



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	27 March 2018
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0020947

About the designated centre

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

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. 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. This is a two-storey purpose-built centre located on the outskirts of a city.

It can accommodate up to 60 residents. The centre was bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. There are 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. The bedrooms were personalised with photos, flowers and furnishings. One lift and several stairs provided access between the floors.

Other accommodation included two dining rooms, day rooms, an oratory, a visitors' room along with staff offices, sluice rooms and a treatment room. There is an enclosed well-maintained garden area to the rear. Parking is available to the front and side of the building.

The following information outlines some additional data on this centre.

Current registration end date:	16/10/2020
Number of residents on the date of inspection:	59

How we inspect

To prepare for this inspection the inspector or 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
27 March 2018	10:00hrs to 17:30hrs	Sheila Doyle	Lead

Views of people who use the service

The inspector spoke with several residents during the inspection. Residents said they felt safe and well cared for. Several residents said the range of activities on offer had improved and they were happy with the activities offered.

The majority of residents reported satisfaction with the food and said choices were offered at meal times. A number said they enjoyed chatting to other residents during mealtimes, particularly at the breakfast club, a weekly event organised by the activity coordinator.

Residents said that they knew how to make a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

Overall, a good service was being provided to the residents. The inspector found that a robust governance structure was in place. The centre had developed a plan to drive improvements and address the non-compliances identified at previous inspections.

Following a review of the staff rosters, and feedback from residents, the inspector was satisfied that there were sufficient staff on duty to meet residents' needs. Although currently relying on some agency staff, the inspector saw that active recruitment was underway to fill vacancies.

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre. This included training in dementia care, the management of responsive behaviours and infection control. A robust induction and appraisal procedure was in place, to ensure that staff had the required competencies.

Staff files reviewed were complete. The person in charge assured the inspector that Garda Síochána (police) vetting was in place for all staff.

The inspector found that the quality of care, and experience of residents, was monitored, and reviewed on an ongoing basis. The inspector saw that the annual review of the quality and safety of care was completed. It was being presented to staff on the day of inspection. Plans were also in place to design a resident-friendly version to be discussed at residents' meetings. An auditing schedule was in

place.

The organisational structure was described in the statement of purpose.

The statement of purpose outlined the aims, objectives and ethos of the designated centre, and details of the facilities and services that were to be provided for residents. The inspector found that it accurately described the service that was provided in the centre and met the requirements of the regulations. A copy was available in the front hall area.

Volunteers worked in the centre and added to the residents' quality of life by providing social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles, and responsibilities were set out in a written agreement as required by the regulations.

The inspector was satisfied that the complaints of each resident or relative, were listened to, and acted upon and there was an effective appeals procedure. There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. Detailed logs were maintained.

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and supplementary training relevant to their role in the centre.

Judgment: Compliant

Regulation 21: Records

The sample of staff files reviewed were complete.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure and management systems to ensure the service was provided in line with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Documentation relating to Garda Síochána (police) vetting and the setting out of roles and responsibilities was complete.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. Detailed logs were maintained.

Judgment: Compliant

Quality and safety

Overall, the findings showed that, on the day of inspection, the residential centre was providing good quality care and support.

It was noted that visitors were welcomed in the centre, and encouraged to participate in the residents' lives. Visitors spoken with confirmed this to the

inspector. Visiting was unrestricted during waking hours. The inspector saw that relatives and staff knew each other well and chatted together. A separate room was available for residents to receive visitors in private if they wished, and the inspector noted that, very often, the relatives stayed with the residents at the various activities that were taking place.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end-of-life care. The inspector noted that an information leaflet was now available to relatives, describing the facilities available to them, and useful contact numbers. Also included were details of the role of the coroner. Relatives were also informed about the annual remembrance mass held in the centre.

Improvements to the premises were noted and these included complete refurbishment of some of the bedrooms and reupholstering of some of the chairs. The main dining room had also been redecorated. The inspector found that the centre was homely and provided adequate physical space to meet each resident's assessed needs. All resident areas were clean and well maintained.

The enclosed garden area to the rear was very well maintained and residents had been involved in painting the garden tables and chairs. Raised flower beds were also available and some residents told the inspector they enjoyed going to this area when weather permitted.

