



**Health  
Information  
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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 New Ross
Name of provider:	Signacare New Ross Ltd
Address of centre:	Newtown Commons, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000252
Fieldwork ID:	MON-0039577

## About the designated centre

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

This centre is a purpose-built facility which can accommodate a maximum of 62 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

The registered provider is Prudent Healthcare New Ross Ltd. This centre is situated on the outskirts of New Ross beside a residential estate. It is constructed over two floors with access via passenger lift and stairs. Bedroom accommodation consists of 54 single and four twin rooms, all with full en-suite facilities. Sufficient communal accommodation is available including day rooms and dining areas as well as an oratory and sun room. There are a number of toilets and bathrooms located throughout the building. Kitchen and laundry facilities are located on the ground floor. Open access to safe outside space is located at the rear of the building and there is ample parking space to the front and side of the centre. There are nurses and care assistants on duty covering day and night shifts.

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

Number of residents on the date of inspection:	62
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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
Wednesday 14 June 2023	09:00hrs to 17:15hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

During the inspection, the inspector spoke to many residents about their experiences of living in SignaCare New Ross. Residents reported feeling happy, safe and content. One resident stated "They are very good to me, I get all the help I need". Visitors to whom the inspector spoke were grateful and appreciative of the care that their loved ones received. One visitor said "The admission was straightforward and we are kept up-to-date all the time". From listening to these comments from residents and visitors, and observing staff and resident interactions, it was clear that this was a centre where residents were well-respected and well cared for by a team of dedicated and compassionate staff. The atmosphere in the centre was warm and inviting and the overall feeling was that this was a happy home.

On entering the premises, staff greeted the inspector and a brief meeting was held with the person in charge. A tour of the premises was then completed with the person in charge and the director of quality, safety and risk. The centre was large, warm and comfortably furnished. Each resident had access to suitable toilet and bathroom facilities. The design of the premises was homely and a programme of regular proactive maintenance was in place. The centre was cleaned to a high standard. There had been ongoing improvements with the decor particularly on the first floor, providing a stylish appearance. There was adequate lighting throughout and appropriate assistive handrails.

The centre was laid out over two floors with stairs and elevator access. The stairs were mainly used by staff, as residents could independently access the elevators. The centre is separated into two distinct areas on the ground and first floors. The first floor generally catered for residents of a higher dependency level, and the majority of residents on this floor were living with a diagnosis of dementia or some cognitive impairment. The second floor operated independently in that it contained a dining room, sitting room, conservatory and a dementia-friendly sensory room. There was access to a rooftop garden from the first floor sitting room and access to the large secure garden from the ground floor. Both of these areas were very well-maintained. The garden was a busy spot from morning to evening. The layout of suitable garden furniture in the shade of the direct sun meant that residents could spend plenty of time outdoors safely. The garden was consistently monitored by staff when there were residents present.

The inspector spent time observe the dining experience on both floors of the centre, and found this to be an enjoyable experience for all resident. On the ground floor, food was served table by table, in keeping with a restaurant-style service. Residents who chose to remain in their rooms for meals could do so, and the inspector observed their meals being delivered by staff via tray service, directly from the kitchen. Residents on the first floor enjoyed a similar service, whereby the food was directly plated up from the heated bainmarie in the adjacent kitchenette. The inspector observed that there was a sufficient choice of food to cater for the needs

and requirements of residents, for example, gluten-free, sugar-free and Halal options. During meals, the inspector observed meaningful interactions between residents and staff. For example, when a resident stood up and closed the door to the garden as there was a breeze coming into the dining room, staff acted on this and offered to get a cardigan for the resident. There were many examples of these meaningful exchanges during the inspection, which emphasized the fact that the residents' well-being and comfort was a priority.

Mid-morning, on the first floor, residents gathered to create mosaic art under the guidance of the activity coordinator. In the afternoon a lively activity session was held in the garden. Residents who resided on the first floor came downstairs to join in the activities, which included karaoke and garden games such as ring toss and boules. A resident had celebrated a birthday with family, and the chef had baked and decorated a cake for the occasion. This was enjoyed by residents, along with a range of other treats such as ice cream and chocolate mousse. Residents told the inspector that the food was one of the best things about living in the centre. Residents said they really enjoyed the activities, and if they didn't want to attend, there was no pressure from staff to do so. Additionally, activities for residents with cognitive impairment and dementia, and one-to-one therapies including music therapy, were also part of the weekly schedule. For a trial period, the provider had invested in a Tovertafel, which is an innovate games table designed to increase interaction and movement for residents with cognitive impairment. This had been trialled in various areas of the centre, and was currently in use on the ground floor. The inspector observed a small group of residents engaging with and enjoying this activity. It was clear that the staff in the centre worked hard to ensure that the residents maintained a social life which was enjoyable and fulfilling.

