under current national guidance. Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents.

There was evidence that the centre was effectively managing the current outbreak of COVID-19 and had implemented learning following the previous outbreak in January 2021. Policies had been updated to guide staff and specific infection control training had been provided to all staff. This included hand hygiene technique and donning and doffing of PPE. The quality manager and person in charge undertook weekly COVID-19 audits which aimed to ensure that the centre was operating in line with current best practice guidelines including environmental checks and audits of staff practices such as hand hygiene. The centre liaised with the department of Public Health during the first and the current outbreak and were seen to implement all recommended guidance received.

Residents were provided with regular access to general practitioners (GP) services. Residents also had access to allied health care services, either privately or through referral to community services including, dietitian, speech and language therapy, dental, chiropody and occupational therapy. The in-house physiotherapist provided regular reviews of residents' mobility and function.

Residents who displayed responsive behaviour as a result of a dementia or other diagnosis were responded to in a dignified manner which promoted positive behaviour support. Inspectors reviewed records of and saw that they gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how to manage such behaviours if they arose, in a dignified manner. Inspectors also reviewed the records for residents for whom restrictive practice, such as bed rails and floor sensors, was in use and observed that appropriate assessment, care planning and consent documentation was in place.

Adequate arrangements had been made for maintaining and servicing of all fire equipment, including the centre's L1 fire alarm system, the fire panel, emergency lighting and fire extinguishers. Records of daily, weekly and quarterly servicing records were complete up to date. Inspectors noted many good practices in relation

to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. The centre's laundry area was seen to be a fire risk and required attention to ensure the safety of residents, as discussed under regulation 28: Fire precautions

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed by the inspectors to be in line with best practice guidelines. Medications that required administering in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for as required (PRN) medications. Medicine management was audited frequently and staff had undertaken medication management training. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. Nonetheless, a serious error in omission of medication was identified by inspectors. This is detailed under regulation 29: Medicines and pharmaceutical services

Residents were facilitated to receive visitors in the centre, in line with the most recent visiting guidance issued by the Health Protection Surveillance Centre (HPSC). During the outbreak of COVID-19 pre-booking of visits was encouraged in order to manage footfall and minimise the spread of the virus. Residents could receive their visitors in the privacy of their bedrooms or in dedicated quiet rooms.

### Regulation 11: Visits

The centre had arrangements in place to ensure that visiting did not compromise residents' safety. All visitors had symptom screening for COVID-19 infection prior to accessing the centre. Visitors attending residents who were currently infected with COVID-19 were instructed in the wearing of appropriate PPE. Inspectors observed numerous visitors to the centre during the day.

Judgment: Compliant

### Regulation 27: Infection control

The centre was dealing with their second outbreak of COVID-19. Isolation and cohorting of residents within the centre had been completed on the advice of the Public Health department and with input from a specialist infection control nurse. The layout of the premises allowed for sections of the centre to be safely divided to prevent cross-infection and onward spread of the virus. PPE was readily available for staff and was used in line with national guidance. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre.

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were enhanced and housekeeping staff were competent in the correct cleaning procedures to maintain a safe environment for residents and staff. All areas of the centre were cleaned and decontaminated to a high standard. There were sufficient facilities for hand hygiene observed in convenient locations throughout the building. There were two designated teams of staff both day and night to allow for cohorted care of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had a small domestic laundry facility which contained washing machines and tumble dryers, which are high-risk appliances with potential for fires to start. These appliances were contained in a room that was not sufficiently fire-proof. While the main entrance door was a fire door, the room contained an open archway into an internal storage room. This storage room contained flammable items such as cleaning products, alcohol gel, and flammable papers and textiles. The registered provider began works to fire-proof the laundry room on the day of inspection.

As identified under regulation 16: Training and staff development, two staff were overdue for fire training.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

While overall medication management procedures were seen to be strong, further oversight of medication administration was required. Inspectors identified two medication errors which had not been identified by the management team:

- A resident had a regular medication omitted in error on 19 occasions
- A resident had a regular medication omitted in error on 16 occasions

Both of these medications had been signed by staff nurses in the electronic medication administration record as having been administered to the resident.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure ulceration, and falls. Individual risk assessments for residents at risk of wandering and absconding were in place.

Care plans had been updated to reflect specific needs should the resident contract COVID-19 and these 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. There was evidence that residents and where appropriate, their representative, were involved in the care planning process.

Judgment: Compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre regularly to support the residents' needs. There was evidence of appropriate and timely referral and review by health and social care professionals such as speech and language therapy, occupational therapy and dietetic services. An on-site physiotherapist provided regular reviews of resident's mobility needs.

A review of wound care records showed good levels of clinical assessment of wounds including regular measurement and documentation of the healing process. There were low levels of pressure ulcer formation in the centre and residents were provided with access to specialist wound care nurses when required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

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

A restraint-free environment was promoted in the centre. There was evidence that additional training had been undertaken in relation to promoting and educating staff around residents choices and rights. Alternative measures to bedrails, such as low profile beds and sensor alarms were trialled before applying bedrails. Consent was obtained when restraint was in use. Records confirmed that there was a system in

place to monitor the safety and response of the resident when bedrails were applied.

There was a low use of PRN (as required) psychotropic medications as a means of controlling responsive behaviours. Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were explored before administering these medications.

Judgment: Compliant

### Regulation 8: Protection

Inspectors were assured that there were appropriate measures in place to safeguard residents and protect them from abuse.

- Staff spoken with were knowledgeable of what constitutes abuse and how to report any allegation of abuse.
- Records reviewed by the inspector provided assurances that any allegation of abuse was immediately addressed and investigated.
- All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre.
- Independent advocacy services were advertised in the centre and were currently being accessed by residents.
- Records showed that residents were asked at each resident meeting if they had any concerns regarding their safety in the centre. All residents confirmed that they felt safe. This echoed what residents told inspectors on the day.

The registered provider facilitated staff to attend training in safeguarding of vulnerable persons. As identified under Regulation 16: Training and staff development, this training was due to be attended by a small number of staff.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had access to a variety of activities over seven days of the week, and were able to choose where and how they spent their time in the centre. Residents were provided with a choice at all mealtimes. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers.

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

Judgment: Compliant

### Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents. It was clean and warm with suitable and comfortable furniture and decor. Both the interior and exterior of the centre were maintained to high standard and the overall premises conformed to the matters set out in schedule 6 of the regulations.

There is one domestic bath in the centre which was fitted with supportive handrails on each side during the inspection.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 17: Premises	Compliant

# Compliance Plan for SignaCare Waterford OSV-0007819

Inspection ID: MON-0033956

Date of inspection: 09/03/2022

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1) Training dates booked for all staff due training 2) Training schedule and matrix in place to plan all training requirements in advance 3) Comprehensive Induction programme in place and online training completed by all new staff, this builds on classroom based training and includes safeguarding , fire	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 1) All incidents notified within the timeframe 2) Support and oversight by management team and director of quality to enhance accurate reporting 3) Clarity provided for an NF03 submitted if any medical treatment is required	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

- 1) Household washing machine will be allocated an individual space free from any additional non-related storage
- 2) Appropriate checks and monitoring system put in place

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

- 1) Increased monitoring weekly and update of audit tool, to include non packed medication
- 2) Training and update for all nurses
- 3) Enhanced culture of reporting any medication incidents in a timely manner and implementing QIPS and learning
- 4) Monitoring and shared learning to continue through Quality, Safety and risk committee

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	06/05/2022
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	Substantially Compliant	Yellow	30/04/2022

	resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	30/04/2022