



# 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:	19 January 2023
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0037163

## 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:	64
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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
Thursday 19 January 2023	10:45hrs to 17:00hrs	Catherine Furey	Lead
Friday 20 January 2023	09:15hrs to 16:15hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in SignaCare Waterford, where their rights were respected and they had freedom in how they chose to spend their days. There was a cheerful and vibrant atmosphere in the centre, and the sense of well-being amongst residents was evident. Residents who spoke with the inspector were unanimous in expressing their satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared comfortable and content. Likewise, visitors to whom the inspector spoke with praised the management and staff for the high level of care and attention given to residents. One visitor stated that they could walk away knowing their loved one was in good hands. Other relatives to whom the inspector spoke stated that they felt reassured that their family members were safe and content in the centre. The inspector observed that staff were consistently respectful in their interactions with residents and knew them well.

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included a temperature check and symptom screening. The person in charge and quality manager accompanied the inspector on a tour of the premises. The inspector found that the centre was warm, comfortable, adequately ventilated and with appropriate lighting throughout. The decor was thoughtfully styled in a homely fashion and was bright and inviting. The centre was free from clutter and there was appropriate handrails and seating areas throughout the premises which enhanced residents' ability to move around the centre safely and independently. Residents reported satisfaction with their bedroom accommodation, which all contained a stylish and matching furniture including a chair, locker, lockable space, wardrobe and storage space. Wall-mounted televisions were available in every room. Residents were encouraged to personalise their rooms with their own furniture and belongings, and many rooms were decorated with photographs and paintings.

The centre's garden was home to chickens and a duck, some residents described enjoying watching them from the windows. Photographs on display in the centre showed residents out enjoying the sun and fresh air in the garden. The day of inspection was cold and most residents chose to stay indoors. Residents commented that the garden was "a gorgeous spot" saying "it doesn't feel like you are near the city when you are out there". The garden had a variety of chairs and wheelchair-accessible walkways. The dining room and sitting rooms contained appropriate and comfortable furniture. Tables were laid prior to meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. Menus were displayed on each table. All residents who spoke with the inspector reported that the variety of food on offer was excellent. One resident stated "You couldn't fault it, everything is lovely". Staff were seen to assist residents in a discreet and sensitive manner at mealtimes, and were seen to promote residents' independence. The dining room

and adjacent lounge were the heart of the centre, where residents gathered to chat, watch television, meet family members and where large group activities took place. Smaller sitting rooms were also in use, and some residents choose to spend quieter time in these areas. An oratory was available for private prayer and reflection.

Residents were observed enjoying the activities on the day of the inspection and there was good communication between residents and staff, with a friendly and fun atmosphere. The activities coordinator led a dementia-specific Sonas class in a smaller group, and live musicians came to entertain the residents with traditional songs and music. Residents were seen enjoying this, and singing along. It was evident that activities were an important part of life for the residents. There were pictures of special occasions and outings on display and it was clear that every effort was made to ensure residents lived a full and enjoyable life, to the best of their abilities.

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

Overall, the inspector found that there were effective management systems in the centre to ensure that residents were provided with good quality care that was responsive to their needs. The registered provider historically demonstrated good adherence to the regulations, and this inspection found similar high levels of compliance. Some improvements in relation to infection control procedures, fire safety and medication management were required.

The registered provider of this centre is SignaCare Waterford Ltd. The company has three directors, one of whom is engaged in the overall operation of the centre. The company is part of the Virtue Integrated Elder Care organisation, which operates and manages a number of other nursing homes in the country. SignaCare Waterford maintains a strong network with four other nursing homes, which make up the SignaCare sub-group of the overall organisation. There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge worked full-time in the centre and was supported by an assistant director of nursing, clinical nurse manager and a team of nursing, health care, household, catering, activity, administration and maintenance staff. The person in charge reported to the provider representative who was available for consultation and support on a daily basis. Further support was provided by the quality and risk manager, and the director of operations. There was evidence of good communication through clinical governance and quality, safety and risk meetings, which discussed all areas of the service provided to residents. There was a system in place to ensure that the service was consistently monitored,

including the collection of key weekly clinical data to inform a regular schedule of audits.

