

**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>	OSV-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 Unlimited Company
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	57
<b>Number of vacancies on the date of inspection:</b>	3

## **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 2 day(s).

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

From:	To:
29 May 2017 10:00	29 May 2017 18:00
30 May 2017 09:00	30 May 2017 15:30

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	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the

Authority's Regulation Directorate prior to inspection. As part of the registration process, an interview was carried out with the person in charge and the person who deputises in his absence. The inspector also met with the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents will receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Residents' healthcare and nursing needs were met to a good standard. Residents had access to medical, allied health and mental health services. Improvements were noted in the overall dining experience for residents.

The management of complaints was compliant with regulations. Appropriate policies, procedures and practices were in place to protect residents from any form of abuse and residents had access to advocacy services as required. Recruitment procedures were robust.

All but one action from the previous inspection had been addressed. This related to the provision of activities to residents which still required further improvement.

A risk management process was in place for all areas of the centre but improvement was required to two aspects of the premises to ensure that adequate infection control procedures were in place. Improvement was also required to one element of medication management.

These are discussed further in the report and included in the action plan at the end.

**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 statement of purpose consisted of the aims, objectives and ethos of the designated centre and details of the facilities and services that were to be provided for residents. The inspector found that it accurately described the service that was provided in the centre and met the requirements of the regulations.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as complaints, falls and medication management. The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings. There was evidence of improvements being identified following these audits and interventions put in place to address them. The annual review of the quality and safety of care delivered to residents was completed and the inspector saw that the results were discussed with residents at their meetings.

Data was also collected regularly on a number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Regular residents' meetings were carried out and this is discussed in more detail under Outcome 16. Resident and relative satisfaction surveys were also completed on a regular basis.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

**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:**

The inspector read the residents' guide and noted that it met the requirements of the regulations and was readily available to residents.

The inspector read a sample of completed contracts and saw that they also met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

**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 centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge had been in post since 2013 and worked fulltime in the centre.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people including a degree and masters in healthcare management and a certificate in behavioural therapy.

He continues to attend short courses such as safeguarding vulnerable adults, dementia mapping and end of life care.

The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records listed in Part 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the regulations.

Insurance cover was also in place.

All information requested by the inspector was readily available.

**Judgment:**

Compliant

***Outcome 06: 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The person in charge is supported in his role by an assistant director of nursing who deputises in his absence. The inspector spoke with this staff member and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards.

**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 inspector found that measures were in place to protect residents from being harmed or abused although some improvement was required regarding restraint assessment.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Two hourly safety checks were being completed in line with the policy in place. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. However there was no documented evidence that other alternatives had been tried prior to the use of restraint. This was also a requirement of the policy in place to guide practice.

Staff had received training on identifying and responding to elder abuse. There was a detailed policy in place. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded.

The inspector saw that additional support and advice were available to staff from the psychiatric services.

Residents spoken with and questionnaires received confirmed that residents felt safe in the centre. They primarily attributed this to the staff being available to them at all times.

Small amounts of money were managed for some residents at their request. The inspector was satisfied that this was managed in a safe and transparent way, guided by a robust policy. Frequent checks of the balances were carried out by two staff members to ensure that they were correct.

**Judgment:**

Substantially 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:**

Some improvement was required to ensure that residents were sufficiently safeguarded regarding infection control.

The inspector noted that catering staff did not have separate staff facilities. In addition the inspector saw that there was no hand washing sink in the laundry. Both of these omissions could pose a risk of cross infection within the centre.

Otherwise the inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

The inspector read the risk management policy which met the requirements of the regulations.

There was a health and safety statement in place. The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. Alternative accommodation for residents was specified should evacuation be required.

Robust procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system, emergency lighting and fire equipment were serviced in line with national guidelines. The inspector noted that fire alarm system was in working order and fire exits, which had daily checks, were unobstructed. Fire drills were now carried out on regular basis and detailed records were maintained. This had been identified as an area for improvement at the last inspection. Staff spoken with were clear on the procedure they would follow in the event of a fire.

