



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

Issued by the Chief Inspector

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:	09 May 2023
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0039153

About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. 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. The centre has 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. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52
--	----

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
Tuesday 9 May 2023	10:05hrs to 16:00hrs	Catherine Furey	Lead
Wednesday 10 May 2023	10:30hrs to 17:10hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre unannounced in the morning and was met by a person in charge. Following an introductory meeting, the inspector walked through the designated centre and spent time observing the interactions between staff and residents and the level of care provided. The inspector spoke to residents and staff, and observed the overall environment in which care was provided. The person in charge and a regional healthcare manager supported the inspection process.

There was a relaxed atmosphere in the centre. Nursing staff were observed administering medication and attending requests for assistance, and healthcare staff were assisting residents with care in their bedrooms and assisting with breakfast and refreshments. Residents were observed in the communal areas on each floor chatting with staff. On the ground floor, some residents were watching television, and others were enjoying refreshments from the kitchen trolley. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The care provided to residents was observed to be person-centred. It was evident that staff knew the residents well and they provided respectful and kind support and assistance to residents. Some residents were assisted to the dining rooms where they had breakfast together. Some residents preferred to have their breakfast in their bedroom and staff facilitated this request.

Residents told the inspector that they were happy with their bedroom accommodation. Bedrooms were clean, bright, and contained comfortable and stylish furnishings. Residents were encouraged to personalise their bedroom according to their preference and taste. A resident told the inspector that their room was cleaned every day and that the cleaning staff would have a chat with them while they were doing this. Residents' personal clothing was laundered on-site and residents told the inspectors that the "clothes came back quickly".

Overall, the premises was found to be clean with the exception of some ancillary areas, such as the housekeeping room and sluice rooms. These rooms did not support good infection control practices. The layout of the laundry supported effective infection prevention and control, and had an established dirty to clean flow to minimise the risk of cross infection. There was an evident lack of equipment storage in the centre, the impact of which was seen in some communal rooms which were used to store this equipment such as wheelchairs.

The inspector noted some fire safety concerns on the walk around of the centre. A number of fire doors were inappropriately propped open, and some hold-open devices were broken. There was a designated smoking room on the first floor, which was well-ventilated to the open air and contained a fire blanket, suitable ashtrays and call bell facilities. Residents also smoked outside in the garden, however this area was not fully designated and did not have sufficient fire-fighting equipment close by. Additionally, records of residents' meetings identified that as the entrance to the garden was via the dining room, some residents were unhappy that people

going out to smoke meant that a draft was present during mealtimes.

The residents dining experience was observed to be a social and pleasant experience for residents. The dining rooms on each floor were appropriately laid out, and were comfortable and homely for residents. Condiments, cutlery, and drinks were placed on the table. Staff were attentive to resident's requests for assistance and were observed to engage with residents, adding to the social experience for residents. All residents were offered a choice from the menu. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

Throughout the day, residents were engaged in meaningful and enjoyable activities such as Bingo, reminiscence, music and art and crafts. Some residents chose not to participate in activities and their choice was respected. The inspector observed positive interactions and a good, personal rapport between staff and residents. Residents told the inspector that staff were very kind and helpful.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

The management systems in the centre required some improvements to ensure the provision of a consistently high-quality service. The centre had a history of generally good compliance, however this inspection identified a drop in compliance with some of the regulations. While there was a clearly defined management structure in place, further strengthening of these systems was required to ensure that risks associated with the provision of training, the review of incidents, infection control and fire safety, were promptly identified and addressed. This is discussed further throughout the report under the specific regulations.

