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

Issued by the Chief Inspector

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<thead>
<tr>
<th>Name of designated centre:</th>
<th>SignaCare Waterford</th>
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<tr>
<td>Name of provider:</td>
<td>Signacare Waterford Ltd</td>
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<tr>
<td>Address of centre:</td>
<td>Rocklands, Ferrybank, Waterford, Waterford</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>19 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0007819</td>
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<td>Fieldwork ID:</td>
<td>MON-0029543</td>
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About the designated centre

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

SignaCare Waterford is situated on an elevated site overlooking Waterford city and environs and enjoys the convenience of all of the city’s amenities. Originally a period house and hotel it has been developed and extended to a high standard to accommodate up to 64 residents.

The registered provider is Signacare Waterford Limited. Bedroom accommodation consists of three twin bedrooms and 58 single rooms. All bedrooms are en-suite and contain showers. There are several communal rooms throughout the centre and a large secure garden is overlooked by a balcony and day rooms. There is car parking to the front of the building.

The centre caters for male and female residents over the age of 18 for long and short term care. Care services provided at SignaCare Waterford include residential care, convalescence, palliative care and respite. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 25 staff and are recruiting in line with the needs of the residents as the centre is occupied.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 31 |
How we inspect

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:

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<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tr>
<td>Saturday 19 September 2020</td>
<td>11:30hrs to 17:00hrs</td>
<td>Mary O'Donnell</td>
<td>Lead</td>
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What residents told us and what inspectors observed

On the day of inspection, most of the residents were up and about and sitting in the communal room of their choice. Apart from visiting restrictions and social distancing, the normal daily routine for residents had not really been disrupted by the measures in place to prevent an outbreak of COVID-19. The majority of residents took their meals in the dining rooms where tables had been moved to facilitate social distancing and there two place settings at each table. The inspector noted that lunch was a social event, with friends sitting together chatting. Staff supervising the meal and offered choice, second portions and drinks. Staff had consulted with residents to create hubs to ensure that social groups were supported while minimising social contacts. Residents who dined in their rooms had their meal served on a tray. Residents confirmed that the food was served hot and the menu selection on offer for all meals was very good. Residents remarked that the home baking was good and they looked forward to the afternoon tea trolley with a selection of homemade cakes and pastries on offer. Two residents said they loved a capuccino in the afternoon.

The inspector spoke at length with eight residents. They were content with their lives in the centre. They agreed that there was sufficient staff on duty at all times. Residents praised the kindness of staff in general and they knew the provider representative well. The inspector observed that several residents conversed with her or the quality manager during the inspection. Residents were satisfied with the external laundry service and they had adequate space to store their clothes and to display their personal items in their bedrooms. Residents were glad that the restrictions on visiting had eased and they enjoyed a 30 minute weekly visit with a relative. Apart from weekly visits, residents enjoyed video calls with relatives and window visits. Additional tablets had been acquired for residents use. Some residents used social media platforms and emails to remain connected with their wider family and friends. Residents said they were pleased with the activities on offer but they would like more activities at the weekend. Two residents said they had raised this at their meeting recently and they were pleased that this had been addressed. They enjoyed the musical entertainment provided on the day of inspection. They enjoyed bingo and live music and they had spent time with a therapy pony earlier that week. There was a book swap in pace to ensure that residents who enjoyed reading had a supply of reading material. Residents also enjoyed reading the daily paper and doing the crossword. One man with a farming background said he loved reading the farmers journal.

Residents agreed that they were provided with relevant information about the COVID-19 emergency. They understood the need for social distancing and the importance of coughing correctly and regular hand washing. One resident said she didn’t mind the the visiting restrictions as it allowed them to feel safe and live a normal life in the centre. Some residents said they had been tested for COVID-19 and they were aware that staff were now being tested regularly. All the residents
who spoke with the inspector said they felt safe in the centre.

Staff spoke kindly and respectfully of residents and were observed to interact with residents in a person-centred manner. The chef met individual residents after lunch to enquire if they had enjoyed their meal. Residents appeared at ease and enjoyed their interactions with staff.

