<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Wygram Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000756</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Davitt Road, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 918 4491</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@wygramnursinghome.ie">info@wygramnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Wygram Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Seamus Killeen</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>71</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 01 August 2017 09:30
To: 01 August 2017 16:30
From: 02 August 2017 09:00
To: 02 August 2017 14:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Residents' accommodation was provided over three floors and residents with dementia integrated with the other residents in the centre. The design and layout of the centre met its stated purpose to a high standard and provided a comfortable and therapeutic environment for residents with dementia.
The inspector found that the management team and staff were committed to providing a quality service for residents with dementia. Every effort was made to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre. Their commitment was clearly demonstrated in work done to date to optimise the environment, the physical and mental health and quality of life for residents with dementia living in the centre. During the course of the inspection, the inspector met with residents, staff, the person in charge and the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The management and staff of the centre were striving to improve residents’ outcomes. A person-centred approach to care was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents’ safety in a calm and supportive manner. Residents had access to general practitioner (GP) services and to a range of other allied health services. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents were observed using a validated observation tool. These observations evidenced that staff engaged positively with residents with dementia.

Systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. Two actions that were required following the last inspection in September 2016 had been addressed and substantial compliance with the regulations was found previously and during this inspection. The finding from both inspections will inform the renewal of registration decision.

The inspector found there was a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). In particular there was an effective system of governance with an emphasis on continual improvement.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
There were 71 residents in the centre on the day of inspection. Thirty five residents had a formal diagnosis of dementia. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The centre implemented an effective admissions policy which included a detailed pre-admission review which was completed by the person in charge or nurse managers. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information about their care and treatment was readily available and shared between providers and services.

There was evidence that the wellbeing and welfare of residents was being maintained through the provision of a high standard of nursing, medical and social care. Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents’ medical notes showed that GP’s visited the centre to review residents and medicines on a regular basis. Medicines were also reviewed by the pharmacist also to ensure optimum therapeutic values.

Care plans for residents with dementia were person centred and specific to guide staff and manage the needs identified. Residents either diagnosed with dementia or presenting with impaired cognition had appropriate assessments around communication needs in place. Each care plan viewed by the inspector had a communication and cognition care plan in place. A communication policy was available to inform residents’ communication needs including residents with dementia. The development and review of care plans was completed by a named nurse in consultation with residents or their representatives/advocate. Each resident’s care plan was specific to them and was subject to a formal review at least every four months.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. Staff told inspectors that residents and their family members are supported and end of life care is provided in accordance with the residents and their families’ wishes as outlined in an end of life care plan. The resident’s
general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. The inspector reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of-life care was also recorded. Most residents had single rooms and there was a visitors room in the centre which provided a facility for relatives to stay overnight with residents. The activity coordinator outlined to the inspector how residents' religious and cultural practices were facilitated. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as necessary.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience dehydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. The inspector saw that residents had a choice of appetising hot meals for lunch and tea. Alternatives were also available to the menu if residents did not like the dishes on offer.

The chef told the inspector that she met all residents or their relatives on admission to ascertain their food preferences, dislikes and routines. There were also arrangements in place for communication of residents' dietary needs between nursing and catering staff to support residents with special dietary requirements. Residents received discreet assistance from staff with eating where necessary as observed by the inspector. Menu options were available and residents on a modified diet had the same choice of meals as other residents with appropriate consideration given to the presentation of these meals.

Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of the dietician and speech and language therapist where appropriate. Mealtimes were observed by the inspector to be arranged in two sittings and were a very relaxed and social occasion. Residents spoken with commented positively on the food provided to them. A variety of drinks were made available to residents at mealtimes and the inspector observed that some residents also enjoyed refreshments outside of scheduled mealtimes. The inspector saw that additional tables and chairs had been added on each floor as nursing assessments had highlighted that some residents with dementia were at risk of weight loss due to levels of distraction at mealtimes. The inspector saw some residents having their meal in this area which was quieter than the main dining rooms.

The inspector was informed that high contrast table mats had been purchased and would be used as per the occupational therapist’s assessments. A picture menu board had also been purchased and catering staff were in the process of printing pictures from the menus to aid residents with dementia in their meal choices.

Residents were protected by safe medicines management practices and procedures. The inspector saw that progress had been made in medicine management systems and audit findings since the previous inspection. There was a written operational policy informing ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and
medicine reviews met with legislation and regulatory requirements. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. The pharmacist involved in dispensing residents' medicines met their statutory obligations to residents.