The centre is operated by Mowlam Healthcare Services Unlimited Company who are the registered provider of Waterford Nursing Home. There are three company directors, who are engaged in the executive management of a number of designated centre. There is a clearly defined overarching management structure in place. The executive management team are supported at centre level by a senior management and operational team which includes human resources, estates management and a finance team. Clinical care is overseen by a full-time director of care services and healthcare managers who each monitor and oversee several centres. The centre is managed on a daily basis by an appropriately qualified person in charge responsible for the overall delivery of daily care. The person in charge took up her full-time role in October 2022, having been promoted from assistant director of nursing. A full-time assistant director of nursing, a team of nurses and healthcare assistants, activities, catering, domestic and maintenance personnel make up the complement of staff supporting residents in the centre. Staff members

spoken with told the inspector that the person in charge and assistant director of nursing were supportive and had a visible presence within the centre daily. The inspector found that the management team were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

This was an unannounced inspection which took place over two days. The purpose of the inspection was to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The information supplied with the application was verified during the course of the inspection. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in June 2022 was reviewed by the inspector. While some of the actions had been completed, new areas for improvement were identified which signified an overall drop in compliance levels.

Company-wide management systems were in place which ensured that the service provided to residents was regularly monitored. There were regular management meetings and audits of care provision and quality assurance initiatives. The person in charge compiled weekly reports on key clinical data such as falls, incidents, complaints and antimicrobial usage, which were reviewed by the management team. There was a schedule of regular audits, including audits of restrictive practices, food and nutrition and incidents. Outcomes of audits and lessons learned were discussed at staff meetings. An area of improvement was identified by the inspector, whereby a review of incidents did not identify a potential safeguarding issue. This is discussed further under Regulation 23: Governance and management.

The centre is registered to provide accommodation for 60 residents, and there was 52 residents living in the centre on the day of inspection. The person in charge outlined that staffing levels were reviewed in line with the centre's changing occupancy levels. The inspector found that there was an appropriate level of clinical staff to meet the individually assessed needs of the residents. There was a minimum of two nurses on duty over 24 hours. There were five staff in total rostered on night duty, which was sufficient, based on the layout and design of the centre.

A sample of staff personnel files reviewed by the inspector indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff, and staff reported feeling supported in their roles. There was a comprehensive induction programme in place, and all staff had annual performance appraisals, where there were opportunities to identify any training needs, to develop skills and knowledge. Records viewed by the inspector confirmed that mandatory training in fire safety was up-to-date for all staff. However, a number of other training modules had either not been completed, or were overdue, for a number of staff. This is discussed under Regulation 16: Training and staff development.

There was a suite of centre-specific policies and procedures to guide practice in the centre. These were up-to-date with relevant guidance and emerging best practice.

The inspector acknowledged that the registered provider was making efforts to integrate the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's policies and procedures. The complaints policy was being updated and was available for review by the inspector on the day. The management team had attended training courses to support them to implement the changes and had good knowledge of their responsibility in establishing links with the Patient Advocacy Services (PAS).

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 fulfilled the regulatory requirements relating to the experience and qualifications required for the role, was aware of their responsibilities under the regulations and was known to staff and residents.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and from observations of the inspectors it was evident that current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. Staffing levels and whole time equivalents aligned with what was described in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was not assured that all staff had completed important training in line with the centre's policy. A review of training records identified the following:

- training in the management of behaviours that challenge had not been

completed for 12 staff. A further 10 staff had last completed this training over three years ago. This was important as there were a number of residents in the centre who required behavioural supports

- manual and people handling refresher training had not been completed for ten staff in over three years. The inspector observed a small number of staff completing a poor people-handling technique during the inspection
- only four nurses had completed training in cardio-pulmonary resuscitation (CPR). This meant that potentially, no trained staff would be available should CPR be required
- eight staff had not completed any training in infection control.

Important training was not completed in a timely fashion for new nurses on commencement of employment. For example, a nurse had been working in the centre for a number of months without having completing training in medication management.

Judgment: Not compliant

Regulation 21: Records

The records outlined in schedules 2, 3 and 4 of the regulations were stored securely in the centre and made available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

At the time of inspection, assurances were not provided that the systems in place to ensure oversight of key areas of the service were safe, appropriate, consistent and effectively managed. For example;

- the oversight arrangements in place for the review of incidents failed to identify a recent repeated occurrence of unexplained bruising in the centre.