**Capacity and capability**

This was a short-term announced inspection. When the centre was registered in May 2020, building works on the upper floors were not completed. The accommodation on the first and second floors was now fully completed and the purpose of the inspection was primarily to inspect the rooms on the two upper floors to establish if they met the requirements of the care and welfare regulations. The inspector followed up on information and notifications received by the Chief Inspector of Social Services since May 2020. The inspector also confirmed that the provider had completed action plans to achieve full compliance with regulation 15: Staffing and regulation 17: Premises. A minor issue with the contract of care was also rectified.

The provider had established a centre which fully met with regulatory requirements. They had recruited and trained staff to meet the needs of the residents. They had a staffing plan which provided assurances that staff numbers and skill mix would increase incrementally as occupancy levels increased across the four floors. Additional staff had been recruited and more staff were due to join the team in the coming weeks. The provider had adequately resourced the service with equipment and consumables to ensure that residents needs could be safely met and a high standard of service delivered. The centre had the necessary equipment and contracts in place to ensure that it was maintained and serviced regularly.

The provider had a clear management structure and an effective system for monitoring the quality and safety of care. The person in charge was supported by the assistant director of nursing and a team of nurses, health-care assistants, household and catering staff. The provider representative or the quality manager were in the centre from Monday to Friday. There was a system where a member of the management team was on call each day. Computerised data on key performance indicators was analysed to monitor trends and a system of audits fed into the quality improvement programme. Audit reports viewed by the inspector had action plans to address issues that were identified. For example effective actions had been taken to reduce the number of falls and for the early identification and interventions for residents with weight loss.

The provider and the management team had been proactive in relation to the challenges posed by a potential COVID-19 outbreak. The provider had made contact with support groups, including Public Health and had access to HSE and Health Protection Surveillance Centre (HPSC) guidelines. Up-to-date guidance documents and necessary emergency supplies had been sourced by the provider. A contingency
A plan has been put in place to minimise the risk of residents or staff contracting a COVID infection. The plan also set out actions to ensure the safety, care and welfare of residents in the event of a COVID-19 outbreak. Designated areas suitable for isolation were identified.

Adequate staff had been employed and contingency staffing arrangements were in place to ensure that residents’ needs would be met in the event of an outbreak.

The provider normally organised a fire drill on a monthly basis but three fire drills were organised in September to ensure that residents could be safely evacuated from compartments on the upper floors with minimum staffing levels. The largest compartment in the centre on the first floor could accommodate seven residents and the fire drill report provided assurances that all residents could be safely evacuated from a largest compartment with night time staffing levels.

**Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration**

The application to vary condition 1 met the requirements of the regulations.

Judgment: Compliant

**Regulation 14: Persons in charge**

The person in charge was a registered nurse who took up the post in May 2020. She worked full time in the centre and had the necessary experience and qualifications in line with regulatory requirement. She had worked in a management role with older people since 2014 and held a level 8 management qualification.

Judgment: Compliant

**Regulation 15: Staffing**

Staff numbers and skill mix were adequate to meet the assessed needs of residents. A staffing schedule was submitted with the proposed increase in staffing as the occupancy levels increased. A number of additional staff have been recruited and more were due to begin in the weeks. These include nurses, care staff and senior care staff. Staff recruitment was ongoing and the provider was seeking to recruit a second activity facilitator to ensure that social activities were provided over seven days.

There were contingency arrangements in place to provide continuity of care in the
event that a significant number of staff were ill or required to self-isolate, including part-time staff with additional capacity and agency staff. The provider had a bank of staff from other centres who could be mobilised to work in the centre if required. The provider had established links with the HSE's Crisis Management Team, should staffing resources be required. Household staff were employed to meet additional cleaning demands due to COVID-19 and to ensure that cover was provided for seven days each week.

An on-call system was in place for staff to contact the management team at any time. Records were available to show that staff confirmed that they are symptom free and staff temperatures are monitored twice during each shift. Staff held weekly meetings to ensure they were up to date in relation to COVID-19 and staff were provided with a 'Companion App' to ensure that relevant information was communicated to staff at all times.

