



# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Haven Wood Retirement Home
Name of provider:	Haven Wood Retirement Villages Limited
Address of centre:	Bishopscourt, Ballygunner, Waterford
Type of inspection:	Announced
Date of inspection:	07 January 2020
Centre ID:	OSV-0000236
Fieldwork ID:	MON-0022764

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Haven Wood Retirement home was purpose built as a designated centre in 2006. It provides continuing, convalescent and respite care for up to 64 residents. It is situated on the outskirts of Waterford City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum. The centre comprise of two floors, with two elevators servicing each floor. Resident's accommodation is provided in 54 large single bedrooms, in one large four bedded room and in three twin bedrooms all which are en-suite. A number of bedrooms also had their own sitting room area provided in a suite type accommodation. There is a large central dining room, a sunroom, an oratory and a number of sitting rooms for residents use. Plenty of outdoor space is available including an internal courtyard with raised flowerbeds and seating areas. The entrance foyer is decorated as a 'street scene' and with shop fronts such as a post office and the frontage of a public house that was a landmark in the area. A lovely seating area is available there for visiting or just as a quiet area. The first floor has a gym with exercise equipment, this room is utilised by residents in conjunction with the physical therapy rehabilitation staff that are employed by the centre and are available daily. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs two physical therapy staff, two activity co-ordinators and further activity staff for the evening shifts. A multidisciplinary team is available to meet resident's additional needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 7 January 2020	09:50hrs to 17:50hrs	Caroline Connelly	Lead
Wednesday 8 January 2020	09:20hrs to 17:10hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Residents said they felt safe and well cared for and met the person in charge and providers daily whom they considered to be very approachable and helpful. Residents spoke of their privacy being protected and of having choice about when they get up in the morning, retire at night and where to eat their meals. A number of residents spoke of their large bedrooms with seating areas and the privacy it afforded them especially when they had visitors. Another resident commented on how they loved the centre saying everywhere is nicely decorated and comfortable. Many residents said they had a good quality of life and felt well cared for.

Feedback from residents and relatives was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff, saying staff were very helpful, pleasant, kind, caring and courteous. One resident said staff perform their duties very well and are respectful to residents and their families. One relative said how the staff treat their family member is brilliant in that they are like another family to the resident. Residents were very complimentary about the physical therapy service and said it was great to have daily access to the gym and to therapy.

Residents and relatives were particularly complimentary about the activities and the activity co-ordinators. They said there was always something to do and something to look forward to. A number said they enjoyed the group activities and others preferred the one-to-one activities. Residents and relatives spoke of the varied activities and loved the baking every morning which gave a lovely homely smell around the centre. Music sessions were particularly popular and residents and relatives were complimentary about the addition of evening activity staff. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

All of the residents spoken with reported satisfaction with the food and said three choices were offered at mealtimes and staff always ensured they had enough, offered seconds and plenty of drinks and snacks. One resident said there was too much food but the chefs were great. All residents were very complimentary about the hotel style buffet breakfast that was offered one day per week.

## Capacity and capability

There were effective management systems in this centre, ensuring high-quality person-centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. A few improvements were required on this inspection in relation to staff recruitment and the complaints procedure.

The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application, as one component is the assessment of fitness of the entity. The centre is run by Haven Wood Retirement Villages Limited and consists of four directors. One of these directors is the Registered Provider Representative (RPR) and all of the directors are actively involved in the management and oversight of the centre with two of the directors in the centre on a daily basis. The board met on a regular basis and the person in charge attended the board meetings. The chairperson of the board of directors attended the centre on the first day of the inspection and is generally present in the centre two days per week. Residents, relatives and staff were supportive of management and confirmed that they were a presence in the centre on a regular and consistent basis.

There was a clearly defined management structure in place. The centre was managed on a daily basis by a person in charge responsible for the direction of care. Although she is new to the role of person in charge she is an experienced nurse and manager who had been involved in management roles in the centre for numerous years. The person in charge was supported in her role by an Assistant Director of Nursing (ADON) who was also new to the role and by a Clinical Nurse Manager (CNM). There are two senior care staff who supervise day-to-day care provided by the care staff. There were weekly management meetings held in the centre that were attended by the person in charge and members of the senior team. Minutes of the management team meetings were reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings.