As a result, the provider's systems failed to identify the level of clinical risk associated with these occurrences, and the incidents were not subject to thorough review and investigation. Additionally, the annual review report showed that there had been nine GP calls for unexplained bruising in the previous year. This had not triggered a review of these incidents.

- there had been two outbreaks of COVID-19 in the centre, in September and December of 2022. There was no evidence that the management team had prepared a review of the outbreaks, to determine learning from the events and to ensure preparedness for any further outbreaks.
- the management systems in place to ensure oversight of staff training, fire safety and residents' right to privacy required review, as discussed in the report under the relevant regulations

The registered provider had not fully completed the annual review of the quality of care delivered to residents in 2022. A draft version of this report was viewed by the inspector, however some of the details therein were related to 2021 and as such, did not reflect an accurate overview. Additionally, no feedback from residents had been incorporated into the review.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, which had recently been revised. It contained all the required information and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements. These policies were available to staff in the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre were supported to sustain a good level of overall health and well-being, evidenced by the provision of good quality nursing and medical care. Residents' rights were predominantly upheld by a supportive management and staff team. There continued to be some improvements required in relation to infection control and the premises, fire safety, and safeguarding procedures.

The overall premises, both internally and externally was maintained to a good level. There was comfortable communal areas for residents' to enjoy and an enclosed garden that was spacious and well-maintained. Those bedrooms that did not have ensuite facilities were all equipped with a wash hand basin. Bedrooms on both the ground and first floors had nearby access to bathing and toilet facilities. However, some aspects the premises did not promote good infection prevention and control practices, for example, the absence of a sluice room on the ground floor, and lack of suitable equipment storage, leading to clutter in a number of areas, making effective decontamination and cleaning of these areas difficult. Findings in this regard are detailed under Regulation 27: Infection control. There were established cleaning schedules and procedures in place, and in general, the centre was cleaned to a good level. There was two cleaning staff on duty each day to ensure this level of cleanliness. Residents' bedrooms, corridors and most communal areas were seen to be clean on each day of the inspection

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

It was evident that the management team had worked to improve the overall

content and direction of residents' care plans since the previous inspection. Care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the prospective needs of the residents. A range of validated assessment tools were used to inform the residents care plans. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes

Residents had access to a General Practitioner (GP) of their choice, local geriatricians and palliative care services. The health of residents was promoted through ongoing medical review and nursing assessment using a range of validated tools. These assessments included skin integrity, malnutrition, falls and mobility. GP's provided regular medication reviews and the overall management of medications in the centre was good. Medication errors, when they did occur, were documented and analysed to inform ongoing improvements.

There was a small number of residents in the centre who displayed occasional responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), as a consequence of their medical diagnosis. Supportive plans were in place for these residents, which identified the triggers to these behaviours and the known techniques to manage the behaviour appropriately, using the least restrictive methods. The inspector observed staff responding to these residents in the manner outlined in the plans. There was appropriate use of restrictive practices, including bedrails in the centre, and records showed that restraints were carefully assessed prior to use, with input from the resident, and their representative when appropriate.

There was evidence that the registered provider was taking reasonable measures to protect residents from the risk of abuse. For example;

- prior to commencing employment in the centre, all staff were subject to Garda (police) vetting
- there was secure systems in place for the management of residents' personal finances. The centre was acting as a pension agent for four residents. Funds were held in a separate client account and the statements, invoices and balances viewed by the inspector provided assurances that residents' finances were safeguarded.
- there was a secure system in place for the control of residents' money, should residents choose to hand it over for safekeeping. Residents could access this money at any time by contacting a member of staff. Receipts and balances of any money withdrawn were kept, signed by two staff and where possible the resident.
- training in the safeguarding of vulnerable persons was provided for all staff. the vast majority of staff were up-to-date with this training.