However, the inspector observed that there were nursing staff signatures missing in a sample of two out of ten medicine administration records viewed. Therefore it was impossible to ascertain if the resident had their medicines or whether or not medicines were withheld for any reason.

The inspector saw that an aspect of the medicines management policy did not reflect practices in the centre. For example the centre’s medicines management policy outlined that crushing medicines indicates that if the medicine is “off label” the prescription must always be amended by a medical practitioner. The inspector saw in one instance that this policy was not consistently implemented in relation to the modification of dosage forms.

Three monthly medicine reviews were completed for all residents. The pharmacist was available to meet residents if they wished. There were procedures for the return of out of date or unused medicines. Appropriate storage and checking procedures were in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage. Medication audits were carried out on a regular basis by the person in charge and pharmacist.

All nursing staff had completed medicines management training. The pharmacist also completed medication competency assessments with nursing staff. Robust systems were in place for recording and managing medication errors in accordance with the centre’s policy to inform learning and improvement.

There were arrangements in place to review accidents and incidents within the centre and residents were assessed on admission and regularly thereafter for risk of falls. There was a low incidence of resident falls as observed by the inspector. Procedures were put in place to mitigate risk of injury to some residents assessed as being at risk of falling including increased staff supervision/assistance, low level beds and sensor alarm equipment. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained.

Judgment: Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme: Safe care and support

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

Findings:
Measures were in place to safeguard all residents, including those with dementia, from being harmed or from suffering abuse.

There were policies and procedures in place for the prevention, detection and response to abuse. The person in charge ensured that there were no barriers to staff or residents disclosing abuse. Residents who spoke with the inspector stated that they felt safe in the centre. All staff had been trained in the prevention, detection and response to abuse. There was an ongoing program of training in safeguarding vulnerable adults in place. Staff spoken with were knowledgeable of the procedures in the event of an allegation, suspicion or disclosure of abuse, including who they would report such information to.

The centre had a policy on and procedures in place for working with residents who have responsive behaviours. Due to their medical conditions, some residents displayed behavioural and psychological symptoms of dementia (BPSD) that challenged them or those supporting them. During the inspection, the inspector saw staff approach residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff.

Meaningful activity support and distraction techniques were used for those with responsive behaviours. The training records identified that staff had opportunities to participate in training in prevention and management of responsive behaviours. Staff spoken with were familiar with the interventions used to respond to residents' behaviours. Behaviour logs formed part of the assessment and care plan process. Staff who spoke with the inspector were aware of the triggers and the most effective person-centred interventions to de-escalate any incidents of responsive behaviours. Support from the community mental health team was available and noted to have been facilitated for residents in the records reviewed.

There was a restraint policy in placed dated July 2016. A restraint free environment was actively promoted and there were no bedrails in use. This was the policy of the centre. All residents had low bed and there were crash mats and sensor alarms in use also. 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. No residents were receiving PRN (a medicine only taken as the need arises) medicines to manage responsive behaviours at the time of this inspection.

Safe systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place for carrying out and documenting transactions. In the sample reviewed, invoice and receipts with signatories of those involved were maintained and records for any transactions were kept.

Judgment:
Compliant
### Outcome 03: Residents' Rights, Dignity and Consultation

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

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

**Findings:**
Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents with dementia integrated with other residents in the centre. Residents' privacy and dignity needs were met. Residents' rights to make choices about how they spent their day was promoted and respected. Activities available were varied and coordinated by an activity coordinator from Monday to Friday each week. An activity assistant was due to commence providing weekend activities in September 2017. The inspector found that residents including residents with dementia were empowered and assisted to enjoy a meaningful quality of life in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way.

Practices observed demonstrated residents were offered choices. Residents who spoke with the inspector said they were able to make choices about how they spent their day. Residents knew who to complain to and had options to meet visitors in a private or in communal areas based on their assessed needs. Residents were very positive in relation to their quality of life in the centre.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents’ right to refuse treatment or care interventions were respected as evidenced through the care planning process. Residents were satisfied with opportunities for religious practices.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily as observed by the inspector. A residents’ forum was in place and minutes of meetings were viewed by the inspector. Residents had access to an independent advocacy service if they wished.

Social care planning was undertaken by the staff team and the inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Residents who spoke with the inspector highlighted the events which they were involved in such as spiritual activities which were meaningful to their lives,
arts and crafts, outings with their family members, bingo, music sessions and other low-key activities such as watching television, reading the local newspaper, magazines or books.

