Centre name: Wygram Nursing Home
Centre ID: OSV-0000756
Centre address: Davitt Road, Wexford Town, Wexford.
Telephone number: 053 918 4491
Email address: info@wygramnursinghome.ie
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: Wygram Nursing Home Limited
Provider Nominee: Seamus Killeen
Lead inspector: Ide Batan
Support inspector(s): Kieran Murphy
Type of inspection: Unannounced
Number of residents on the date of inspection: 46
Number of vacancies on the date of inspection: 25
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 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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 November 2015 11:00
To: 18 November 2015 16:00

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

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Summary of findings from this inspection
This was an unannounced follow up inspection conducted on foot of unsolicited information received by the Authority. The Authority had issued two separate provider led investigations to the Registered Provider as a result of receipt of unsolicited information. The Authority was satisfied with the Registered Provider’s response to the provider led investigations. Practice areas in relation to the information received were explored during the inspection and inspectors were satisfied that the information received was not substantiated.

Overall, inspectors found that the provider met 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 to a good standard. There was a committed management team in place who worked hard to ensure that there was a strong governance structure in place.

Inspectors found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. Most residents had flexibility in their daily routines, for example, residents could decide whether to
participate in activities available to them. Residents were consulted about the operation of the centre and there was an active residents’ committee. The provider and person in charge promoted the safety of residents.

A risk management process was in place for all areas of the centre. A restraint free environment was actively promoted and there were no bedrails being used to restrain residents. There was evidence that all alternatives to their use had been considered including the use of low beds, crash mats and sensor alarms. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. These matters are discussed further in the report. No actions were required from this inspection.
Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There were sufficient resources in place to ensure the effective delivery of care, as described in the centre's statement of purpose. There was a clearly defined management structure that identified who was in charge and accountable. Staff demonstrated very good awareness of the reporting structure. There were management systems in place to ensure that the service provided was safe and met the residents' needs. There was evidence of quality improvement strategies and monitoring of the services.

The inspectors reviewed audits completed by the person in charge and clinical nurse manager. Clinical data was collected and reviewed. Comprehensive audit tools and an audit schedule were available for:
- Infection control
- Medication
- Health & safety
- Clinical documentation
- Catering
- Care standards
- Human resources

The inspectors found that this information was used to improve the service. It was evident that the person in charge and provider nominee were committed to improving the quality and safety of the service. Inspectors saw that where deficits were identified through clinical audit, action plans were in place identifying those responsible for completion within agreed timelines. The provider nominee was aware of his obligation to complete an annual review of the quality and safety of care.

Inspectors saw that there were weekly management meetings and the provider nominee...
was on-site at least three days per week. At a clinical level the person in charge was supported by an experienced assistant director of nursing. The person in charge was a facilitator for elder abuse training. The assistant director of nursing had responsibility for clinical supervision and training of staff.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:
Inspectors read a sample of completed contracts of care and saw that they met the requirements of the Regulations as they included adequate details of the services to be provided and the fees to be charged. Contracts were signed and dated by the resident or their representative within one month of admission. The contract set out issues including:

• Services to be provided
• duties/powers of the proprietor
• force majeure
• requirements for the resident,
• duration/termination of the contract
• variation of conditions.

There were three schedules to the standard contract of care which set out in Schedule 1 the charges and weekly fee for
(a)bed and board
(b)nursing care
(c)bedding
(d)laundry

Schedule 2 outlined further additional charges for:
(a)social activities programmes
(b)toiletries
(c)daily newspaper

Schedule 3 outlined additional charges for services including:
(a)therapies
The person in charge outlined that if residents did not wish to participate in social activities they would not be charged for them.

Judgment:
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was supported in her role by an assistant director of nursing and staff nurses. The provider also worked closely with the director of nursing. There were appropriate deputising arrangements in place.

The person in charge demonstrated an adequate knowledge of the Regulations, the Authority’s Standards and her statutory responsibilities. Throughout the inspection process, the person in charge demonstrated a commitment to delivering good quality care to residents in a very person-centred manner. All documentation requested by inspectors was readily available.

Inspectors observed that she was well known to staff, residents and relatives with many referring to her by her first name and were very complimentary of the home from home experience they received and this was led by the person in charge.

Judgment:
Compliant

**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.
Theme:
Safe care and support

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

Findings:
There were policies in place to protect residents from being harmed or suffering abuse. All staff had received training on the prevention, detection and reporting of abuse. Prior to the inspection the Authority had been notified of two issues of potential financial abuse. Inspectors reviewed documentation in relation to these issues and were satisfied that they had been managed in accordance with the centre’s policy on the protection of residents from abuse. Inspectors spoke with residents, some of whom said that they felt safe in the centre and “it was like a home from home”.