Other measures taken to minimise the risk to residents and staff include:

- Staff employed in the centre do not work in any other centre.
- Staff are allocated into two teams to work with residents in specific areas.
- Staff changed their uniform or work outfit at the beginning and end of each shift.
- All staff wore face masks and disposed of the masks correctly.

- Staff engaged positively with serial testing for COVID-19

Judgment: Compliant

**Regulation 16: Training and staff development**

All staff had completed a comprehensive induction plan which included mandatory training in fire safety, the prevention detection and response to abuse, moving and handling practices, dementia care and infection control specific to COVID19 precautions and managing an outbreak. Training is provided to staff on induction and on an ongoing basis. The provider had purchased licences for staff to access relevant on-line training. An online bespoke fire training module was developed specifically for staff in the centre. All staff were trained to fire warden level and they also attended HACCP training to equip them to work with food. Staff files showed that staff completed an induction programme when they commenced their role and they had ongoing performance appraisals, which were linked to staff training and development. As a result staff were clear about what was expected of them in their work and the standards that were required.

The management team conducted audits and supervised staff to ensure that training was implemented and good hand hygiene and infection control practices were implemented by staff. Staff who met the inspector were knowledgeable about the procedures in place and their roles and responsibilities to prevent a COVID-19 infection. The inspector observed that all staff implemented the required infection prevention and control policies in line with National Standards.

Overall the inspector found that staff were well supported in their work and staffing levels and skill mix were constantly reviewed in line with residents changing needs.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was found to contain all the required information specified in paragraph (3) Schedule 3.

Judgment: Compliant

### Regulation 21: Records

The three staff files examined held the required documentation as set out in the regulations. An Garda Síochána (police) vetting disclosures were available in the three staff files reviewed. The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and their staff files contained the necessary disclosure documentation. Documentation confirmed that all nursing staff had up-to-date professional registration with the Nursing and Midwifery Board of Ireland.

A record of simulated emergency evacuation drills and tests of fire equipment was maintained. Records were maintained detailing fire safety checking procedures completed and service records for the centre's fire alarm system and emergency lighting were available. The records of fire drills described the scenario practiced, the staff in attendance and any learning from the exercise.

Daily records of each resident's condition and any treatments given was maintained by nursing staff.

A register of any restrictive procedures used in the centre was maintained including alternatives tried.

Judgment: Compliant
Regulation 22: Insurance

The centre's insurance policy was viewed and included insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place that identified the lines of authority and accountability for all areas of the service and for individual resident's care. The provider representative and management team were well known to residents. The line management structure ensured that all staff were aware of their roles and responsibilities and to whom they reported.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. The provider representative was on site at least two days each week and the quality manager worked opposite the provider representative. Fortnightly management meetings were held and records evidenced that the provider was responsive to feedback from the staff and residents. Management systems were computerised which ensured that the provider had access to key performance indicators, audit reports and complaints to provide oversight of the service.

The provider ensured that adequate human and material resources were provided to operate a safe service and to meet residents' needs. Staff recruitment was ongoing and staff had been recruited to replace staff who had left the service and to meet the needs of residents who would be admitted to rooms on the two upper floors. The centre was divided into areas and resident hubs with minimise the risk of infection spreading in the centre and to facilitate contract tracing. Necessary guidance documents and emergency supplies had been sourced by the provider and made available to staff and visitors if required.

The provider and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak. The provider had made contact with Public Health and the HSE Crisis Management Team and had accessed current HSE and HPSC guidelines. A comprehensive contingency plan was put in place to minimise the risk of residents or staff contracting a COVID-19 infection. The centre had a plan in place should an outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene techniques, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures were updated and the frequency of cleaning increased for specific areas of the centre.
Housekeeping staff were competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Staff were trained to take samples for testing for COVID-19 and the person in charge confirmed that staff had positively engaged in the blanket testing and no staff had tested positive to date. All new staff were tested before they took up employment in the centre.