Good governance was evident through the regular review of the service through a comprehensive auditing process and the collection of key performance indicators in areas such as falls, infections, medication errors, wounds and restraint. The centre had introduced the role of quality leader who has responsibility for auditing and training. The quality leader completed audits of care provided to residents from getting up in the morning to going to bed at night. This was by supervising and assessing care provided by staff throughout the day. Residents' and relatives' views were elicited through the residents' committee and through surveys conducted throughout 2019. All of the findings from the above were detailed in a comprehensive annual review of the quality and safety of care for 2019 which had been completed. This report summarised the quality data gathered during the year and also set out goals and objectives against the national standards for

completion in the coming year. The management systems in place demonstrated that the service provided was monitored to ensure that care was appropriate to the assessed needs of the residents.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staffing levels had increased in the evening and staffing levels changed in response to residents' needs; both staff and residents identified this as a positive step. Increased staff at this time ensured further activities took place in the evening and there was supervision of the day room. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty. The person in charge and ADON worked Monday to Friday and there were generally three nurses on duty in the morning reducing to two nurses for the evening and night time. Senior care staff, care staff and household staff provided all other additional support. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff generally received training appropriate to their roles, the exception to this that not all staff had received training in responsive behaviours. Staff generally reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Records and documentation as required by Schedule 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of residents were also readily available and effectively maintained. Some improvements were required with the maintenance of staff files.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The RPR, person in charge and staff demonstrated a commitment to ongoing improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was new to her role since the previous inspection. She had worked in the centre for a number of years as the assistant director of nursing prior to taking on the role of person in charge in August 2019. The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities.

Judgment: Compliant

### Regulation 15: Staffing

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Good interactions were seen between residents and staff. Staff were also seen to communicate very effectively with relatives particularly in relation to informing them of residents' changing needs.

The RPR told the inspector that changes to staff starting and finishing times were flexible in accordance with the needs of the residents. Examples of this were staff starting earlier in the summer months when residents were up earlier in the bright mornings. An extra staff member was rostered to duty if a resident was particularly restless so the resident had a staff member to assist them. Activity staff had also been introduced in the evenings to ensure greater staff presence in the day rooms and in the provision of activities for residents in the evenings. Residents reported this allowed them more access to staff and activities during the evening which they really enjoyed.

A review of staffing rosters showed there were a minimum of three nurses on duty during the day and two at night, supported by senior staff during the day and an on-call system at night if required. There was a regular pattern of rostered care staff, household, catering and laundry staff on duty on a daily basis. Staffing levels during the inspection appeared adequate to meet the needs of the residents.



Judgment: Compliant

### Regulation 16: Training and staff development

Management engaged with staff regularly and staff said management were always available for support. A comprehensive induction and orientation was provided. A comprehensive induction booklet was completed and a copy of same was kept on file. Probationary reviews took place at one month, three months and six months. Annual appraisals were in place for longer term staff. Staff meetings were scheduled frequently where management communicated current issues or highlighted auditing trends.

Staff generally had good access to training, including mandatory training and additional training in relevant topics. The centre provided in-house training in moving and handling, infection control, safeguarding, areas of fire safety, dementia, responsive behaviours, CPR and restraint. A number of staff had undertaken train the trainer courses and extra training to be instructors. This provided more frequent access to training and ongoing supervision of practices. Staff were facilitated to attend external trainings including, management training, end of life, wound care and infection control. Although there was a high level of training the inspector saw that not all staff had received up-to-date training in the management of responsive behaviours as required by legislation.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents was well maintained and contained all the requirements of legislation.

Judgment: Compliant

### Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in

Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The registered provider had failed to consistently ensure that all the aspects of schedule 2 were maintained. A selection of staff files were reviewed by the inspector. Gardai vetting was in place for all staff and the management team provided assurance to the inspector that all staff had Garda vetting in place. However, the inspector noted that a number of staff had commenced employment without satisfactory vetting in place as it was seen that vetting was conducted on a date sometimes in excess of five weeks following commencement of employment. The inspector noted unidentified gaps in one staff member's CV. Further checks and auditing of files are required to ensure robust recruitment takes place.

Judgment: Not compliant

### Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place to protect residents' property and in relation to injury to residents and staff.

Up-to-date insurance was also seen for the centres minibus used by residents.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge was supported by a newly recruited ADON, an experienced CNM and administration staff. There were senior care staff responsible for the induction and day-to-day supervision of care staff. Staff said they were aware of the reporting structure and felt supported by managerial systems in place. Regular management meetings took place and good communication and oversight was evident.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Comprehensive management systems and oversight by the senior management team generally provided assurance that the service is consistently monitored. However, as identified under Regulation: 21 Records, further auditing of

staff files was recommended.