All staff had attended the mandatory training in moving and handling.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around one aspect of medication management practices.

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Otherwise the inspector saw evidence of safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. In addition, staff told the inspector that plans were in place for the supplying pharmacy to attend the centre and speak to residents or relatives regarding their prescriptions.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits at the time of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Balances checked on inspection were correct.

**Judgment:**

Substantially Compliant

***Outcome 10: 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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

**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):**

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that since the previous inspection, a more detailed pre-admission assessment was completed to ensure that the centre could meet the needs of prospective residents. This was an action required from the previous inspection. New documentation had also been introduced to reflect this.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. It was noted at the previous inspection that some care plans did not always contain sufficient detail to guide staff. In the sample of care plans reviewed the inspector saw that this had been addressed.

There was evidence of resident or relative involvement at development and review. The inspector noted ongoing development work in this area with regular audits and additional training for staff.

The inspector reviewed the documentation relating to the management of clinical issues such as wound care and diabetic care and found that the planned care was in line with evidence based guidelines.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy and

occupational therapy services were available within the centre. Chiropody, dental and optical services were also provided either locally or in the centre.

The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. When required the care plans were updated to reflect the recommendations, an action required from the previous inspection.

**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):**

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

**Findings:**

As described at previous inspections, this is a two-storey purpose-built centre.

The centre was bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. Some bedrooms had been completely refurbished and plans were in place to complete other rooms.

Currently there are 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash hand basin or a toilet and wash hand basin. The bedrooms were personalised with photos, flowers and furnishings. Residents were very complimentary about the centre although two questionnaires received said that the bedroom was too small.

One lift and several stairs provided access between the floors. Other accommodation included two dining rooms, day rooms, an oratory, a visitors' room along with staff offices, sluice rooms and a treatment room.

The inspector saw ongoing improvements to make the premises more dementia friendly. This included additional signage and the person in charge discussed plans to further develop this area with the use of colours to aid orientation.

Arrangements were in place for the disposal of general and domestic waste.

There was access to a well-maintained enclosed garden.

Parking was available to the front although one relative felt that this was insufficient at various times of the day.

**Judgment:**

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(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the complaints of each resident or relative including were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the front foyer. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer, the outcome of the complaint and the level of satisfaction of the complainant were all recorded. There was an appeals process if needed.

**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):**

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

**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. The inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes.

The training records showed that training had been provided for a range of different grades of staff. Having reviewed a sample of care plans the inspector was satisfied that each resident or their relative had been given the opportunity to outline their wishes regarding end of life. This had been identified as an area for improvement at the last inspection.

The person in charge stated that the centre received advice and support from the local palliative care team. Staff were also using some of the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight.

There was a procedure in place for the return of possessions. A specific bag was set aside for the return of possessions when required. Relatives were given adequate time to return to the centre to gather any belongings they wished to keep.

**Judgment:**

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(s):**

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

**Findings:**

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The

inspector saw that residents had been reviewed by a speech and language therapist and dietitian as required. This had been identified as an area for improvement at the last inspection. Recommendations from these reviews were documented in the residents' notes.

The inspector visited the kitchen and noticed that it was well organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies.

The inspector saw that extensive development work had been undertaken to ensure that the mealtimes were now a social experience. The dining rooms had been redecorated. Tables were nicely laid with tablecloths and appropriate condiments, cutlery and crockery. The inspector saw that the dining experience was pleasant.

The timing of the meals had been changed to ensure that adequate assistance was available for all residents and that meals were unrushed. Meals were appetisingly presented. Residents told the inspector that they enjoyed their meals and that staff would get you anything you wanted. The inspector saw that a large variety of meals were available at each mealtime observed.

A breakfast club was run on a weekly basis and provided an opportunity for residents to meet each other and chat over their meal.

**Judgment:**

Compliant

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

***Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. However some improvement was required to ensure that each resident had opportunities to participate

in meaningful activities.