Judgment: Compliant

**Regulation 24: Contract for the provision of services**

Contracts for the provision of services were viewed and included services to be provided and fees that will apply for extra services. The information on the contract had been amended and was consistent with the fees detailed in the statement of purpose.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The statement of purpose reflected the current management arrangements and staffing whole time equivalents. It contained the information set out in Schedule 1.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The person in charge had submitted notifications to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The complaints procedure was available and informed residents and their families how to make a complaint. The person in charge maintained the complaints log and records showed that complaints were recorded and investigated in a timely
manner. Records of complaints investigations were clear including the complainants level of satisfied with the outcome. Complaints were discussed at governance meetings and used to inform quality improvement

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### Regulation 4: Written policies and procedures

The inspector viewed the policies and procedures outlined in Schedule 5. Policies were all developed in 2020 and have a review date scheduled. Relevant policies were reviewed in relation to COIVD-19

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### Quality and safety

Residents had access to appropriate medical services at all times to ensure that their health care needs were met. There was evidence of regular medical reviews and referrals to other specialists as required.

The person in charge demonstrated good oversight of residents' care needs. Assessments and care plans were in place and care plans were updated in accordance with regulatory requirements. Each resident had an End of Life care plan and residents had access to the community palliative care services. Care plans showed that there was good care provided for residents with responsive behaviours, nutrition and diabetic care, wound care and falls prevention.

The centre was clean and suitably laid out to meet the needs of the residents to a high standard. Residents were accommodated in mostly single bedrooms and all bedrooms had full ensuite facilities. There were communal rooms on three floors but the majority of residents preferred to use the communal rooms on the ground floor, which had floor to ceiling glass doors, which opened onto a balcony which overlooked the garden. Residents had access to gardens at the back and rear.

There was good oversight of infection prevention and control measures. Protocols were in place in line with HPSC guidance to ensure the ongoing safety of residents and staff. Procedures were in place to facilitate isolation of residents should the need arise. There were hand sanitizer dispensers in all bedrooms and corridors, clinical waste bins and PPE was available throughout the centre.

Residents were supported to lead active and interesting lives. They had access to advocacy services and information regarding their rights. A social model of care was promoted and care staff played a key role in meeting residents social and emotional
needs. Activities were provided in small groups and in one to one sessions. Residents were excited about the motivation programme which supported them to stay active. They enjoyed live musical entertainment in the afternoon on the day of inspection.

### Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection which had been updated in line with COVID-19 Guidance on visitations to Residential Care Facilities V1.1 21.07.2020 (for implementation 29th July 2020). As cases of COVID-19 increased, the visiting guidance was superseded by 'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities V6.0 28.7.20. The inspector saw that recent HSE and HPSC guidance had been included as an addendum to the visiting policy. Residents and families were communicated with in relation to this change. Visitors could book an appointment and a schedule of arranged visits for under 30 minutes was in place over seven days.

The inspector saw that compassionate visits were facilitated at any time.

Judgment: Compliant

### Regulation 12: Personal possessions

The centre had plenty of space for storage of residents personal possessions each bedroom had large wardrobes chest of drawers and bedside lockers. The inspector noted that all laundry including personal laundry was done externally. The inspector noted that residents' clothes were labeled to ensure they didn't get lost. Locked storage space was provided and each bedroom for residents valuables.

Judgment: Compliant

### Regulation 13: End of life

A review of resident's records showed that appropriate care and support were provided for residents at end of life. Care plans addressed the physical emotional and spiritual needs of the residents and recorded each resident's preferences for end of life care, last rites and funeral arrangements. The care plans were updated in relation to COVID-19, to reflect the resident's wishes and decisions about whether of not the resident would benefit from acute hospital treatment.
Resident's had access to medical care for pain and symptom management and referrals to specialist palliative care services were made when required.

Families were involved in end of life care and were encouraged to be present with the resident as much as possible at this time.

Judgment: Compliant

Regulation 17: Premises

The centre is a renovated period house which was formerly a hotel. A large modern three story extension was built to provide accommodation for 64 residents in 58 single and three twin bedrooms. All bedrooms were en-suite with a toilet, sink and shower and had appropriate grab rails in place. There was sufficient space for assistive equipment if required in all rooms except room 40. For safety reasons rooms 40 -43 were suitable for low dependency residents who did not require mobility equipment. Rooms were suitably decorated and furnished to a very high standard. Each bedroom contained a chest of drawers, a wardrobe, a bedside locker, a bedside table and an armchair. Each bedroom had thermostatic control to allow residents to control the temperature of their rooms. Accessible call bell facilities were available in all bedrooms, en-suites, bathrooms and communal rooms. The call bell units could be detached and taken to the garden if a resident needed to call for assistance while they were outside. Accommodation was provided at four levels.