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There were sufficient resources to ensure residents' comfort and access to equipment to assist them with the activities of daily living in a holistic manner. Resources were in place to allow development of staff to ensure care was evidence based and up to date.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts for the provision of care were in place which had been updated since the previous inspection. They clearly outlined the room the resident occupied and the occupancy of that room. The contracts of care contained details of the service to be provided, the fee to be paid and they included the charges for additional services not included in the fee. They were found to meet the requirements of legislation.

Judgment: Compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Further additions including premises descriptions were sent to the inspector following the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 32: Notification of absence

There was a new person in charge in post and the management team had notified the Chief Inspector of the absence of the previous person in charge. There is a competent ADON who will act up in the absence of the person in charge if required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. However the centre differentiated between written complaints and concerns and their policy required all complaints to be written and signed. The policy appeared quite prohibitive which was not in line with the open approach the centre generally adopted. The inspector advised that the legislation did not differentiate between concerns and complaints, and going forward, the person in charge said she would log all as complaints and they would review their policy. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

A comprehensive system of policies and procedures was in place. The management team was in the process of updating but also streamlining the policies available. All the required policies and procedures were in place and were up to date. As the policies were maintained in a number of files an index for their location was recommended for ease of retrieval.

Judgment: Compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day which they said they looked forward to. The inspector found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave very positive feedback regarding many aspects of life and care in the centre. Some improvements were noted to be required in medication transcription practices and in the recording of fire drills.

There were a number of local general practitioners (GPs) providing medical services to the centre who visited weekly and as required. Out-of-hours medical cover was also available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The centre employed two physical therapists, one with specialist training in rehabilitation. They provided in-house daily physical therapy and also provided exercise classes for residents. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals, including speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The inspector viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on the resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be very comprehensive and person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

The staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by two activities co-ordinators and a number of external providers such as musicians. There was a full and varied programme which included, baking, games, quizzes, music sessions, gardening, chair yoga, Sonas, proverbs, exercises, reminiscence, movies and newspaper reading. The programme of activities was resident-led and people chose whether to attend a particular activity. The programme was displayed widely. Evening activities were very popular and residents and relatives expressed satisfaction with the evening activity staff. One-to-one sessions were facilitated with residents in accordance with their preferences. There were a number of photographs displayed of residents, staff and families participating and enjoying different activities, Christmas and summer parties. Residents told the inspector how they looked forward to and enjoyed trips out, including a day at the seaside and trips to the theatre.

The management team ensured that the rights and diversity of residents

were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Advocacy services were available via an external advocate. Residents' meetings were held frequently and were well attended. Numerous issues were discussed and information related to all kinds of news was relayed to residents.

The premises were homely, warm, very clean and comfortable, with plenty of communal space in a variety of settings. The main day room was a hive of activity where people liked to gather, meet their friends and chat. Other quieter day rooms were available where residents liked to read their newspapers, chat and watch television or receive visitors. The centre's oratory library and gym were all additional areas that were popular with residents and there was easy access to a large enclosed courtyard that contains a number of raised beds with a variety of interesting and colourful plants, and there are well-maintained walkways around the external grounds. All areas of the centre were seen to be easily accessible with wide corridors and two lifts were in place to enable access to the upstairs and lower ground floor. Bedrooms were spacious and had adequate space to accommodate furniture and seating, and were decorated in accordance with people's preferences. There were good policies and procedures in place in relation to infection control and a recent outbreak had been well managed.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Fire safety training was up to date for all staff. Improvements in the provision of fire drills was seen since the previous inspection and there was evidence that evacuations were completed cognisant of night time staff levels; these were timed and issues were discussed and analysed to improve learning.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place with an appropriate response for all emergency situations. There is a comprehensive procedure in place in response to a missing person and a missing person response bags were available in case of the requirements of search team.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were generally robust systems in place to safeguard residents' money. The centre was actively working towards a restraint-free environment and had significantly reduced the use of restraint.

## Regulation 10: Communication difficulties

There was evidence that residents who had communication difficulties, were communicated with in an effective manner and these methods were outlined in their care plans.

Judgment: Compliant

## Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in any of the communal areas, the quiet sitting room, the library the foyer and in residents bedrooms. The inspector saw numerous visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming and friendly. There was easy access to tea and coffee making facilities and relatives could book to have lunch with their relative if they wished.

Judgment: Compliant

## Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including a locked storage space available in residents bedrooms. Many bedrooms were seen to be very personalised with furniture including chairs and other furniture from home. There was shelving and other storage areas in bedrooms which residents used to display photos or store their books and personal possessions.

