

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |   |
|---|---|
| <b>Centre name:</b>                                   | Waterman's Lodge                                      |
| <b>Centre ID:</b>                                     | OSV-0000708   |
| <b>Centre address:</b>                                | Cullinagh,<br>Ballina,<br>Killaloe,<br>Tipperary.     |
| <b>Telephone number:</b>                              | 061 374 888   |
| <b>Email address:</b>                                 | adminwatermanslodge@alzheimer.ie                      |
| <b>Type of centre:</b>                                | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| <b>Registered provider:</b>                           | Alzheimer Society of Ireland                          |
| <b>Provider Nominee:</b>                              | Catriona Lavelle                                      |
| <b>Lead inspector:</b>                                | Mary Costelloe  |
| <b>Support inspector(s):</b>                          | None  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 6   |
| <b>Number of vacancies on the date of inspection:</b> | 5   |

## 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.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 1 day(s).

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

From: To:  
11 April 2017 09:00 11 April 2017 16:00

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

| <b>Outcome</b>  | <b>Our Judgment</b>     |
|---|-------------------------|
| Outcome 01: Statement of Purpose                            | Compliant               |
| Outcome 02: Governance and Management                       | Compliant               |
| Outcome 03: Information for residents                       | Substantially Compliant |
| Outcome 04: Suitable Person in Charge                       | Compliant               |
| Outcome 05: Documentation to be kept at a designated centre | Compliant               |
| Outcome 07: Safeguarding and Safety                         | Compliant               |
| Outcome 08: Health and Safety and Risk Management           | Substantially Compliant |
| Outcome 09: Medication Management                           | Compliant               |
| Outcome 11: Health and Social Care Needs                    | Compliant               |
| Outcome 12: Safe and Suitable Premises                      | Compliant               |
| Outcome 14: End of Life Care                                | Compliant               |
| Outcome 18: Suitable Staffing                               | Compliant               |

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place on one day. As part of the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

This centre provides both day and respite care services to persons with dementia and is part of The Alzheimer Society of Ireland. The person with dementia respite stay is flexible depending on their wishes and can range from a two week period to one night respite. Many of the people availing of the respite service also regularly attended day care service and were familiar with staff and the environment.

Overall, the inspector found that the person in charge and staff were very committed to providing a high quality service for service users with dementia.

The layout and design of the centre which had been purposely redesigned as a dementia specific care facility to create an environment where residents with dementia could flourish. The design and layout promoted the dignity, well being and independence of its users. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the service users. Signs and colours had been used in the centre to support service users to be orientated and find their way around the centre.

The quality of service users lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity was evident. All staff fulfilled a role in meeting the social needs of service users and inspectors observed that staff connected with service users as individuals. The environment was interesting with plenty of objects to engage and interest service users.

All service users were observed to be relaxed and comfortable in the company of staff. The collective feedback from service users and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

The inspector found that there was evidence of good practice in all areas however, some improvements were required to updating contracts of care, the risk register and emergency plan. These areas for improvement are included in the action plan at the end of the report. All improvements required following a two day unannounced thematic inspection carried out in October 2016 had been addressed.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the recently updated statement of purpose dated April 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre. The person in charge undertook to submit the recently updated statement of purpose.

**Judgment:**

Compliant

***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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had established a clear management structure. The person in charge worked full time in the centre. The person in charge was supported in her role by the assistant director of nursing and operations manager who was also the provider

representative. The management team met each other, residents and staff on a daily basis. The operations manager attended the centre two to three times a week and formal management meetings took place monthly. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The person in charge stated that she also had the support of the human resource, finance, training, health and safety and quality and safety departments at head office. The person in charge attended team leaders meetings which were held quarterly to discuss issues of concern and share learning. A quality and safety committee had recently been set up and met monthly in the centre. Issues discussed at the last meeting included the statement of purpose, training, policies, risk management, complaints and incidents.

Systems were in place to review the safety and quality of care. Regular audits and reviews were carried out in relation to incidents, falls, medication management, complaints, care planning, pressure ulcers and infection control. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. A report on the quality and safety of care of residents in the nursing home had been documented for 2016 which included an improvement plan for 2017. Many of the issues identified had already been addressed.

There was evidence of ongoing consultation with residents and their representatives. Respite service user committee meetings were held on a regular basis. Minutes of meetings were recorded, issues discussed included the service provided, catering/food, activities, outings and day trips. Actions to be followed up were documented and the inspector noted that many of the issues raised at previous meetings had been followed up on including day trips that some service users had requested had been organised. There was a quarterly newsletter published which summarised the issues raised at the respite service user committee meetings as well as upcoming fundraising events and initiatives such as the involvement of the local transition year students with service users in a variety of activities. An annual client and family satisfaction survey was carried out. The inspector reviewed some past surveys and noted high satisfaction with the service provided. Nutrition and food satisfaction surveys were also completed with service users. The result of a recent survey indicated a positive response.