- The lower ground floor had 17 single rooms, a prayer room, an activities room with a social kitchen and a bathroom with an assisted bath. There was garden access from this floor.
- The ground floor had 16 single bedrooms, a reception area, a coffee dock, library two sitting rooms a quiet sitting, a dining room and a long balcony area.
- The first Floor had 18 single rooms and a sitting room in the extension and three twin rooms and one single room in the manor house. The rooms in the manor house were at a higher level which were accessible via a stairwell or a mini lift. The first floor also had a living room,a pantry, an accessible bathroom, a nurses' station, a clinical room, a storage room and a sluice room.
- The second floor was had six single rooms which were situated a half level above the first floor in the manor house. There was a sluice room and a storage room on this floor.

The ground and lower ground floor with accommodation for 33 was operational since the centre opened in May 2020. The accommodation on the uppers floors was now ready for occupation and the accommodation for 31 residents was in line with the centre's statement of purpose. Movement between floors was facilitated via two passenger lifts; one in the new extension and one in the manor
Corridors were well lit and had lots of natural light from ceiling to floor height glass windows. Handrails were in place to support residents' movement. Art was displayed along corridors and directional pictorial signage was displayed throughout the centre. All bathroom doors in the centre were grey with pictorial signage to assist with recognition and way finding for residents with dementia. Additional signage was on order for the first and second floors. Sluice rooms were available on three floors. There were sufficient storage rooms throughout the building and an additional hand wash basin for staff on each of the three floors in the new extension. The provider representative planned to discuss the installation of a hand washing station in the area where rooms 59-61 are located and the fitting of a second grab rail in the bedroom corridor in the Manor House.

The inspector noted that window coverings were in place on bedroom windows which overlooked the grounds or communal areas to ensure that residents' privacy was respected. Residents could safely move around the centre as the doors sets between communal areas were held open with fire door stops, which would close automatically if the alarm was activated.

Residents had access to gardens from the lower ground floor. The long balcony on the first floor overlooked the garden with paved pathways. The external smoking area in an enclosed garden was planned and the garden cafe with accessible toilets was a work in progress.

Judgment: Compliant

Regulation 18: Food and nutrition

The centre had a fully fitted industrial kitchen sufficient to meet the needs of the centre. There were adequate cold storage and dried good storage in closed proximity to the kitchen. Plans to have a breakfast bar in the dining room to facilitate buffet style breakfasts were delayed due to COVID-19.

Menus were varied and appetising. They had been reviewed by a dietician and amended to include fortified snacks served in the morning and with afternoon teas. Menus had also been amended following feedback from residents. Residents were satisfied with the choices of food on offer and the times when meals were serviced. The inspector found that dietary information relating to residents with special dietary requirements was communicated to the catering staff and residents were served food and drinks in line with their care plans. The system for monitoring residents' food and fluid intake was effective. There was a pantry on each floor and all staff had HACCP training.

Judgment: Compliant
Regulation 20: Information for residents

The information for residents booklet held all the required information. The provider had also created a booklet with information for residents on COVID-19 this booklet was available in hard copy and as an audio book.

Judgment: Compliant

Regulation 26: Risk management

The centre had a centre specific risk management policy that met the requirements of legislation. The emergency plan was comprehensive and included actions to be taken in the case of all emergency situations. The centre had a back up generator in case of interruptions to electricity supply. The risk register was held on the computerised system and outlined all potential risks for the centre and for the management and risks associated with Covid 19.