Aside from routine observations, as part of the overall inspection, a standardised tool was also used to monitor the extent and quality of interactions between staff and residents. All observation periods showed evidence of a high rate of positive connective care which benefitted the residents involved. Three episodes were monitored in this way both during the morning and afternoon in different sitting and dining areas. The observations returned a positive result in that staff had engaged positively and meaningfully with residents on a regular basis.

The activities that were observed were particularly positive, one being a reminiscence session activity facilitated by the activity coordinator in which a number of residents both with and without dementia were participating. It was a lively session with a lot of engagement and banter between residents. For those residents who did not fully participate in activities, staff made time to sit with them, hold their hand, chat to them quietly, or take them for walks as observed by the inspector. Some residents preferred to stay in their rooms and the activity coordinator would visit them on a daily basis.

The inspector found that the activities coordinator was very knowledgeable regarding resident's needs, likes and dislikes. There was a residents’ forum in place and the inspector viewed minutes of the most recent meeting. The centre also had its own bus and some residents went out on day trips. A twice weekly bus service from the centre was also provided for residents who wished to go out to shop or socialise. Families could accompany residents also if they wished.

**Judgment:**
Compliant

### Outcome 04: Complaints procedures

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

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

**Findings:**
There was a policy and procedure in place for the management of complaints. A copy of the complaints' process was clearly displayed in the centre, which outlined the various stages for making, investigating and resolving a complaint.

There was a nominated person to deal with complaints, and to ensure that all complaints were appropriately recorded and responded to. A complaints' log was maintained in the centre. There was a low number of complaints recorded and the
inspector observed that the documentation contained all of the information required by the regulations.

The inspector saw that all complaints were resolved to the satisfaction of the residents. Residents who provided feedback said they were aware of how to make a complaint and identified the person in charge as the person they would approach if they had an issue of serious concern but that most of the time they would tell any member of staff.

Any actions to improve practices or procedures implemented as a result of complaints were also recorded. There was a clearly defined appeals process available to complainants if not satisfied with the outcome of investigations undertaken by the complaints officer.

Judgment:
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Staff who spoke with the inspector said that there was sufficient staff on duty day and night. Residents who spoke with inspectors did not raise any concerns with staffing levels. Staff numbers were on duty as outlined on the roster.

Residents who had dementia were noted to be particularly well supported and staff could describe to the inspectors how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving resident’s choices and ensuring they had plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions. The inspector saw that nutrition and environmental committees had also been established in relation to further enhancing quality of life for residents with dementia.

There was a comprehensive education programme in place and the person in charge and clinical nurse manager had completed a recognised ‘train the trainer’ course so as to deliver courses in house, such as safeguarding, responsive behaviours and infection control. Mandatory training such as fire training, elder abuse and manual handling was
in place, up to date and delivered on an ongoing basis. Copies of the regulations, revised standards and any other guidance as published by HIQA were available to all staff. Information pertaining to best practices in the area of healthcare were also available for review.

The inspector saw records of regular team meetings between management and staff from all disciplines. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the provider. The inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. They were familiar with residents and had sufficient experience and knowledge to provide safe and appropriate care to residents. The inspector observed that residents were at ease in their surroundings and with staff.

The inspector reviewed a sample of staff files. All information as required by Schedule 2 of the regulations was made available to the inspector. A vetting disclosure was in place in all staff files reviewed and the person in charge gave verbal assurances that all staff working in the centre had a satisfactory vetting disclosure in place. There were two volunteers operating in the centre. The inspector found that both of these people had Garda vetting in place and their roles and responsibilities set out in writing.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
Wygram nursing home was a purpose built three-storey construction located in the middle of Wexford town. It can accommodate a maximum of 71 residents. The premises takes account of residents’ needs and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and amended Regulations 2016.

The building design and layout were of a high standard. The location of the centre was suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely manner. It provided a therapeutic and accessible environment for residents with dementia. The premises was clean and warm, and it benefited from a good design with ample natural and artificial lighting.

An environmental committee had been established in relation to dementia care since the
previous inspection. Recent environmental changes had been made in the centre which included universal design dementia friendly signage. The inspector observed that the signage was in the same consistency theme and colour to avoid confusion. The inspector saw that the signage was clear, large font and the image contrasted with the background colour and the signs were easy to read.