**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:**

Contracts of care were in place for all respite service users. The inspector reviewed a sample of contracts of care. They set out details of the services to be provided, fees to be charged, however, details of additional services and charges were not clearly set out.

**Judgment:**

Substantially 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 nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. She was on call out-of-hours and at weekends. The person in charge was knowledgeable regarding the regulations, Standards and her statutory responsibilities. She was very knowledgeable regarding the individual needs of each respite service user.

The person in charge had engaged in continuous professional development. She had previously undertaken a qualification in managing people, person centred dementia care, European certificate in dementia palliative care. She had recently completed training on medication management, safeguarding, fire safety, manual handling and people handling, infection control and cardiac pulmonary resuscitation. She advised the inspector that she was due to commence a Diploma in management in September 2017.

The inspector observed that she was well known to staff, respite users and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to respite users and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations.

The directory of residents was kept up to date and contained all of the required information as required by the regulations.

**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:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There was a policy on safeguarding vulnerable persons at risk of abuse which included reference to recent national safeguarding guidelines. Staff spoken with and training records viewed confirmed that all staff had received recent education on safeguarding.

The inspector reviewed the policies on responsive behaviours in dementia care and the use of physical restraint. The policy on responsive behaviours in dementia care included guidance on the management of mood disorders and use of psychotropic medications. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were no bedrails in use at the time of inspection.

Staff spoken with and training records reviewed indicated that staff had attended training on dementia care, responsive behaviours, and management of actual and potential aggression.

The inspector observed that service users appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, relaxed, unhurried, noise free environment and allowing residents plenty of time and choice of daily routines. The inspector observed this taking place in practice. Responsive behaviour care plans clearly set out the need to consider the reasons for people's behaviour, restlessness or anxiety and the need to review for issues such as infections, pain, noise, needing to use the bathroom, hunger, thirst or being tired. Nursing staff confirmed that there were currently no respite service users who presented responsive behaviours but that ABC charts were available to record episodes of behaviours if required in line with the centers policy. There were no respite service users prescribed 'as required' psychotropic medications at the time of inspection.

The person in charge told the inspector that respite users finances were not managed in the centre, however small amounts of money and some items of value were sometimes kept for safe keeping on behalf of service users. These were securely stored and two staff signatures were used to record receipt of these items.

The inspector observed staff interacting with all service users in a respectful and friendly manner. Service users were observed to be relaxed and happy in the company of staff. Some of the service users spoke highly of the staff.

The person in charge confirmed that staff, volunteers and persons who provided services to respite users had Garda Síochána vetting in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents, however, the emergency plan and risk register required updating.

There was a health and safety statement available. The inspector reviewed the risk register and found that it had been regularly reviewed. However, all risks specifically mentioned in the regulations were not included such as abuse, self harm and accidental injury to residents, visitors and staff. Systems were in place for regular review of risks and risk management was discussed at the monthly quality and safety management meetings.

The inspector reviewed the emergency plan. It required updating to include guidance for staff as to what their specific roles might be in the event of different emergency situations including evacuation, loss of power, water and heating. Staff spoken with confirmed that fire safety training undertaken included the horizontal evacuation of residents in the event of an outbreak of fire, this was not reflected in the emergency plan. Arrangements were in place locally for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. The service records of all manual handling equipment such as hoists were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in April 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Records of fire drills which took place regularly were documented.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to

be vigilant in the use of hand sanitizers. All staff had recently received infection control training. Regular infection control audits were carried out. The inspector noted that there had been no issues identified following recent audits. The building was found to be clean and odour free.

**Judgment:**

Substantially Compliant

***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):**

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

**Findings:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. Issues identified at the last inspection had been addressed.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

There were no medicines requiring strict controls at the time of inspection but appropriate systems were in place to store and manage these medicines. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. The inspector noted that valid a prescription was in place for all medicines and they were administered as prescribed.

Systems were in place to record medicines errors which included the details, outcome and follow- up action taken. Staff were familiar with these systems. Nursing staff stated that there had been no recent medicines errors.

Systems were now in place for checking and recording of all medicines on admission and discharge of each respite user. Systems were in place for the return of unused and out-of-date medicines to the pharmacy.

Regular medicines management audits were carried out by nursing management. Audit findings and action plans were documented, the inspector noted that issues identified

during a recent audit had been addressed. All nursing staff had recently completed medicines management training.

