



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Waterman's Lodge
Name of provider:	Alzheimer Society of Ireland
Address of centre:	Cullina, Ballina, Killaloe, Tipperary
Type of inspection:	Announced
Date of inspection:	14 January 2020
Centre ID:	OSV-0000708
Fieldwork ID:	MON-0022844

About the designated centre

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

Watermans Lodge is a single-storey facility which was originally used as a hotel but has been purposely redesigned as a dementia specific care facility. It provides day and respite care services to persons with dementia. It can accommodate up to 15 people in day care and 11 people in respite care. It is located in the town of Ballina, Co. Tipperary. It accommodates both male and female residents over the age of 18 years for respite care. Respite stay is flexible and can range from one night to a two week stay. The respite service provides 24 hour nursing care. Bedroom accommodation is provided in six single bedrooms and three twin bedrooms. All bedrooms have en suite shower and toilet facilities. There is a variety of communal day spaces including day room, dining room, activities room, reminiscence room and oratory. Residents also have access to secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 14 January 2020	09:00hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector spoke with all five residents and observed interactions between staff and residents during the day.

The inspector observed that staff made eye contact and greeted residents individually by their preferred names.

Staff were observed to offer choice to residents such as choice of preferred drinks and food, choice of preferred place to sit, choice to partake in activities. The inspector observed the mealtime to be a very positive, social and relaxed occasion as a result of high quality interaction from the staff.

Throughout the day, residents were observed to enjoy the company of staff, interacting with one another, some smiling and laughing.

Residents commented that they were well cared for, comfortable and enjoyed spending time in the centre.

The inspector noted that the privacy and dignity of residents was respected by staff, staff were observed to knock on bedroom doors before entering.

Residents were complimentary of the quality of foods on offer; they told the inspector that they enjoyed the meals.

Residents were observed enjoying and actively partaking in a variety of activities including a live music session, singing and dancing, arts and crafts session and quiz.

Capacity and capability

This was a well managed service and a good service was being provided to the residents. The management team had organised systems and processes in place to ensure that they had oversight arrangements in place to monitor the quality and safety of care received by residents.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to.

The management team demonstrated good leadership and a commitment in

promoting a culture of quality and safety. The person in charge worked full time in the centre. The person in charge was supported in her role by the assistant director of nursing and regional operations manager who was also the nominated registered provider representative.

There was an audit schedule in place and the annual review had been completed for 2019. The management team had developed a quality improvement plan. Feedback from respite residents committee meetings and resident satisfaction questionnaires were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

There was a programme of on-going investment by the provider in the centre. Further improvement works had been completed to the gardens. Equipment such as alarm mats, hoist slings and washing machine had recently been purchased. Further orders had been placed for new mattresses and bed linen.

The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The person in charge confirmed that all other staff and volunteers had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Care and support for residents was delivered by the appropriate number and skill mix of staff. This is further evidenced under the quality and safety section of the report.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents.

Contracts of care were agreed with all residents and were in the process of being reviewed and updated.

The documentation to support the investigation, outcomes and learning from complaints required improvement. This is discussed under Regulation 34: Complaints management.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She had previously undertaken a qualification in managing people, person centred dementia care, European certificate in dementia palliative care.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of five residents. Three residents were assessed as having maximum dependency needs and two residents with high needs. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. A training analysis had been completed and there was a training plan in place. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined to ensure that the centre delivered appropriate, safe and constant care to residents.

The management team met each other, residents and staff on a daily basis. The

operations manager was in daily contact with the person in charge and formal management meetings took place monthly. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The person in charge stated that she also had the support of the human resource, finance, training, health and safety and quality and safety departments at head office. Quality and safety committee meetings were held quarterly to review and discuss the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose dated January 2020 required further updating in order to fully comply with the requirements of the regulations. For example, the names of persons participating in the management of the centre, details of all services provided and charges relating to same including GMS card holders, arrangements in place to support residents access the national screening programme, description of en suite facilities and an accurate description of the number of beds available in the centre were required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The documentation to support complaints management required review. There was a comprehensive complaints policy. The complaints procedure was displayed along with the contact details and photograph of the nominated complaints officer in the main reception area. Complaints were logged on a computerised documentation system. The person in charge outlined how recent complaints had been investigated, managed and how learning from them had brought about changes to the service. However, the investigation, outcomes and learning from complaints as outlined by the person in charge was not reflected in the documentation available.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Information collected about each resident on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs.

Residents had access to appropriate medical services to ensure that their health care needs were met. A full range of allied health services were available on referral.