Some improvement was required in a small number of areas, such as the front hall, where the carpet was worn, and looked dirty.

The centre maintained a risk management policy and risk register which detailed and set control measures to mitigate risks identified in the centre. The risk management policy was in accordance with legislation. The non-compliances identified at the previous inspection had been addressed. A wash-hand basin had been installed in the laundry. Separate toilet facilities had been provided for catering staff.

The fire safety register and associated records were maintained and precautions against the risk of fire were in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents to ensure that safe evacuation was possible if needed. All staff had attended training, and fire drills were carried out on a regular basis, and these included night-time scenarios.

The inspector found evidence of safe medicines management. Improvement required from the previous inspection relating to medications being administered as and when required, had been addressed. Audits of medication management were ongoing, and there was evidence of input from the pharmacy services. The inspector also noted a poster on display stating that the pharmacist would be in the centre on a particular day if any resident wished to see them.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed care plans were in place which outlined possible triggers and useful interventions. Advice, support, and reviews were readily available from the psychiatric services.

The inspector found that the overall use of restrictive practices remained low and additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed which also outlined less restrictive alternatives trialled prior to the use of restraint. This had been identified as a non-compliance at the previous inspection. However, the care plans reviewed did not consistently outline the care to be provided when bed-rails were in use, including how often safety checks should be completed to safeguard residents. Safety checks were being completed but the care plans did not provide sufficient guidance. The policy in place stated that the frequency of the safety checks would be determined by the care plan but this was not happening in practice.

The inspector found that robust policies were implemented to ensure that residents were protected from all forms of abuse. Training had been provided to staff. Residents spoken with said they felt safe in the centre.

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

The action required from the previous inspection relating to residents' rights had been addressed. The inspector saw evidence of ongoing improvements around the provision of opportunities for residents to participate in activities on a regular basis. As agreed in the recent action plan response, a subcommittee had been established to lead the proposed changes. The activity coordinator was now supported in her role by both the social care practitioners and the healthcare assistants. Residents were involved in the design of the activity programme which in the main was based on information collected through life stories and 'a key to me' documentation. The person in charge told the inspector that the provision of activities will continue to be monitored to ensure it meets residents' needs.

The inspector found that the rights and diversity of each resident were respected and safeguarded. Examples of this included assisting residents to develop and maintain personal relationships and links with the community. In addition, the inspector saw that residents had access to advocacy services and safeguarding services if needed.

Regulation 11: Visits

It was noted that visitors were welcomed in the centre, and encouraged to

participate in the residents' lives.
Judgment: Compliant
Regulation 13: End of life
Care practices and facilities were in place so that residents received end-of-life care in a way that met their individual needs and wishes.
Judgment: Compliant
Regulation 17: Premises
The inspector found that the centre was homely and provided adequate physical space to meet each resident's assessed needs. All resident areas were clean and well maintained. Some improvement was required as the carpet, in a small number of areas, such as the front hall, was worn, and looked dirty.
Judgment: Substantially compliant
Regulation 26: Risk management
The risk management policy was in accordance with legislation. The non-compliances identified at the previous inspection had been addressed.
Judgment: Compliant
Regulation 28: Fire precautions
The fire safety register and associated records were maintained and precautions against the risk of fire were in place. All staff had attended training.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services

Each resident was protected through the policies and procedures in place for medicines management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Some improvement was required around the use of restrictive practices. Care plans reviewed did not consistently outline the care to be provided, when bed-rails were in use.

Judgment: Substantially compliant

Regulation 8: Protection

Robust policies were implemented to ensure that residents were protected from all forms of abuse.

The provider had clear processes in place to protect residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the rights and diversity of each resident were respected and safeguarded.

The inspector saw evidence of ongoing improvements around the provision of opportunities to residents to participate in activities on a regular basis.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0020947

Date of inspection: 27/03/2018

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The carpets area at the front door and stairs will be replaced by 01/5/2018	
Regulation 7: Managing behavior that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behavior that is challenging: Where residents have bed rails in place their care plans have been updated to reflect the frequency of the safety checks. We will monitor compliance with recording that safety checks have been carried out in accordance with the frequency indicated in the care plan.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2018
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/04/2018