Notwithstanding the good practices in relation to safeguarding, as discussed above under Regulation 23: Governance and management, there was a need for

management, and staff, to fully identify potential safeguarding issues which could occur in the centre. While an updated safeguarding policy was available, which detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise, this policy had not been followed.

The fire alarm system, emergency lighting and fire fighting equipment were being serviced at the appropriate intervals and there were records of daily checks of means of escape and of the fire fighting equipment. A repeater fire panel had been installed on the second floor, which should improve the response time in this area, in the event of the fire alarm sounding. Fire safety maps in the centre had been revised to more accurately show the escape routes.

A member of the senior management team had completed a fire safety review of the centre in May 2021. This review had identified that several residents' bedroom doors and other ancillary rooms doors did not have automatic door closures, and that residents' bedroom doors were being wedged open. A further fire safety review was completed in April 2023 and the resulting fire safety quality improvement plan outlined a plan to continue incremental installation of automatic door closures. Notwithstanding the work completed to date to address some of the actions in the fire safety review, further action was required to address those outstanding, in particular the issue in relation to the provision of door closures, which was assessed by the management team as a high-rated risk. During the inspection, the inspector observed doors being inappropriately propped open.

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. A privacy issue was identified in a twin room, as discussed further under Regulation 9: Residents' rights. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display. The inspector found that residents were free to exercise choice about how they spent their day. Residents had access to television, radios, newspapers, telephones and internet connection. Residents had access to a full activity schedule each day of the week, including weekends. There was dedicated staff in place to support the implementation of the activities programme, and residents who spoke with the inspectors said that they enjoyed the activities on offer. These meetings were held frequently and there was evidence that all suggestions and feedback brought forward by residents was followed up and actioned.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident has adequate space to store and maintain their clothes and personal possessions. Residents clothes were laundered on site and residents told the inspectors they were satisfied with the laundry services in the centre.

Judgment: Compliant

Regulation 17: Premises

Actions were required to ensure full compliance with Regulation 17 and Schedule 6:

- There was insufficient storage space in the centre. Resident equipment was stored in a number of communal areas. For example, the sitting room on the first floor was being used to store hoists, a portable privacy screen and wheelchairs
- There was insufficient sluicing facilities in the centre. There is one sluice room on the first floor of the centre, and none on the ground floor. The impact of this is discussed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained all the information set out under the regulation. Each resident was provided with a copy of this guide, and it was available for review in the main reception area.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for three residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving

hospital or service
Judgment: Compliant
Regulation 26: Risk management
A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 27: Infection control
<p>A number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the <i>National Standards for Infection prevention and control in community services (2018)</i>. For example;</p> <ul style="list-style-type: none"> • there is one sluice room in the centre, located on the first floor. Staff told the inspector that they decanted the contents of urinals and bedpans into ensuites or communal toilets and then brought the equipment upstairs to the sluice room. This is not in line with best practice guidance which outlines that the location of the sluice room should minimise travel distances for staff to reduce the risk of spillages and cross contamination • the sluice room was in disarray, cluttered with items and with the majority of the floor space taken up with a large floor cleaning machine. A large shelving unit directly next to the bedpan washer contained items such as vases, toilet paper, maintenance equipment and refuse sacks. A toilet brush was seen in a bucket on the floor. Best practice indicates that a sluice room should not be used to store clean items as this poses a risk of contamination from dirty equipment. • the housekeeping room on the ground floor did not promote good infection control procedures. The inspector observed a stained urinal immersed in a bucket of cleaning solution. All sanitary equipment such as urinals should be cleaned in the dedicated bed pan washer • the system for terminal cleaning of bedrooms was not effective. The inspector observed two vacant bedrooms which were signed as being terminally cleaned, however there was evidence of dust and cobwebs in the rooms, and items such as personal cleaning products remained in the ensuites. Vacant rooms were also used to store equipment such as high-support chairs, transit wheelchairs and mattresses, this items did not appear to have been cleaned • the system of cleaning resident equipment required improvement. The inspector observed a significant build up of grime and dust on the base of a

- hoist. This is despite a checklist of cleaning this equipment being in place
- the regime in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets required review. Staff were unaware of the correct procedures, and associated sign-off sheets did not direct staff to these correct procedures
- curtains, which were not obviously soiled, were routinely removed and cleaned on a six-monthly cycle. Current guidance states that this should be done three-monthly.