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, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. It was evident that the management team focused on providing a quality service to residents and on improving their well-being while living in the centre. There were clear management structures and adequate resources in place that ensured appropriate, person-centred care was being provided to residents. The registered provider had made good efforts to maintain compliance with the regulations.

This unannounced inspection was carried out over one day to monitor the centre's ongoing compliance with regulations and standards. The registered provider is Signacare New Ross Limited. There are three company directors, one of whom is involved in the operational management of the centre. The centre is part of the

wider Virtue Integrated Care Group, who oversee the running of a number of other nursing homes nationally. The person in charge works full-time in the centre and is supported in her role by a fully supernumerary assistant director of nursing. Further support is provided by the senior management team including the director of quality, safety and risk, and the clinical operations manager who attend the centre regularly and provide operational and clinical support. A team of nurses, healthcare assistants, activity staff, catering, cleaning, maintenance and administrative staff contribute the effective delivery of safe quality care for residents.

The centre was adequately resourced with appropriate staffing levels both day and night to meet the needs of residents. On the day of inspection, a full team of staff were on duty, ensuring that residents' needs were met. Staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 59 residents being accommodated at the time.

The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control. Additional training courses were provided specific to a staff member's role, for example, activity coordinators had training in the delivery of dementia-specific therapies, and nurses had additional training specific to the management of venepuncture and medication management. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach.

There were effective management systems in place to monitor the quality and safety of the service through a company-wide schedule of audits and weekly collection of key performance indicators such as falls, incidents, restraints, infections and wounds. Information gathered including all aspects of residents' care and welfare, premises and facilities, and staffing requirements were discussed at regular clinical governance meetings. This ensured that items were monitored and actions assigned for completion within a specific timeframe.

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. A review of the centre's complaints records showed that overall, there was a low level of documented complaints. The registered provider had taken the necessary steps to update the centre's complaints policy and procedures, in line with S.I. No. 628 of 2022, for example; a complaints officer and a review officer had been nominated, and the timelines for investigation, conclusion, and review of complaints had been updated.

## Regulation 15: Staffing

The inspector reviewed the centre's staff rosters across all departments. These showed that there was sufficient staff, of an appropriate skill-mix to meet the needs of the residents, given the size and layout of the centre and the dependency level of

the residents.

The whole time equivalents of staff as described in the centre's statement of purpose reflect the staffing rosters viewed by the inspector.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding of vulnerable adults and fire safety training.

Staff were appropriately supervised in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. There were management systems in place to oversee the service and the quality of care, which were seen to effectively identify areas for improvement, and ensure the required actions were completed. The centre was adequately resourced by the registered provider.

There was a schedule of audits in the centre, which were conducted at regular intervals and identified any improvements required in clinical care and environmental safety. Clinical governance and health and safety meetings were held regularly which discussed all aspects of the quality and safety of the care provided in the centre, and included discussion on recent audit results.

An annual review of the quality of care in 2022 had been completed by the person in charge. This include the results of residents and relatives surveys, to provide additional information as part of the centre's annual quality improvement initiative.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the record of incidents and accidents occurring in the centre. All incidents requiring notification to the office of the Chief Inspector had been



submitted within the required time frames outlined in the regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the record of complaints identified that there were no open complaints on the day of inspection. The record of closed complaints found that resident's and families complaints and concerns were promptly managed and responded to in line with regulatory requirements.