Inspectors reviewed the system in place to safeguard residents’ money. There was an up to date policy on the security of residents’ accounts and personal property. The person in charge managed the finances of a number of residents. Inspectors saw accurate complete records were maintained of all financial transactions. Residents who had day to day expenses were safeguarded by the practice of administration officer and person in charge co-signing all expenses.

A restraint free environment was actively promoted and there were no bedrails being used to restrain residents. There was evidence that all alternatives to their use had been considered including the use of low beds, crash mats and sensor alarms. For residents who were at risk of absconding there was secure access to the building and closed circuit television (CCTV) on the external entrances. Some residents had consented to the use of a resident safety tag monitoring system which alarmed if the resident left the premises. These bracelets were checked every four hours.

Judgment:
Compliant

Outcome 08: 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(s):

Findings:
There was a risk management policy which contained the identification and
management of risks and there were measures in place to control risks including assault, accidental injury and self harm. There was also a policy on incident reporting. Since May 2015 there had been 131 incidents which included:

- 107 resident falls
- 7 medication management incidents
- 9 incidents of residents presenting with behaviour that is challenging

There was evidence that the person in charge was reviewing these incidents and implementing measures to ensure the incidents did not re-occur. For example an audit of resident falls had been undertaken to identify patterns in relation to resident falls. In response the person in charge had reviewed staffing levels and extra health care assistant hours had been put in place between 16:30hrs and 22:30hrs to maximise staffing levels during shift and handover periods. Inspectors saw that residents were referred to the appropriate professionals if there were on going incidents of challenging behaviour.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Fire detection and alarm system final certificate of commissioning March 2015
- fire extinguisher servicing and inspection March 2015
- servicing of fire alarm system and alarm panel October 2015
- servicing of the emergency lighting October 2015

Since the centre opened all staff had received fire safety awareness training which records indicated was conducted monthly. As part of the induction process all staff were to receive orientation to the building and fire training. There was an evacuation plan which identified how residents and visitors were to exit the building in the event of an emergency.

There was an infection control policy. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre. There were three sluice rooms, one on each floor. Each sluice room was to be fully equipped with bedpan washers, stainless steel sinks and separate hand washing facilities for staff. All staff had received infection control training in August 2015.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
There were written operational policies relating to medication management in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

The storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement. The person in charge said that a blame free culture was promoted within the centre to ensure transparency in reporting and learning from incidents.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team, and medication reviews undertaken included communication to, with and from the GP. Inspectors saw that the management team conducted medication audits and that a pharmacist also completed medication management audits, the last one had been completed on 9 October 2015.

Staff nurses involved in the administration of medications had undertaken training updates in best practice in medication management.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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(s):**
No actions were required from the previous inspection.

**Findings:**
Inspectors were satisfied that the residents healthcare needs were met to a good standard and that each resident had opportunities at times to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and dietetic services. Chiropody, dental and optical services were also provided. Inspectors reviewed
residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and that care plans were devised accordingly. Falls audits were conducted by the person in charge and inspectors saw that where trends were identified remedial actions were put in place such as increased staffing hours during certain periods. Access to the physiotherapist was provided as required.

Inspector read care plans of three residents with wounds and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers. A restraint free environment was promoted. Only one resident out of 46 requested to use bed rails as enablers.

Inspectors saw that meal times were very well supervised. The inspector found that the staff had clear knowledge on the dietary needs of residents including their requirements for modified diets where required. Residents who required modified consistencies, had the same choice as other residents, and had these presented in appetising and appropriate ways. The inspectors found that there was access to fresh drinking water at all times and there were water dispensers on each floor. The inspectors spoke with some residents, who all expressed satisfaction with the quality and quantity of food available in the designated centre, and the experience offered in the dining room. Inspectors saw that some residents had wine with their meals.

Inspectors saw that residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was a lively atmosphere in the centre. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre and externally. Inspectors saw that some residents sat in the main foyer observing all the activity of the centre.

**Judgment:**
Compliant

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**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

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

Findings:
Inspectors found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by person in charge and provider and that they really enjoyed working in the centre.

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents in an appropriate manner according to their role and responsibilities. Inspectors found that the staffing levels, qualifications and skill mix on the day of the inspection were appropriate for the assessed needs of residents. The reception area was covered seven days per week. Inspectors met the administrator who has had previous experience in the same role in another centre.

Evidence was available that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspectors reviewed a sample of staff files and saw that they met the requirements of the Regulations. All staff had completed a probationary appraisal and this would continue yearly thereafter.

There was a policy on training education and development. Inspectors spoke with a staff nurse who had just commenced employment. Inspectors saw a comprehensive induction programme that the staff nurse was undertaking. Inspectors observed that all mandatory training was up to date for staff.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss resident’s needs. These forums were also used to review and improve the service such as staff meetings and resident handover meetings.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

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