

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Waterford Nursing Home
<b>Centre ID:</b>	ORG-0000255
<b>Centre address:</b>	Ballinakill Downs, Dunmore Road, Waterford.
<b>Telephone number:</b>	051 820 233
<b>Email address:</b>	waterfordnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services
<b>Provider Nominee:</b>	Pat Shanahan
<b>Person in charge:</b>	Joseph Mooney
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Ide Batan;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	59
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
29 May 2014 09:30	29 May 2014 17:30
30 May 2014 09:00	30 May 2014 14:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an announced inspection following an application by Waterford Nursing Home, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the provider, the person in charge, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had been identified the providers demonstrated their willingness, commitment and

capacity to implement the required improvements. The last inspection was undertaken on 7 March 2013 and the report, including the provider's response to the action plan, can be found on [www.hiqa.ie](http://www.hiqa.ie).

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated activity coordinator.

Overall the inspection findings were positive with actions from the previous inspection satisfactorily completed. The safety of residents and staff within the centre was actively promoted and a centre-specific risk management policy was in place. Whilst inspectors were satisfied overall that the centre was well operated and compliant with the conditions of registration granted, areas for improvement were identified in relation to contracts of care, risk management and medication management. These issues are covered in more detail in the body of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose for Waterford Nursing Home outlined the aims and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review and provided inspectors with a copy that had been updated since the last inspection.

The inspectors' review of the statement of purpose found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy of the statement of purpose was readily available for reference in the reception area of the centre.

**Judgement:**

Compliant

***Outcome 02: Contract for the Provision of Services***

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The contracts of care examined by inspectors were signed and dated and included a schedule of additional charges but in a number of instances did not identify the centre or reflect the fees being charged.

**Judgement:**

Non Compliant - Moderate

***Outcome 03: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The person in charge worked in a full-time capacity and held the necessary qualifications and experience for this post. He was able to summarise the necessary governance arrangements in place such as clear reporting systems with the provider and operational manager and also his deputising senior staff and nursing staff. The person in charge demonstrated competent knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also demonstrated an understanding of, and commitment to, the requirements of a regulatory framework.

**Judgement:**

Compliant

***Outcome 04: Records and documentation to be kept at a designated centre***

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that all policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire

procedures, emergency plans and records of fire training and drills.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors. Documents to be held in respect of persons managing or working at the designated centre were in order and readily available.

The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP. The Resident's Guide contained the required information and copies were available to residents. Medical records, care plans and nursing notes were maintained for all residents. Incident logs and documentation in relation to the belongings of residents were maintained electronically.

Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

**Judgement:**  
Compliant

***Outcome 05: Absence of the person in charge***

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
There had been no periods where the person in charge was absent for more than 28 days since the last inspection and there had been no change to the person in charge in that period. The provider was aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge and of the arrangements to cover for the absence.

The key senior staff nurse identified as the person to act as the person in charge in the event of an absence holds the appropriate nursing qualifications, is clinically competent and demonstrated a good understanding of the responsibilities of the role as deputising person in charge.

**Judgement:**  
Compliant

***Outcome 06: Safeguarding and Safety***

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The previous inspection had identified training needs in relation to elder abuse which had since been addressed.

There was a policy on, and procedures in place for, the prevention, detection and response to abuse in relation to incidents involving staff members. However, this did not include circumstances that might involve visitors or relatives and required further development in this respect.

All staff had received training in elder abuse and those spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. Residents and relatives spoken with were also clear on who they could go to should they have any concerns they wished to raise.

An up-to-date safety statement was in place as was a policy on residents' accounts and personal property. There were systems to safeguard and manage residents' belongings, including personal finances, with records signed by two members of staff. External audits are conducted annually and verification of this process was provided during inspection. Transactions reviewed were conducted in keeping with policy and procedure and funds available could be reconciled with the balance recorded. Residents' monies were kept separately and stored securely in a locked cabinet.

**Judgement:**

Compliant

***Outcome 07: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.



**Findings:**

Previous issues in relation to the risk management policy had been addressed and overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors. Records in relation to equipment servicing were up-to-date and the centre maintained an electronic database for records including a log of incidents and accidents and associated learning outcomes.

Policies and procedures relating to health and safety were site-specific and up-to-date. A health and safety statement was also in place and on display at reception. Routine health and safety checks were undertaken and a record maintained. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. Emergency and evacuation plans were visible on display.

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Access to high risk areas such as sluice rooms were controlled and cleaning chemicals were appropriately secured. Inspectors noted that the room used for hairdressing did not have a call-bell or any other system of raising an alarm if necessary.

All staff had received up-to-date training in moving and handling of residents and staff observed using a hoist to move a resident did so with courtesy to the resident and using appropriate techniques. Inspectors noted on the day of inspection that not all slings used with hoists were individualised which represented a risk in relation to infection control. Otherwise good infection control practices were observed with staff utilising personal protective equipment appropriately and regular use of sanitising hand-gel which was readily accessible.