Environmental and clinical risks were risk rated and controls to mitigate the risks were specified. The inspector saw that a risk assessment had been undertaken of the balcony areas and controls in place included a high safety screen and doors to balconies were locked to ensure that vulnerable residents could not access a balcony unaccompanied. Sash windows were risk assessed and safety locks installed to prevent any potential accident when open. The Chief Inspector had been notified that residents had left the centre without the knowledge of staff on a number of occasions. The inspector followed up and saw that risk assessments were carried out and the risk register now included controls such as regular checks on the wheelchair access door at the entrance, to ensure it was securely closed. Risk assessments to identify residents at risk of wandering were routinely done and regular safety check were carried out and documented by staff. Residents had a missing person profile created and missing persons drills were conducted regularly. Incident reports evidenced that staff had responded appropriately when a resident was absent from the centre. In one case the resident had left through the kitchen door and the door was now fitted with a coded lock.

Judgment: Compliant

Regulation 27: Infection control

The provider had a comprehensive contingency plan in place for the management of an outbreak of Covid and had identified isolation areas in the centre should it be required. The centre and enclosed gardens were large enough to facilitate residents
Residents had their temperatures checked twice daily as well as monitoring for changes to their condition and symptoms of COVID-19. 'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities V6.0 28.7.20 was available for referencing. Ongoing pandemic precautions were discussed at weekly staff meetings and management meetings to ensure everyone had current information on HPSC precautions for suspect or confirmed cases or for precautionary isolation of residents transferred into the centre.

Cleaning schedules were available for daily cleaning of rooms and all bedrooms, including monthly records of deep cleaning. Cleaning records were also available for communal toilets and frequently touched surfaces such as door handles, chair arms and light switches.

Monthly meetings were held with senior managers and persons in charge within the group to share information and good practice in relation to infection prevention and control during the pandemic.

Judgment: Compliant

**Regulation 28: Fire precautions**

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

The inspector noted many good practices in relation to fire precautions and escape routes and exits were noted to be free of obstruction. All bedroom doors were fitted with automatic self-closing devices. Ski sheets are placed on all beds and evacuation chairs and stretchers were available at stairwells for evacuation purposes. The person in charge highlighted the importance placed on the training of staff and the
induction process in place to ensure staff knowledge of the fire precautions in the centre. Staff at all grades were trained to fire warden level and staff who spoke with the inspector confirmed that they had attended fire drills and they were familiar with fire safety procedures and the evacuation plan for each resident. Each resident had a detailed personal evacuation plan on file and in their room.

The fire alarm was activated weekly and simulated fire drills were held monthly. Three fire drills were held in September to ensure that residents on the first floor could be safely evacuated in an emergency. The inspector reviewed the fire drill records and found that the drills included the simulated evacuation of seven residents from the largest compartment on the first floor with night time staffing levels. The drill report provided assurance that residents in the largest compartment could be safely evacuated with night duty staffing levels. The person in charge was aware that only residents assessed as low- medium dependency were accommodated in rooms 40 - 43 to ensure they could all be safely evacuated in an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Evidence-based risk assessments were in place to determine the dependency and care needs of residents with associated care plans to support and direct care, these were routinely updated at quarterly intervals, if a resident's condition changed or when a resident returned from hospital. Daily nursing notes captured any change in a resident's condition and details of care provided. Care plans were person centred and held person centred information specific to each resident including, details about their preferred daily routine, their interests, hobbies, likes and dislikes and their preference for personal care. The files for residents with responsive behaviours, diabetes, weight loss and pressures sores were examined. The inspector found that residents were appropriately assessed, their care plans included specialist advice and were sufficiently detailed to guide a consistent approach to care. Residents admitted with pressure sores were assessed and treated appropriately. They had been reviewed by a tissue viability nurse and were responding to the prescribed treatments.

The inspector noted that there were some gaps in daily records of safety checks and the records were not clear, as some dates were crossed out and rewritten. A resident with diabetes who was recently admitted, had their blood sugar levels monitored and insulin was administered as prescribed. However, the did not have a care plan for the management of their diabetes.

Judgment: Substantially compliant
### Regulation 6: Health care

Residents’ healthcare needs were met through timely access to assessments and treatments. The majority of residents were registered with a local general practitioner (GP) practice. Two residents who choose to remain with their own GP were supported to do so. A GP visited the centre on a weekly basis or more often if required. Random records for five residents, examined by the inspector, confirmed that residents had timely access to medical services, including out-of-hours GP services. The inspector noted that prescriptions for residents’ medicines were up to date and compliant with the regulations.