**Judgment:**  
Compliant

***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:**  
The inspector found that respite service users overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each person had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences while availing of respite services.

Respite service users retained the services of their own general practitioner (GP). There was a local GP who visited the centre two days a week and was available to review service users if necessary, there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed service users as required.

A full range of allied health services were available on referral. Nursing staff explained that due to the respite nature of the service and as the service user may only be accommodated in the centre for short periods of time that referrals to some allied health services may in consultation with the GP be recommended to the service user and their family at the time of discharge.

The inspector reviewed a sample of respite users files. Comprehensive up-to-date nursing assessments were in place. A range of up-to-date risk assessments were completed on the day of admission including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral cavity and wandering.

The inspector noted that nursing documentation was of a high standard and care plans were in place for all identified issues. Comprehensive and informative care plans were in place which outlined clear guidance for staff in areas such as communication, activities, breathing, washing and dressing, elimination, temperature control, eating and drinking, mobility, pain, responsive behaviours, medication, sleeping, skin integrity, safety and

risk , spirituality and end of life care. Care plans guided care and were up to date. Care plans were person centered and individualised. There was evidence of family and carer involvement in the development and review of care plans. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up to date needs.

There was a reported low incidence of wounds and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There were no persons with wounds at the time of inspection.

The inspector was satisfied that respite users nutritional needs were met and closely monitored. All respite users were nutritionally assessed using a validated assessment tool and weighed at the time of each admission. Nursing staff told the inspector that if they had concerns or if there was a notable change in a resident's weight since the previous admission, nursing staff would reassess the resident and discuss with the GP and family. Eating and drinking care plans in place were found to be person centered and very comprehensive. Meals were served in a large bright dining room. There was a colourful pictorial menu board which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining room were unhurried social occasions set in a domestic style setting. Staff were observed to engage positively with respite users during meal times, offering choice and appropriate encouragement while other staff sat with persons who required assistance with their meal. Respite users were observed coming and going from the dining room, having drinks and snacks throughout the days of inspection. Respite users spoken with were complimentary regarding the quality and choice of food offered.

The social care needs of each service user were assessed and a detailed 'This is me' profile was documented in consultation with the respite user and their family. Staff were very knowledgeable regarding each person's life history, background and their family relationships. Staff were observed to use this information when conversing with and when planning appropriate activities for the service users. All staff fulfilled a role when meeting the social care needs of service users and staff had received appropriate training to deliver activities appropriate to the needs and interests of the service users. The daily activities schedule was displayed, the inspector observed service users enjoying and actively partaking in a variety of activities during the inspection including bingo/card game, sing a long, ball exercise activity, reading the newspapers and books, decorating an Easter tree and flower arranging. Scheduled activities included Sonas sessions, arts and crafts, music and singing, dog therapy, thai chi, hand massage and reminiscence therapy. Musicians from the national concert hall visited on alternative weeks and a local musician visited weekly. Staff were observed carrying out 1:1 activities with others who did not wish to partake in group activities. Other staff walked and talked with service users, spent time sitting with them or offering and making cups of tea with them. Some of the service users told the inspector that they liked to go outside for regular walks and that this was always facilitated. During this time the staff were seen to interact with residents positively, respectfully, speaking directly to people, responding to any verbal communication, offering an appropriate level of help, making eye contact and having some fun and laughter.

Some service users were observed reading books, newspapers, magazines, and playing musical instruments. Service users had recently enjoyed a day trip to a local lakeside amenity. Photographs of service users enjoying the trip were displayed on the wall. Further day trips were planned based on the preferred wishes and requests from service users.

**Judgment:**

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the respite service users. The design and layout promoted the dignity, well being and independence of its users.

The centre was previously a hotel but had been purposely redesigned as a dementia specific care facility. The centre was well maintained both internally and externally. It was clean, warm and comfortable. Bedroom accommodation was provided in six single and three twin bedrooms all with en suite toilet and shower facilities. Ceiling hoists were provided to one single and one twin bedroom. There was a separate bathroom with specialised bath and ceiling hoist.

There was a variety of communal day space including a large bright dayroom, a dining room with kitchenette, an activities room, a quiet room, oratory, seating areas on corridors and an entrance foyer area with seating. The communal areas were suitably furnished; the décor was attractive with a domestic homely style.

The kitchenette area was domestic in size and style and well equipped. Staff could reheat meals and provide refreshments for service users. It had hot drink making facilities also. Service users were able to use it for refreshments and snacks at times that suited them.