Suitable fire equipment was available throughout the centre; emergency exits were clearly marked and unobstructed. There was a weekly check of the fire alarm which was tested quarterly and regular fire drills were documented. Fire exits were checked twice daily. Regular checks of fire prevention and response equipment were in place including emergency lighting and extinguishers. All staff were up-to-date in relation to fire training.

The inspector spoke to a member of housekeeping staff and saw evidence of a regular cleaning routine and practices that protected against cross contamination. There was a contract in place for the disposal of clinical waste which was stored appropriately. Sluice rooms and bathrooms were appropriately equipped though inspectors noted some of these areas were used for storage of wheelchairs and other equipment which presented a potential risk in relation to infection control.

**Judgement:**

Non Compliant - Moderate

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A written operational policy relating to the ordering, prescribing, storing and administration of medicines to residents was in place. This policy was current, comprehensive and centre-specific. Procedures underpinned by this policy were in place and there was documentary evidence that all nursing staff had read and understood the policy and procedures.

Medication prescription sheets were current and contained all relevant information including biographical data. Where prescription records were transcribed by nursing staff it was clearly indicated as such and countersigned by a second nurse. However, in one instance that was reviewed, practice was not in keeping with policy in that the record had not been signed off by the relevant GP within the specified 72 hour period.

Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet which included photographs. There was adequate space to record comments on withholding or refusing medications.

The inspector observed that, overall, medication management practices were in keeping with policy and guidelines on best practice. Medication errors were captured as part of the medication management audits which were undertaken regularly with evidence of feedback to staff and actions taken for the purposes of learning. Medications were appropriately stored and secured. The handling of controlled drugs was safe and in accordance with current guidelines and legislation. Stock checks were conducted monthly with unused and out-of-date medications returned to the pharmacy. A written record was maintained of these transactions.

**Judgement:**

Non Compliant - Minor

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A record of all incidents and accidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector in accordance with statutory requirements.

**Judgement:**

Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had implemented a system for the review of quality and safety issues including feedback to residents. An auditing process for the quality and safety of care was in place. The inspectors saw evidence of learning and improvements brought about as a result of reviews in areas such as hygiene and infection control and laundry processes for example. Effective audit processes were in place for a range of issues including falls, medication management and care standards.

Staff and senior management spoken with by inspectors demonstrated a commitment to the provision of person-centred care and had an open approach to learning and development in relation to continuous improvement.

The centre also had in place a system to review and monitor the quality of life of residents; this included a survey of residents in March 2014 the results of which were made available to inspectors and indicated a substantial level of satisfaction with the care provided. A suggestion box for residents and relatives was available and there was evidence of consultation with families through recent customer satisfaction surveys.

**Judgement:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Previous issues in relation to the planning and the review of care plans, particularly in relation to activities and recreational needs, had been addressed. A dedicated activities coordinator managed a weekly programme. The activities coordinator had previously worked at the centre as a health care assistant and was familiar with the needs and preferences of individual residents. Residents were given the opportunity to participate in meaningful recreational activities which included reminiscence therapy, and tactile stimulation such as hand and foot massage for residents with significant cognitive impairment.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed and there was evidence that care plans were reviewed on a quarterly basis, or as assessed needs required.

Regular attendance by a medical practitioner was in place with ongoing access to allied healthcare professionals such as a speech and language therapist and dietician. A physiotherapist attended the centre on a weekly basis and the provider retained the services of an occupational therapist.

Restraint policy was based on recognised best practice with a restraint register in place to record risk assessments and reviews of any type of restraint in use. Where bed rails were being used appropriate assessments had been undertaken.

**Judgement:**

Compliant

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The designated centre was a purpose built residential unit constructed over two floors in 2002. There was ample parking and the grounds were well maintained and could be safely accessed by both visitors and residents. The centre was clean and well decorated with adequate private and communal accommodation. All rooms were en-suite and room dimensions were in keeping with statutory requirements. Residents' rooms were homely and personalised with adequate space and storage for furniture and belongings. A lift was in place for access between floors. The premises was comfortable and well equipped with appropriate heating, lighting and ventilation in place. Separate kitchen and cooking facilities were available. Any equipment in use was appropriately serviced and maintained with staff trained for use accordingly. Staff facilities were also available. The location, design and layout of the centre was suitable for its stated purpose and adequately met the needs of the current resident profile.

**Judgement:**

Compliant

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Written operational policies and procedures, which were site-specific and up-to-date, were in place for the management of complaints. A summary of the complaints process was readily accessible on display at the centre. The current policy covers complaints made verbally in keeping with the findings of the previous inspection report.

All complaints are recorded electronically and include a process for reviewing and learning from outcomes. A log of complaints reviewed included records of complaints, investigations and outcomes. The complaints process included the provision of a nominated complaints officer and information on any appeals mechanisms in place.

**Judgement:**  
Compliant

***Outcome 14: End of Life Care***

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A current policy was available which was comprehensive, centre-specific and covered emotional, psychological and physical aspects of resident care.

Family and friends were facilitated to be with their relative at the end of life stage. Though the centre had no designated room for overnight stays, where there was capacity at the centre visitors were accommodated. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Where a resident had expressed a preference to return to the centre from local acute services the centre had made provisions to enable him to do so. Staff spoken with confirmed that provisions were made to cater for residents' belief systems with mass held fortnightly and a eucharistic minister attending weekly.