This unannounced inspection was carried out over two days, following receipt of an application by the registered provider to renew the centre's registration. The provider was responsive to issues as they arose during the inspection, and was proactive in offering solutions to achieve compliance. The centre is registered for 64 beds, and there were no vacant beds the day of inspection. The person in charge outlined that the staffing levels were under constant review based on the occupancy and the dependency level of the residents. There were ten beds in the centre which were dedicated to short-stay residents, under contract with the Health Service Executive (HSE). Records showed that there had been no agency staff required to cover absences since the previous inspection March 2022. The current complement of staff was sufficient to meet the needs of the residents, and were seen to be competent and knowledgeable about the residents individual requirements and were observed to be following best practice guidance, for example, appropriate moving and handling techniques and effective hand hygiene.

Staff were supervised in their roles by the director of nursing and assistant director of nursing. The assistant director of nursing provide a high-level induction to new staff nurses. A further level of supervision and support was provided to healthcare assistants by the advanced care practitioner, who worked in a supernumerary capacity. Staff files showed that there were regular probation reviews for new staff, and following this, annual performance appraisals, which gave staff opportunities to identify their own strengths and additional training options. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in safeguarding vulnerable adults, moving and handling and fire safety. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of personal protective equipment (PPE).

There was a log of incidents and accidents which occurred in the centre and this was seen to detail the factors contributing to the incident and included follow up actions to minimise the same type of incident occurring again. Overall, there was a low level of documented complaints. There were no open complaints at the time of the inspection. A review of the complaints log showed that complaints were investigated and well managed in line with the centre's own policy and procedures. Minor concerns from residents and families were actively encouraged to be documented and investigated to ensure that these smaller issues were identified and dealt with quickly and efficiently.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the registration within the required time frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge met the requirements of the regulation; she was a registered nurse, working full-time in the centre and had the required qualifications, experience and knowledge to fulfill the role.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of rosters, and from observations on the day, assurances were provided that there was a sufficient number of staff, of an appropriate skill mix, to meet the collective and individual needs of the residents, having regard for the size and the layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety and the management of behaviours that challenge was completed for staff. The inspector was assured that staff were appropriately supervised by senior staff in their respective roles and that there was appropriate on-call management support available at night and at weekends.

Judgment: Compliant

#### Regulation 19: Directory of residents

The registered provider had established an electronic directory of residents following the registration of the centre. This directory was maintained, available for review and contained all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

The inspector examined a sample of staff files and found that these were stored securely, and all contained the information required by Schedule 2 of the regulations. Residents' records as required by Schedule 3 and other records as required by Schedule 4, including a record of restraints and fire safety records were in place and seen to be up-to-date and well-maintained. Retention periods were in line with regulatory requirements.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management systems in place provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a defined management structure in place with clearly defined lines of authority and accountability. Inspectors spoke with various staff who demonstrated an awareness of their own, and other staff members' roles and responsibilities.

The person in charge and assistant director of nursing collected weekly key performance indicators in relation to restraint use, falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. Inspectors reviewed a number of audits and found that action plans for improvement were identified, with timelines for completion by assigned individuals.

The person in charge was in the process of completing the annual review of the quality of care in 2022. This information would include results of satisfaction surveys incorporating residents' and relatives' feedback regarding the care provided, which were reviewed by the inspector.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and included the terms on which the resident resides in the centre, including the terms related to the bedroom to be provided and the number of other occupants of the room. Residents' contracts clearly set out the services to be provided and the fees incurred under the Nursing Homes Support Scheme, and any other additional fees.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre and this contained all of the information as required under Schedule 1 of the regulations.

The statement of purpose was updated during the inspection to include the accurate whole time equivalent (WTE) numbers of staff in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge maintained a record of all of incidents and accidents occurring in the centre including falls and injuries sustained by residents. A review of this record identified that all notifiable incidents as outlined under Schedule 4 of the regulations had been submitted to HIQA as required, and within the specified time frames.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector reviewed the record of complaints received in the centre which were seen to have been dealt with in accordance with the centre's own complaints policy. There were no open complaints at the time of the inspection. The record of closed complaints contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There

was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

#### Quality and safety

The inspector found that residents living in this centre were supported to live a life which was respectful of their individual rights and promoted independence, in line with the centre's ethos of high-quality, person-centred care, described in their statement of purpose. Residents and their relatives who met with the inspector spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they felt safe in the centre.