Judgment: Not compliant

Regulation 28: Fire precautions

Arrangements for the evacuation of residents required review:

- the inspector reviewed the reports of the simulated evacuation drills. While staff demonstrated a good knowledge of aspects of the evacuation procedure, the simulated time taken to evacuate the fire compartments when staffing levels were lowest, was excessive
- the largest compartment in the premises contained eight residents; this compartment had not been subject to a recent evacuation drill

Precautions against the risk of fire were inadequate:

- fire doors were routinely propped open by means other than appropriate devices connected to the fire detection and alarm system. This included doors held open by furniture
- devices to hold open the doors to some bedrooms were functional, however staff did not engage the devices, which meant that the door was inappropriately propped open and would not release when the fire alarm sounded
- nine bedrooms doors and two ancilliary rooms were not fitted with swing-free door close devices. Staff spoken with were not certain regarding which bedroom doors would automatically close on sounding of the fire alarm, and which were required to be closed manually
- the outside smoking area was not a designated location. There was no fire-fighting equipment in close proximity to the area where residents smoked, which was directly outside the doors of the dining room.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. Medication

administration Kardex were signed by the GP who also signed when any medicine was discontinued. Indications for administration were stated for short-term and "as required" medications. 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.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were completed and maintained to a high standard. A review of resident care documentation found that each resident had a comprehensive assessment of needs completed on admission. Validated assessment tools were used to identify individual residents' risks such as the risk of malnutrition, impaired skin integrity and falls. The outcome of assessments were used to inform the development of the resident's care plans.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Residents' needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from abuse. For example, the records of accidents and incidents reviewed by the inspector identified potential safeguarding risks that were not investigated and managed in line with the centre's own safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector identified an issue which impacted upon the privacy and dignity of residents in one shared bedroom. The privacy curtain encircling each resident's bed space was not in place. The inspector observed that the the curtain rail had been completely removed. Initially, staff were unsure as to why this had occurred, or how long the curtain had been removed for. It transpired during the course of the inspection that this had happened several days previously. Staff confirmed that they did not seek an alternative solution to maintain each resident's privacy in this room, and had not alerted the person in charge.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 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	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0039153

Date of inspection: 10/05/2023

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff will have completed Infection Prevention & Control training by 31st July 2023. • All nurses will have received training in CPR by 31st August 2023. • Training in the management of behaviours that challenge has commenced, and all staff will have received this training by 31st July 2023. • Training in manual/people handling has been completed for the majority of staff, and all staff will have received training by 31st July 2023. Our onsite physiotherapist will continue to work closely with staff to ensure they are using appropriate manual handling techniques when transferring or repositioning residents. • All staff nurses have completed medication management training. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All skin integrity issues, including bruising, will be monitored by senior nursing staff in the nursing home, and will be reviewed each month to identify trends, review potential safeguarding concerns and ensure correct investigation and follow-up has occurred. A full review of all incidents resulting in bruising over the past year has been completed and will be submitted to the Authority. • A retrospective review of the December 2022 Covid-19 outbreak has been completed. Learning outcomes have been identified and this experience will lead to improved 	

practice in the event of another outbreak.

- The Person in Charge (PIC) will oversee the training matrix and will ensure that training programmes are scheduled in advance of due dates.
- The annual review was completed in June 2023 and was subsequently sent to the Authority as part of this compliance plan response.