A review of a sample of care plans indicated that input was available from the local hospice team with appropriate intervention in terms of pain relief administered in accordance with best practice. Consultation with residents in relation to end of life needs was an on-going process documented in a number of care plans reviewed.

**Judgement:**  
Compliant

***Outcome 15: Food and Nutrition***

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Residents had the choice of taking meals in the communal dining room or in their own room if they so wished. The dining areas were bright, clean and well decorated with individual table settings attractively presented. During the lunch service on the day of inspection a menu on the table offered a choice of meals. The food, including modified meals, was well presented with the option to have sauces served on the side. A policy was in place for the monitoring of nutrition and hydration needs and documented records of assessments were on file. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques and in a respectful manner. Inspectors spoke with residents who commented positively about the quality of food overall. Refreshments were seen to be available and on offer on a regular basis.

Inspectors spoke with kitchen staff who were familiar with the likes and dislikes of residents and could reference a communication folder kept in the dining area for specific dietary guidance as required.

**Judgement:**

Compliant

***Outcome 16: Residents Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Actions from the previous inspection had been implemented with arrangements in place to facilitate residents' consultation and participation in the organisation of the centre. The last residents' meeting was in April 2014, attended by residents and relatives and also had an advocate present. Minutes of this meeting indicated issues raised were addressed by the director of nursing at the time.

Inspectors noted that residents could exercise choice in the conduct of their day-to-day living activities with preferences around mealtimes and dining locations facilitated by staff for example. A customer survey had also been undertaken in March 2014 with follow-up meetings requested by relatives attended by management.

The inspectors found the atmosphere at the centre was friendly; both residents and relatives spoken with generally commented positively on the attitude and standard of care provided by staff. The provider, person in charge and staff had a good knowledge and understanding of residents' backgrounds and interests. The inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. A number of visiting rooms were available, both communal and private, and residents could also receive visitors in their rooms. Overall there was a good level of visitor activity throughout the day. Appropriate screening was provided in shared rooms and staff were observed knocking before entering residents' rooms as a matter of course.

A CCTV system of monitoring was in place in accordance with a centre-specific policy and only in communal areas.

The statement of purpose described the ethos of the centre as one which recognised and respected the "residents' rights to self-determination, individuality and privacy". Inspectors found this person-centred approach to be actively implemented by management and staff at the centre.

**Judgement:**  
Compliant

***Outcome 17: Residents clothing and personal property and possessions***  
*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The previous inspection identified an issue in relation to the updating of residents' personal property and possessions which has since been addressed with all property lists now updated regularly and reviewed annually.

A policy was in place for residents' personal property and possessions and adequate space was available in residents' rooms to store belongings in an easily accessible and secure manner.



Arrangements were in place for the regular laundering of linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoken to understood the requirements in relation to segregation of garments and infection control procedures were in place including the use of a separate machine for the contents of alginate bags. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

**Judgement:**  
Compliant

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The previous inspection identified issues in relation to adequate staffing numbers and supervision which were addressed satisfactorily in the interim. Committees have been set up for health and safety, activities and direct care and training with attendance by the person in charge and recorded outcomes.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, manual handling and fire procedures and prevention. The system of supervision was directed through the person in charge and senior nursing staff with operational management issues discussed at team meetings. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Staff spoken to were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

Garda vetting was in place for volunteer staff who were appropriately supervised in their role by the activities coordinator.

**Judgement:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Waterford Nursing Home
Centre ID:	ORG-0000255
Date of inspection:	29/05/2014
Date of response:	01/07/2014

## Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 02: Contract for the Provision of Services

**Theme:**  
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Please state the actions you have taken or are planning to take:**

The Residents contract of care for Waterford Nursing Home now includes details of the services to be provided for all residents and the fees to be charged.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale: 01/07/2014**

**Outcome 07: Health and Safety and Risk Management**

**Theme:**

Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure appropriate precautions are in place in relation to infection control including the use of individual slings for residents requiring the use of a hoist.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

All residents who require the assistance of a hoist in there care plans now have access to individual slings.

**Proposed Timescale: 01/07/2014**

**Theme:**

Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure appropriate precautions are in place in relation to infection control including the appropriate storage of equipment.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

Equipment that was stored in the sluice rooms has been removed.

**Proposed Timescale: 01/07/2014**

**Theme:**

Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure appropriate measures are taken to protect against accidents including the provision of appropriate alarm call systems where necessary.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**

The provision of a call bell in the hairdressing salon has been procured and should be in place within a few days.

**Proposed Timescale:** 18/07/2014

**Outcome 08: Medication Management****Theme:**

Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Ensure that staff are familiar with, and adhere to, operational policies and procedures relating to the administration of medicines to residents.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**

All Nursing Staff who transcribe medication under our policy will ensure that the GP Signs the Drug kardex within 72 hours. CNM and Senior Staff Nurses will ensure the timelines are consistent with policy. Where there is difficulty in contacting GP the DON will visit GP practice and get the kardex updated. The Nursing communication book will be used to ensure this is administratively effective.

**Proposed Timescale:** 01/07/2014