The premises was originally a manor house which had been adapted and extended to accommodate residents in 58 single ensuite rooms and three twin ensuite rooms. Bedroom accommodation is contained over three floors of the building. All areas of the centre are accessible by passenger lifts. There was a variety of communal areas on each floor which were observed to be in use during the inspection. The older manor house part of the building did not contain any communal areas, however, all residents accommodated in this area could access the main dining and sitting rooms. The centre was decorated to a high specification and well-maintained. Bedrooms were spacious and residents were provided with sufficient storage space for their clothes and personal items. Residents had access to a large enclosed garden that was spacious and well-maintained. There was unrestricted access from the lower ground floor sitting room, and some bedrooms on this level had patio doors leading directly outdoors.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. The management team time completed infection control audits, including observational audits and audits of practice. Staff were seen to use personal protective equipment (PPE) such as face masks and gloves appropriately. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. There was a high uptake of COVID-

19 vaccination among residents and staff and procedures were in place to facilitate testing and isolation of residents should the need arise. Some required improvements in infection control procedures are detailed under regulation 27: Infection control.

Residents' health, social care and spiritual needs were well catered for. It was evident that staff knew the residents very well and this knowledge was reflected in the resident's individualised care plans which were developed with the resident or their representative where required. Care plans were implemented and reviewed on a regular basis, reflecting residents' changing or additional needs. Residents had access to a GP of their choice, local geriatricians and palliative care services. There was a focus on preventative measures to prevent pressure-related skin damage, including the use of appropriate pressure-relieving equipment such as mattresses and cushions, in conjunction with appropriate clinical assessment. This led to a low level of pressure ulcer formation. The inspector reviewed wound management documentation and found evidence of good practice that ensured healing of wounds had occurred. Other validated assessment tools were used to screen for risk of malnutrition, falls,

The provider had systems in place to monitor restrictive practices in the centre and the restraint register identified that all restraints were documented clearly and subjected to regular review. Corresponding individual care plans were in place for residents using restraints such as bedrails. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. The inspector saw that advice was sought from consultant psychiatry for residents who displayed responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that these reviews resulted in positive outcomes for the residents, for example, appropriate adjusting of medications leading to a decrease in behaviours. Overall medication management procedures were good. There were strong policies and procedures in place in relation to the storage and control of medications in the centre. Out-of-date medicines and medicines which were no longer in use were segregated from in-use medications and were returned to the pharmacy. Controlled drugs were carefully managed in accordance with professional guidance. As outlined under Regulation 29: Medicines and pharmaceutical services, one issue was identified which were not in line with best-practice guidelines.

There was a proactive approach to risk management in the centre. Records of incidents occurring in the centre were comprehensive and included learning and measures to prevent recurrence. A record was kept of all potential and actual clinical and environmental risks and this record identified appropriate control measures in place to mitigate the occurrence of these risks. Fire safety risks in the centre were well managed, and there was a dedicated facilities manager to oversee all aspects of fire safety. As described under regulation 28: Fire precautions, a fire safety risk assessment had identified a number of risks in the centre, which were being addressed. Annual fire training was provided for staff working in the centre and all staff were up to date. Daily fire safety checks of emergency exits and the fire panel were completed. Quarterly servicing of the fire detection and alarm system and the

emergency lighting were completed. Weekly checks of magnetic door releases in response to the fire alarm were also completed and provided assurances of the performance of compartment doors. Fire drills had been completed and good evacuation times were recorded for night time evacuation scenarios.

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in a variety of areas of service provision. Standing items on the agenda for each meeting included call bell responses, maintenance issues, activities, food, laundry and concerns. Residents were afforded opportunities at each meeting to discuss any other concerns, suggestion or comments they had. Minutes of these meetings were documented, with time-bound action plans assigned and followed up on. For example, when a resident commented that they would prefer to be woken earlier, a documented plan was put in place which was communicated back to the resident, and staff.

### Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week, at times of their choosing. Residents were able to receive visitors in a variety of locations including their bedrooms and dedicated areas within the centre. Visitors were requested to complete a brief screening for signs and symptoms of COVID-19 on arrival to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. There was adequate storage space in bedrooms, including a lockable space for valuables if residents wished. Residents informed the inspector that they were satisfied with the arrangements in place for the laundering, and prompt return, of their clothing.

Judgment: Compliant

### Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. Residents' personal wishes at end of life were recorded, when known,

in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

### Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and was very well-maintained both internally and externally. A range of assistive equipment was available to residents and residents had suitable bedroom accommodation and communal space.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector found that all residents, including those who required a modified diet had a choice of menu at each meal time. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with their nutrition and hydration intake at all times.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide to the centre, a copy of which was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide was available in an accessible format with larger font for residents who had a visual impairment and contained all information required by the regulation, including a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant detail. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

### Regulation 26: Risk management

The centre's risk management policy contained actions and measures to control a range of specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about ongoing, active risks and detailed the control measures in place to mitigate these risks.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. Audits of falls and incidents were regularly completed to identify areas for improvement and to minimise the risk of incidents reoccurring.