Respite service users had access to a small safe enclosed garden courtyard area as well as large well maintained and landscaped external garden areas. The enclosed garden

area was accessible from the bedroom corridor. The garden area was paved and was painted in bright colours, had potted plants and a covered seating area. Service users were seen to be availing of and enjoying the use of this area.

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured wall hangings positioned on the corridors at eye level for residents to engage with. Corridors were seen to be clear of any obstructions. Service users were seen to be moving as they chose within the centre. Window seating areas with brightly coloured cushions were located at intervals along the corridors. All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to service users with a dementia.

Appropriate signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room, day rooms, oratory and garden. Each bedroom door was painted a different colour and had a photo or picture of resident's choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom.

Bedrooms were large and bright. Each bedroom had sufficient storage space for service users' personal belongings including a secure lockable storage unit. All bedrooms had a large clock, wall mounted television and call bell. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists or other specialised equipment to be used.

All bathrooms and toilets were fitted with contrasting coloured grab rails and toilet seats to help residents with dementia orientate better.

There was a range of equipment in the centre to aid mobility. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced.

Access to and from the centre was secure. The main external doors were fitted with electronic locks. CCTV camera were located at the external doors and in the main corridor areas. There was clear signage displayed indicating the use of CCTV. The main gates to the centre were kept closed and electronically controlled.

**Judgment:**  
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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

The inspector reviewed the file of a recently deceased respite service user. The inspector was satisfied that the residents' end-of-life needs including medical, nursing and spiritual needs were met with a high standard of nursing care being provided at end of life.

Nursing staff spoken with confirmed that the family were facilitated to stay overnight with the resident and that food and refreshments were offered throughout their stay.

There was an end-of-life policy in place. Staff confirmed that support and advice continued to be available from the home care team and local hospice care team.

Staff had received training regarding end-of-life care and further training was scheduled

**Judgment:**

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. 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):**

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

**Findings:**

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the respite service users. Issues identified during the last inspection in relation to mandatory training of all staff and updating the staff rosters had been addressed.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the service users. Staff spoken with felt there was adequate levels on duty and that they had time to spend with service users. There was one nurse on duty at all times. On the days of inspection, there was a senior nurse on duty, four care assistants, catering, housekeeping and administration staff on duty during the day time. There was one nurse and one care assistant on duty at night time. In addition, the person in charge was normally on duty during the day time Monday to Friday.

An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

There was a varied programme of appropriate training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding, fire safety, manual handling, responsive behaviours and infection control.

The staff had access to a range of education, including training in specific dementia care training courses, dealing with behaviours that challenge, medication management, palliative care, wound assessment and classification, advocacy for older people, assessment in the care of older people, early identification of memory problems in older persons and nutritional screening. The person in charge had completed a European certificate in dementia specific care and the operations manager had recently completed a Masters in Dementia.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff including community employment staff and volunteers. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files.

**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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

|                     |                  |
|---------------------|------------------|
| Centre name:        | Waterman's Lodge |
| Centre ID:          | OSV-0000708      |
| Date of inspection: | 11/04/2017       |
| Date of response:   | 03/05/2017       |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Details of additional services and charges were not clearly set out in the contracts of care.

#### 1. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to

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

avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

The contract of care has been updated and captures details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Proposed Timescale:** 26/04/2017

**Outcome 08: 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:**

The emergency plan required updating to included guidance for staff as to what their specific roles might be in the event of different emergency situations including evacuation, loss of power, water and heating. Staff spoken with confirmed that fire safety training undertaken included the horizontal evacuation of residents in the event of an outbreak of fire, this was not reflected in the emergency plan.

**2. Action Required:**

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The emergency plan has been updated to included guidance for staff as to what their specific roles might be in the event of different emergency situations including evacuation, loss of power, water and heating. Horizontal evacuation of residents in the event of an outbreak of fire has been captured in the emergency plan.

**Proposed Timescale:** 27/04/2017

**Theme:**

Safe care and support

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

The measures and actions in place to control the specified risk of self harm was not included in the risk register.

**3. Action Required:**

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk register has been updated and now captures the measures and actions in place to control the specified risk of self-harm.

**Proposed Timescale:** 27/04/2017

**Theme:**

Safe care and support

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

The measures and actions in place to control the specified risk of accidental injury to residents, visitors and staff was not included in the risk register.

**4. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk register has been updated and now captures the measures and actions in place to control the specified risk of accidental injury to residents, visitors and staff.

**Proposed Timescale:** 27/04/2017

**Theme:**

Safe care and support

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

The measures and actions in place to control the specified risk of abuse was not included in the risk register.

**5. Action Required:**

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

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

The risk register has been updated and now includes the measures and actions in place to control the specified risk of abuse.

**Proposed Timescale:** 27/04/2017