An updated complaints policy was displayed in the main foyer, for residents' and relatives' information. This policy included the system to refer a complaint to an external complaints process such as the Ombudsman and the Patient Advocacy Service.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which promoted their human rights and afforded them choices. Residents were in receipt of a high level of medical and nursing care and this inspection found that the social engagement afforded to residents was sustained at a high level. Some improvements were required in respect of infection control procedures to fully comply with the regulation

The internal and external premises was well-maintained and was seen to be clean and bright throughout. There was good general oversight of infection prevention and control in the centre. Housekeeping staff were competent in the correct cleaning procedures to maintain a safe environment for residents and staff and the registered provider ensured that staff had appropriate equipment to clean all areas of the centre to a high standard. Some improvements were required to ensure that the environment maximised infection control procedures, as outlined under Regulation 27: Infection control.

The inspector saw that the food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required

changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

Good practice continued to be seen in relation to resident assessment and care planning. The inspector found that residents needs were routinely and appropriately assessed and this information incorporated into resident-specific plans of care. Residents were provided with a high level of evidence-based healthcare in the centre. There was good access to medical and other healthcare professionals including speech and language therapy and physiotherapy. There was evidence of regular reviews with the General Practitioner (GP). Dietetic services has been secured since the previous inspection and many residents had been reviewed by the dietitian.

There was good oversight of restraint use within the centre with a commitment to a restraint-free environment. On the day of inspection, five residents were using bed rails. Management and nursing staff were involved in the continuous assessment and review of bed rail usage. A restraint-free environment was promoted in the centre. 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 (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Efforts to determine and alleviate the underlying causes of residents' behaviour and consideration of alternative interventions were explored before administering these medications..

Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Regular residents' meetings were held and records showed that these had a good level of attendance. The records also identified any issues or suggestions put forward by the residents to improve the service they received. Management responded to all of the residents feedback. Social assessments were completed for each resident and individual details regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans. A schedule of diverse and interesting activities were available for residents. This schedule was delivered by dedicated activity staff over seven days. The inspector reviewed the range of activities on offer to the residents and noted that these reflected residents interests' and capabilities, and included dementia- specific therapies and interactions. Local outings had taken place in small groups.

## Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who

was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a modified consistency diet. 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 high quality food, drinks 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 nutrition intake at all times.

Judgment: Compliant

### Regulation 27: Infection control

The regime in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets required review;

- there was no evidence to show that infrequently used outlets such as the bath and shower in an upstairs communal bathroom were subject to the correct *Legionella* flushing regime
- staff were unfamiliar with the correct flushing procedures, and associated sign-off sheets did not direct staff to these correct procedures.

The following findings had the potential to impact on the effectiveness of infection prevention and control within the centre:

- none of the hand hygiene sinks throughout the centre were compliant with current recommended specifications
- the linen store room on the ground floor required attention as the inspector noted inappropriate storage of quilts, blankets and cushions on the floor.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs completed prior to admission to the centre. The registered provider ensured that these needs were met and care plans were prepared on admission to the centre. Residents' assessments and care plans were kept up to date. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to medical care through regular reviews by GP's in the centre. There was evidence of timely and appropriate referral to, and review by a variety of health and social care professionals such as physiotherapy, optometry, consultant psychiatry and occupational therapy. Residents were provided with good levels of evidence-based nursing care in the centre and there was good overall management of wounds and any other presenting medical or nursing issues.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up to date knowledge and skills to respond to and manage responsive behaviour. When a resident behaved in a manner that posed a risk to the resident concerned, or to other persons, this was responded to in a manner that was not restrictive.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents and protect them from abuse;

- an up-to-date safeguarding policy was in place, which outlined the procedures to take in the event of an allegation of abuse being disclosed
- staff were knowledgeable as to the different types of abuse that can occur, and were aware of the correct reporting mechanisms should an allegation of

abuse be disclosed

- all staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre
- the inspector verified that there was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for a small number of residents. The pension agent arrangements were in line with the Department of Social Welfare guidelines, and balances and invoices for resident care reviewed by the inspector provided assurances that residents' finances were safeguarded
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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 New Ross OSV-0000252

Inspection ID: MON-0039577

Date of inspection: 14/06/2023

## 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> <ol style="list-style-type: none"><li>1. A full review of the legionella protocol was carried out by the DON.</li><li>2. SOP is now in place for infrequently used outlets within the building.</li><li>3. Staff have been given training on correct procedure in relation to flushing protocols.</li><li>4. DON awaiting delivery date for new sinks.</li><li>5. The linen store has been deep cleaned and there are no items stored on the floor.</li></ol> <p>This will be monitored by the head of housekeeping.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2023