It was identified at the previous inspection that there were limited opportunities for residents to participate in activities in accordance with their interests and capacities. Although the inspector noted that some improvement had occurred, additional improvement was required to ensure that all residents had opportunities to participate in meaningful activities on a regular basis.

The inspector saw and staff spoken with confirmed that the activity coordinator spent time supervising the day rooms and assisting at meal times which took away from time available to spend with residents. This was also noted in some of the questionnaires returned to HIQA. The inspector sat in one day room and noted that there was minimal interaction with the residents there. The inspector also saw that some residents remained in their room for most of the day. Some residents told the inspector that they would like more one to one activities as they did not always want to join the group. This was discussed with the person in charge and provider at the feedback meeting.

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. Mass took place on a weekly basis. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs. The inspector also noted that residents had access to advocacy services.

A residents' committee had been established and regular meetings were held. The inspector read some of the minutes and saw that when residents had made some recommendations these had been acted upon. The inspector saw that when required relatives attend the meetings to support their loved ones. This had been identified as an area for improvement at the last inspection.

**Judgment:**

Non Compliant - Moderate

***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(s):**

No actions were required from the previous inspection.

**Findings:**

Residents could have their laundry attended to within the centre. The laundry was organised and staff spoken with were knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions.

**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 was satisfied that on the days of inspection, there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

Some questionnaires returned to HIQA suggested that there was insufficient staff available at weekends. The inspector reviewed the roster which indicated that the same numbers were available. The person in charge undertook to review this and to ensure that adequate supervision of staff was in place at all times.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that all were complete. Complete documentation was also in place for volunteers and outsourced service providers who attended the centre. This had been identified as an area for improvement at the last inspection.

Assurance was given by the provider nominee that garda vetting was in place for all staff.

The inspector confirmed that up-to-date registration numbers were in place for nursing

staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included nutrition, dementia care, medication management and infection control.

**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:***

Sheila Doyle  
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>

<b>Centre name:</b>	Waterford Nursing Home
<b>Centre ID:</b>	OSV-0000255
<b>Date of inspection:</b>	29 and 30 May 2017
<b>Date of response:</b>	20 June 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

There was no documented evidence that other alternatives had been tried prior to the use of restraint.

#### 1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

The Person in Charge will ensure that there is an appropriate assessment in place to evaluate how the decision to use bed rails was taken and will outline alternatives that were considered prior to putting the bed rails in place. Where bed rails are in place their continued use will be reviewed, appropriate safety checks will be recorded and alternatives considered as part of a regular review process.

**Proposed Timescale:** 19/06/2017

**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:**

Catering staff did not have separate staff facilities.

There was no hand-washing sink in the laundry.

**2. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The Facilities Department will plan the necessary enabling works to complete these actions.

A hand washing sink will be installed in the Laundry by 01/9/17

Separate sanitation facilities for catering staff will be in place by 1/12/17.

**Proposed Timescale:** 01/12/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

For medications to be administered as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

**3. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The Person in Charge will ensure that the medication prescription charts are reviewed. The Person in Charge will ensure that the maximum dose in 24 hours for PRN medication is documented on the medication prescription chart. The Person in Charge will ensure that the GP authorises and indicates each medication that may be crushed prior to administration, in accordance with the advice of the pharmacist.

**Proposed Timescale:** 01/07/2017

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

**Theme:**

Person-centred care and support

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

There was limited evidence that all residents had opportunities to participate in meaningful activities on a regular basis.

**4. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A subcommittee has been established to lead change in this area. The Social Care Practitioners and the Activity Coordinator will ensure that a member of the activities/social care team takes responsibility on a daily basis to provide a more comprehensive activity programme for residents who remain in their rooms.

The care staff will support group activities to enable the Activity Coordinator to fulfil the core aspects of her role, ensuring that every resident has the opportunity to engage in meaningful activities according to their preferences.

**Proposed Timescale:** 01/08/2017