Arrangements were in place for residents to access psychiatry of later life services and health and social care professionals, such as a tissue viability nurse, dietitian, chiropody, speech and language therapists. Arrangements were in place for residents to access annual optical examinations. Residents had routine oral assessments but no resident required dental services to date. The company physiotherapy visited the centre every week and led the motivation programme which supported residents to be more active. Residents participated in exercise and walking groups. They also benefitted from individual programmes including cycling and using weights. The physiotherapist did mobility and balance assessments and developed care plans which staff implemented.

**Judgment:** Compliant

### Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. Staff identified 3 residents who had responsive behaviours, such as exit seeking or resisting personal care. The inspector found that assessments were completed to identify triggers or underlying needs. Behavioural support plans were in place, which were reviewed and amended regularly. For example one man settled when he was seated near a window where he could see outside and meet and greet people who passed by. The atmosphere in the centre was peaceful and residents had free access to an enclosed garden and a long balcony which overlooked the garden. Residents were seen to enjoy sitting outside and the provider was awaiting delivery of suitable garden and patio furniture which was on order.

Three residents used bed rails at the time of inspection. Risk assessments were completed and the use of restraint was reviewed regularly. Less restrictive alternatives to bed rails were in use such as half length rails, bed wedges, sensor mats and low beds. The inspector found that chemical restraint was used only as a
Regulation 8: Protection

Safeguarding training was in place for all staff. The inspector found that safeguarding concerns were reported and managed in line with the centre's safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in relation to the organisation of the centre, and their privacy and dignity was respected.

Two residents' meetings were held since the centre opened in May 2020, the most recent meeting was held in September. Records showed that both meetings were well attended. Residents told the inspector they availed of opportunities to express their views and make their wishes known when they met with the person in charge or the provider representative. An annual satisfaction survey was due to be administered to residents and relatives in October to elicit their opinion of the service.

Residents were informed of changes in the centre and were aware of the rationale for ongoing measures in place to keep them safe including social distancing in communal rooms, hand hygiene, respiratory etiquette and increased monitoring of their vital signs. Residents said they were reassured that their safety was paramount. Residents were happy that visiting restrictions had eased and female residents especially were glad they could still avail of the hairdressing service.

Residents confirmed that their religious and civil rights were supported. Residents told the inspector that they were registered on the electoral register. Some residents said they would vote in house and others planned to vote in their local polling station. Religious ceremonies were not held in the centre during the COVID-19 pandemic but residents were supported to watch religious services which were streamed live. A priest and religious minister attended residents who required their services.

The Inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. Residents told the inspector they were free to plan their own day, to join in an activity if they wished to do so. Meal-times were organised to offer residents choice around mealtimes and an
opportunity to socialise. Menu options were offered at each meal. The breakfast club which was held three mornings a week was popular with residents.

The inspector observed staff interacting with residents in an appropriate and respectful manner. Staff and residents were observed having fun together and conversations were paced appropriately to allow residents time to respond to questions.

The activity staff member were on duty from Monday to Friday. She facilitated residents' meetings and organised the activity schedule. Records showed that residents regularly participated in a varied range of activities. Activities included bingo and quizzes, arts and crafts, exercise and music. A social assessment had been completed for each resident which gave an insight into the resident's history, hobbies and preferences. This information supported staff to connect with residents and informed the resident's social care plan. The provider had advertised to recruit a second activity staff member to ensure that residents had activities seven days a week.

Newspapers were delivered to the centre on a daily basis. Each bedroom had a television set and many residents had radios. Each room had a phone and some residents had mobile phones.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
- Weekly monitoring plan by PIC of new admission care plans completed, to ensure all person centred areas included e.g. diabetic care
- Resident safety checks format revised and checked by allocated nurse on duty twice daily
- Resident safety checks allocated to a key person responsible in their allocated area on daily allocation and supervision plan
- Updates on residents’ risks discussed at daily team update at 12.15 daily – Safety Pause
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 5(3)</td>
<td>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>21/09/2020</td>
</tr>
</tbody>
</table>