Judgment: Compliant

## Regulation 13: End of life

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 saw that residents and their family members were 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.

Individual religious and cultural practices were facilitated and mass was held regularly in the centre. Ministers from the Church of Ireland and other denominations visited residents as required. An oratory was available in the centre and the RPR explained that residents were often waked there after their passing. Staff explained that residents were informed when another resident was deceased and were supported to pay their respects if they so wanted to.

Judgment: Compliant

### Regulation 17: Premises

The premises was seen to be of a high standard and met residents individual and collective needs in a homely manner. The design and layout promoted the dignity, independence and well being of residents with plenty of walkways and access to quiet areas along the corridors to sit and relax. Bedrooms and suites were large in size and gave residents extra sitting and relaxation space. The centre was well maintained and service records showed all required services were up to date. There were well maintained grounds and gardens. Bedrooms were seen to be personalised with furnishings brought in from home. Signage had improved since the previous inspection to assist residents with perceptual difficulties to locate communal and bedroom areas. Key landmarks from the local region were used and a wall of reminiscence photographs from Waterford of olden days provided a focal and conversational point.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met, meals and meal times were observed to be an enjoyable experience. Meals were served in a bright dining room and in the sun room in an unhurried and enjoyable social manner. Residents were all very complimentary about the food, choice and its presentation including the modified and special diets. Assistance was offered in a discreet and dignified manner where required.

One day per week a hotel style buffet breakfast was laid out in the dining room with fresh fruit, croissants, pastries, yogurts, cereals etc. The residents could also order a



cooked breakfast of their choice. This was in response to residents requests who had enjoyed hotel breaks in the past and had enjoyed this extra treat. Residents were all very complimentary about this and looked forward to it.

Judgment: Compliant

### Regulation 20: Information for residents

Information was made readily available for residents and relatives via the numerous notice boards available throughout the centre. There was a comprehensive statement of purpose and residents guide available. There were a number of posters and leaflets advising on events taking place in the centre and in the community.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector was informed that when residents are temporarily absent from the centre for example transferred to the acute hospital a transfer letter accompanies them with all relevant information about the resident. A discharge letter is received on return to the centre and a medication reconciliation is undertaken.

Judgment: Compliant

### Regulation 26: Risk management

The centre had policies relating to health and safety. There was an up-to-date health and safety statement reviewed in 2019 available for review. The risk management policy had been updated since the previous inspection and now met the requirements of the regulations. The centre maintained a register setting out hazards identified in the centre and the controls in place to minimise the associated risk. A general risk register identified the level of risk and controls in place for internal and external premises issues, resident specific falls and clinical issues.

A record of incidents and accidents occurring in the centre was maintained and included good detail of the circumstances of the event, the treatment given, the outcome for the resident and any learning for the staff in the centre. Post fall

reviews were undertaken by the physical therapy staff. Falls were trended and there was a good communication system in place to advise staff of falls in each month, including the time and location of falls. Measures had been put in place to mitigate the risk of falls including strength and balance exercises and staff allocated to walk with residents..

Judgment: Compliant

### Regulation 27: Infection control

Appropriate action had been taken in the event of a recent outbreak of infection which had been well controlled and managed. Appropriate agencies were informed. Key staff were knowledgeable on what constituted an outbreak of infection and all grades of care staff who spoke with inspectors were able to discuss the measures that had or would be implemented in the event of an outbreak of infection. The centre was observed to be clean and there were adequate cleaning staff on duty during the inspection. Appropriate infection control procedures and equipment were in place and hand sanitisers were available throughout the centre. Staff were observed to abide by best practice in infection control and good hand hygiene.

The ADON had just commenced specialist training in infection prevention and control and was providing training to staff and undertaking hand hygiene audits along with the quality leader and senior carers.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had fire safety management precautions in place. Procedures to be followed in the event of a fire were displayed prominently throughout the centre. Fire training was provided annually to all staff and included simulated fire evacuation drills and the use of fire equipment. Staff spoken with were aware of their role in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) for residents were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

The inspector saw evidence that in-house fire checks were taking place. Daily checks included escape routes, emergency lighting and a health and safety walk about. A manual call point was activated on a weekly basis and door release mechanisms examined. Quarterly servicing of the fire alarm system and emergency lighting was documented in addition to annual fire equipment maintenance.