Judgment: Compliant

### Regulation 27: Infection control

Notwithstanding the many good practices in infection control seen on the day, the inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example:

- An equipment store room in did not promote good infection control practices. For example, there was inappropriate storage of; a mattress which was stained, a cushion in which there was a break in the integrity, opened packets of incontinence wear and storage on the floor.
- There was no local policy for the preparation of chemicals such as chlorine. Bottles of chemicals were not labelled when in use. This is important as chlorine is required to be prepared daily. Assurances could not be provided

that spray bottles were emptied and cleaned before refilling which minimises contamination of cleaning solutions and cleaning tools, as outlined in national guidance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had proactively sought an external qualified professional to complete a fire safety risk assessment of the centre. This had identified a number of fire safety risks, and the management and facilities team were in the process of completing an action plan to address these. The inspector requested a copy of this action plan to be submitted for review following the inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

An insulin pen was incorrectly stored in the fridge, despite manufacturer's guidance on the box which indicated that it should not be refrigerated when in use. This is important as insulin is a high-risk medication, and inappropriate storage can lead to ineffectiveness of the medication.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A sample of residents' care plans and nursing assessments were reviewed. Relevant information was seen to have been documented prior to and following admission to the centre. Care plans had been developed with the support of residents and family members. These were seen to contain sufficient information to guide staff in caring for the medical and nursing needs of residents. All residents had individual occupation and social recreation care plans which provided details and interventions to guide staff on how best to support the residents psychological and social needs.

Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and wandering. Records showed that assessments were regularly updated in line with residents' changing needs, for example following a fall or on return from a hospital stay.

Judgment: Compliant

### Regulation 6: Health care

As seen on the previous inspection, residents continued to have good access to a high level of nursing and medical care in the centre. Continuity of care was provided by the residents visiting GP. Records reviewed identified that the expertise and directions of medical and other health care professionals such as consultant psychiatry, optometry, and dietetic services was followed. The health of residents was promoted and residents were encouraged to mobilise and exercise regularly according to their capabilities.

There was a low level of pressure ulcers occurring in the centre, and when these did occur, there was evidence that they were appropriately managed through the healing process, incorporating advice from wound care specialists, pressure-relieving equipment such as mattresses, and nutritional supplementation to promote wound healing.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. Medications were seen to only be used as a last resort, once all non-medical alternatives to managing the behaviour had been trialled.

Restraints such as bedrails were appropriately assessed prior to use and there was a procedure in place for their regular review and release, in line with national guidelines.

Judgment: Compliant

### Regulation 8: Protection

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 inspectors 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.
- The centre was acting as a pension agent for one resident. Records showed that this arrangement was in line with the Department of Social Protection guidance.
- There was secure systems in place for the management of residents' personal finances.
- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

A review of residents' meeting minutes and satisfaction surveys confirmed that residents were regularly consulted with and participated in the organisation of the centre. Residents had access to individual copies of local newspapers, radios, telephones and television. Notice boards in the centre prominently displayed details of available advocacy services and some residents were engaged with external advocacy and disability services. Residents were supported to access services appropriate to their needs.

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>	
Registration Regulation 4: Application for registration or renewal 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 21: Records	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
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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



# Compliance Plan for SignaCare Waterford OSV-0007819

Inspection ID: MON-0037163

Date of inspection: 20/01/2023

## 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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All staff received refresher training with regards to the procedure for storage and disposal of chemicals. The induction paperwork has now been updated to reflect this learning. The housekeeping manager will carry out spot checks and audits to ensure compliance .</p> <p>With regards to the equipment in the storage room this has now been addressed. The mattress has now been disposed of and a separate area has been identified for the storage of mattresses and equipment. A sign off sheet has also been attached to the door.</p> <p>A separate area identified for incontinence wear and all staff have been re-educated on the importance of not storing anything at floor level.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An action plan has been submitted in response to the Fire Risk Assessment. This is a work in progress and is being managed with the Director of Nursing and the Maintenance team.</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We strive to ensure best practice in medication management. All our nursing staff have received mandatory HSE medication management training . Signacare Waterford also carried out Medication management training with the nurses on site with a registered pharmacist. Signacare Waterford has a external medication management audit quarterly to ensure robust medication management governance within the home .</p> <p>All nurses are now aware to store medication as per manufactures guidelines.</p>	

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/02/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/02/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Substantially Compliant	Yellow	01/02/2023

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