The signage was located at mid level as this is where the majority of residents’ line of vision is particularly those with dementia. The environment committee was also in the process of organising rummage boxes on each floor. They were also designing wall activity stations which were to be erected over the coming months.

The centre is set over three floors. Residential accommodation consisted of:

• Ground floor - 10 single en-suite bedrooms and one double en-suite bedroom
• first floor - 25 single en-suite bedrooms and three double en-suite bedrooms
• second floor – 24 single en-suite bedrooms and two double en-suite bedrooms.

In the double bedrooms there was adequate spacing and screening between beds to safeguard residents’ privacy and dignity. There was ample personal storage in all bedrooms for residents' belongings. The inspector saw that an occupational therapy assessment had been carried out for residents whom staff had identified as having difficulty locating their bedrooms. Following assessment memory boxes/identifiable objects that is pictures or addresses had been erected on their bedroom doors in conjunction with residents or their family members. There were two passenger lifts to each floor.

There was a dayroom on the ground floor with a number of specific designated quiet spaces contained in it. Each of the three floors had a central core area known as the circle which was fitted out with couches, tables and armchairs. There was also a sitting/dayroom on the second floor.

The dining room was on the ground floor and it was divided to accommodate two sittings at meal times. The main kitchen area was adjacent to the dining room. There were two smaller galley style kitchens on both the first and second floors. The inspector saw that there were plans to extend the dining space on the ground floor to enhance the dining experience for residents. The additional space would facilitate the large number of wheelchairs/high dependency chairs currently in use. The inspector was informed that high contrast table mats had been ordered to support residents with dementia. A picture menu board had also been purchased.

The inspector observed sufficient additional and accessible toilet/bathroom facilities for residents on each floor. The inspector observed that contrasting colours had been used to distinguish toilet doors from the surrounding walls and facilitate recognition of access points which made the environment easier to negotiate and understand. Staff told the inspector this has been immensely beneficial for residents with dementia.

Residents had access via the dayroom to a well maintained secure garden to the rear of the building. A number of bedrooms on the first and second floors had balcony areas which residents could also access. Residents’ artwork was displayed on walls and photos
from events and outings were available in sitting areas.

There was also a community resource building on site known as Davitt House which was a major focal point as one entered the centre. This was a separate building which facilitated social, educational and religious activities.

Judgment:
Compliant

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

Findings:
There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. There was no change in the person in charge of the centre since the last inspection. During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team. The inspector was satisfied that the centre was being well managed by suitably qualified and experienced staff. The person in charge and the staff team facilitated the inspection process by providing documents available and had good knowledge of residents’ care and conditions.

There were regular scheduled meetings between the provider and the person in charge, between the person in charge and staff members from all various disciplines. The person in charge and provider have always displayed a positive attitude towards the regulatory process.

A comprehensive auditing and management system was in place to capture statistical information in relation to resident outcomes and operational matters. Clinical audits were carried out that analysed incidents, accidents, medicine management issues/errors, clinical documentation, health and safety, hygiene and infection control. This information was available for inspection. A low level of accidents and complaints was reported as observed by the inspector.

An annual review of the quality and safety of care delivered to residents was completed for 2016. Resident satisfaction surveys had been completed during 2016.
comprehensive new template in relation to the overall services provided had been developed for 2017 and was due to be issued in September 2017.

**Judgment:**
Compliant

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**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:**

Ide Cronin
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Wygram Nursing Home
Centre ID: OSV-0000756
Date of inspection: 01/08/2017 and 02/08/2017
Date of response: 19/08/2017

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were nursing staff signatures missing in a sample of two out of ten medicine administration records viewed.

1. 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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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 all nurses are aware of their responsibilities in maintaining safekeeping of medicines. Regular in house and pharmacy audits will monitor this practice. Nurses with medication incidents will be counselled and mentored to reduce incidents by the PIC and pharmacist. Nurses with ongoing medication management incidents will be given extra training and will be required to be re-assessed in medication management competency by our pharmacist.

**Proposed Timescale:** 31/08/2017

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The centre’s medicines management policy outlined that crushing medicines indicates that the medicine is “off label” the prescription must always be amended by a medical practitioner. The inspector saw in one instance that this policy was not consistently implemented in relation to the modification of dosage forms.

**2. 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 speak to all the medical practitioners who visit the centre to ensure the homes policy on the prescribing of crushed medicines is adhered to.

The Person-in-Charge will liaise with the pharmacist to ensure that all residents requiring crushed medication have this listed on their Kardex.

**Proposed Timescale:** 31/08/2017