Regulation 17: Premises	Substantially Compliant
-------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 17: Premises:

- We will ensure that all equipment is stored safely and appropriately; there will be no inappropriate storage of items or equipment in communal areas, bathrooms, sluice rooms, housekeepers’ room or corridors. The PIC will monitor compliance with appropriate storage of equipment.
- The sluice room and housekeepers’ room have been decluttered, deep cleaned and tidied since the inspection, and the housekeeping supervisor will monitor these areas to ensure that they are maintained in a clean and tidy condition, with no inappropriate storage of equipment.
- All housekeeping staff have received training in cleaning procedures, including deep cleaning and cleaning of equipment. The housekeeping supervisor will ensure that deep cleaning of rooms is carried out to a high standard and will check to ensure that all areas have been cleaned thoroughly. Cleaning products and equipment will not be stored in vacant rooms.
- To mitigate the risk of Legionella, a flushing programme is now in place for all water outlets and records are maintained.
- We will review the storage facilities in the nursing home by initially decluttering available storage areas to maximise space. We will convert the smoking room to an equipment store as there will be a safe and appropriate smoking facility located externally.
- An additional sluice room will be created on the ground floor in order to comply with Infection Prevention & Control standards and reduce the risk of spillages and cross-contamination.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

- An additional sluice room will be created on the ground floor in order to comply with Infection Prevention & Control standards, to minimise travel distances for staff and reduce the risk of spillages and cross-contamination.

- The sluice room and housekeeping room have been decluttered and deep cleaned. All unnecessary equipment has been disposed of and the housekeeping supervisor will ensure that both rooms are maintained to a high standard of cleanliness and tidiness.
- All housekeeping staff have received on-site training in cleaning procedures, including deep cleaning. All surplus equipment has been removed and appropriately stored.
- Staff have received training in cleaning resident equipment. A tag system is now operating effectively and will be overseen by the housekeeping supervisor and nursing staff.
- There is a flushing programme in place for all water outlets. Records are maintained by housekeeping staff.
- All curtains are now cleaned on a three-monthly cycle.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire drills are being practiced weekly in the largest compartment simulating night-time conditions. Through repeated practice, we have reduced the evacuation time to under 4 minutes.
- All nursing staff will be trained as Fire Marshalls by 31st August 2023.
- Free swing door closers will be installed; phase one, ground floor will be completed by 10th July 2023, and phase two, first floor will be completed by 31st December 2023. Interim measures in place include existing hold-open devices. All staff will be vigilant in keeping doors without such devices closed at all times and will not use equipment or furniture to prop doors open. Nursing staff will ensure compliance with this practice as part of their role as Fire Marshalls.
- An area in the garden is now a designated smoking area. There is appropriate fire safety equipment close at hand, a fire blanket, and a call bell. We will install an additional external smoking facility in the external enclosed garden, which will include appropriate safety equipment.

Regulation 8: Protection	Substantially Compliant
--------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 8: Protection:

- The PIC will ensure that residents are protected from harm as far as possible. A review of all accidents and incidents resulting in bruising will be reviewed by senior management in the nursing home on a monthly basis to identify trends, review potential safeguarding concerns and ensure correct investigation and follow-up has occurred. A copy of the full review of all incidents resulting in bruising over the past year has been completed and will be sent to the Authority.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• The missing curtain rail identified at the time of inspection was replaced on the second day of the inspection. In the interim, a mobile privacy screen was available to protect the resident's privacy.• Refresher updates on safeguarding will include information on protecting residents' privacy and dignity, so staff will have greater insight into the need to ensure residents in shared rooms can be fully screened off from the other occupant of the room when required.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2023
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	31/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	03/07/2023
Regulation 23(d)	The registered provider shall ensure that there	Not Compliant	Yellow	03/07/2023

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
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
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	03/07/2023

	management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	03/07/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	03/07/2023