Fire drills were taking place on a regular basis and the RPR said these were

simulating evacuations in day or night time conditions, to develop practices and enhance learning. However, it was not evident from the fire drill records as to how long it would take to evacuate specific compartments. The fire drill records also were not sufficiently detailed to identify actions taken and learning from same.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector viewed medication administration practice which was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses.

A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and changes to practice were seen in response to the results of previous audits. However, the inspector saw that nurses in the centre were transcribing medication records.

Although the records were all signed by a GP prior to administration, the inspector saw that the transcribed prescriptions were only signed by the transcribing nurse on new prescriptions but on repeat transcribed prescriptions they were not signed by the transcribing nurse. This practice is not in line with best practice guidelines and could lead to errors. Following the identification of the action require the process of signing all the transcribed prescriptions had commenced.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools and were updated on a regular basis and as required. Comprehensive care plans were seen to be in place for residents with cognitive impairment, communication difficulties, responsive behaviours and end of life. These were updated following

changes to the residents needs and on a minimum of a four monthly basis as required by legislation.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a general practitioner (GP) services five days per week and local GP practices provided a weekly visit to the centre to review residents as required. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physical therapy, occupational therapy (OT), dietetic, psychiatry of later life services and clinical psychology services. Chiropody and optical services were also provided.

Wound care was reviewed and there was a low incidence of pressure sore formation in the centre. Once a sore was identified they were generally well managed and treated in accordance with professional guidelines. Nursing staff had received training in wound care and had easy access to the services of a tissue viability specialist nurse for advise as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way, by the staff using effective de-escalation methods. This was reflected in some of responsive behaviour care plans seen.

There was an ongoing reduction in restraint use with only three resident using bedrails as a restraint at the time of the inspection. These were only used following a full assessment. There was evidence of alternatives tried to ensure it was the least restrictive alternative.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

There were robust systems in place to protect residents' finances. The centre did not act as a pension agent for any residents. Residents and relatives were invoiced on a monthly basis for service fees and a breakdown of any additional charges, including pharmacy and prescription levies. A receipt book for services such as hairdressing, chiropody and physiotherapy was stored at reception, and double signed by residents and staff, as proof of receipt of services. A safe log book recorded deposits and withdrawals for residents on-site. The inspector was satisfied the deposits on record matched the amount held in the safe.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available which residents reported very favourably about. Trips out had taken place to areas of local interest and to the seaside. Advocacy services were available as required. Residents all were given the opportunity to vote in house at local and national elections.

Overall residents and relatives reported that the centre provided very person-centred care and their rights and choices were upheld.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Haven Wood Retirement Home OSV-0000236

Inspection ID: MON-0022764

Date of inspection: 11/12/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. Team Leader attending NVPS. Non-Violent Personal Safety &amp; Responsive Behaviors Prevention &amp; Management Train the Trainer Program in Dublin on the 27th &amp; 28th of February, 2020. Completion 28th of February 2020.</li> <li>2. Team Members (x35) who have not received training will be scheduled for completion of training. The Team leader who attended the course set-out in 1. will deliver the course in HavenWood. Completion by 31st of March 2020.</li> <li>3. Staff training matrix &amp; policy updated to ensure NVPS &amp; Responsive Behaviors training is listed as mandatory training. Completed. 31st January, 2020.</li> </ol>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. Garda vetting was in place for all team members as audited by the inspector. HavenWood has tighten up the Recruitment Policy to ensure Garda Vetting is received prior to a team member starting date. All employment contracts are subject to Garda Vetting. 10th of January 2020.</li> <li>2. All Employee files to be inspected to ensure no unexplained gaps in their C.V.s. Completion by 31st of March 2020.</li> </ol>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	



1. HavenWood Complaint's Policy to be rewritten to reflect the open approach to receiving any comments, issues and complaints.  
Completion 28th of February, 2020.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
1. HavenWood Documentation Record on Fire Drills to be updated to include details on timings, methodology of evacuation and any learnings determined during drills.  
Completion 28th of February, 2020.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
1. HavenWood Medication Policy updated to reflect the requirement that all Kardexs being renewed/transcribed are signed off by 2 nurses.  
Completed. 31st of January, 2020.  
2. All new Drug Kardexs been prepared are in line with this 2-nurse sign-off requirement.  
Completed. 31st of January, 2020.  
3. Existing Drug Kardex will be checked and signed by a second nurse.  
Completion. 28th of February, 2020.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/03/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and	Substantially Compliant	Yellow	28/02/2020

	escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 29(5)	The person in charge shall 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.	Substantially Compliant	Yellow	28/02/2020
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/02/2020