Residents were protected through medicine management and practices that were in line with national standards. This was evidenced by audits carried out by the person in charge which found good levels of compliance.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Staff had received appropriate training to deliver activities and promote social engagement within the centre. There was a daily activity picture-board displayed. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. Staff were observed spending time with residents who did not wish to participate in scheduled group activities.

The design and layout of the centre promoted the physical and psychological well being, dignity and independence of the people who availed of the service. It met residents' individual and collective needs in a comfortable and homely way. Signage and colour differentiation was used to assist residents to locate and find their way more easily around the centre. The building was found to be well maintained, clean, warm and odour free.

The management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to follow their own routines, join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and read newspapers in their preferred location.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people. The provider did not manage the finances or act as a pension agent on behalf of any residents. The person in charge advised that there was no money or valuables kept for safe keeping on behalf of residents at the time of inspection. All residents had a secure lockable storage area in their bedroom should they wish to store valuables securely.

Staff continued to promote a restraint-free environment, guided by national policy. There were no bed rails or chemical restraints in use at the time of inspection.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, improvements were still required to fire

safety management documentation. This is discussed further under Regulation 28: Fire precautions. There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. All fire exits were observed to be free of any obstructions. Staff spoken with were familiar with progressive horizontal evacuation and confirmed that they had been proactively involved in simulated evacuation drills.

Regulation 17: Premises

Bedroom accommodation was provided in six single and three twin bedrooms all with en suite toilet and shower facilities.

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

Residents had access to a small safe enclosed garden courtyard area as well as large well maintained and landscaped external garden areas

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured wall hangings positioned on the corridors at eye level for residents to engage with. Corridors were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre.

Adequate assistive equipment was provided to meet residents' needs. Service

records showed that equipment was regularly serviced and well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

The nutritional needs of residents were met to a high standard. Respite residents were weighed on admission and a nutritional risk assessment was completed using a validated assessment tool. Care plans relating to eating and drinking were detailed, person-centred and reflected the recommendations of allied health professionals such as the speech and language therapist. Clear systems of communication were in place between the care and the catering staff, including catering staff having access to the nutritional care plans. Meal options were clearly displayed on a colourful picture-board. Meals were served in a bright and spacious dining room. Meals appeared to be wholesome and nutritious and served in an appetising manner. The inspector observed staff offering choice, encouragement and assistance to residents in a discrete and sensitive manner. Residents spoken with were complimentary regarding the food offered.

Judgment: Compliant

Regulation 26: Risk management

Systems were in place to protect the health and safety of residents, staff and visitors. There was a health and safety statement available. There was a comprehensive risk management policy which had been recently reviewed and updated. All risks specified in the regulations were included. Systems were in place for the regular review of risk. There were monthly health and safety environmental audits completed and regular health and safety meetings attended by the operations manager and quality practice and development officer. Personal emergency evacuation plans were in place for all residents. Training records reviewed indicated that staff members had received up-to-date training in moving and handling.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were still required to recording of fire drills in order to provide assurance that staff could evacuate residents in a timely and safe manner in the event of fire. While fire drills, including the evacuation of residents at night time

were being completed regularly, the records to support the completion of these drills and provide assurances were still inadequate. The management team gave a verbal commitment to address this issue as a priority.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were prescribed by the general practitioners (GPs) and good supports were available from the local pharmacists. Medicines were appropriately stored and managed. The inspector reviewed a sample of medicine administration charts and noted that medicines were being administered as prescribed. Regular medicines management audits were carried out by nursing management. All nursing staff had recently completed medicines management training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment had been completed for each person availing of the service on admission. Assessments included a person's level of dependency, risk of falls, risk of malnutrition, and skin integrity. There was ongoing assessment of pain and oral health.

Care plans were developed to a high standard and gave clear guidance to staff. Care plans guided care in relation to areas including washing and dressing, eating and drinking, communication, and social engagement. Care techniques to address the symptoms of dementia had also been included in the care plans. There was evidence that the residents and their families were actively involved in the assessment and care planning process.

Judgment: Compliant

Regulation 6: Health care

Respite residents could retain the services of their own general practitioner (GP). There was a local GP who visited the centre two days a week and was available to review residents if necessary, there was an out-of-hours GP service available.

A full range of allied health services were available on referral. Nursing staff explained that due to the respite nature of the service, residents could be referred to allied health professionals such as physiotherapy, dietitian and occupational therapy for further treatment if necessary.

There were no persons with wounds at the time of inspection. The inspector noted that the risk of developing wounds was assessed and reviewed on each admission and specialist preventative pressure relieving equipment was in use for some residents assessed as being at risk.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff continued to promote a restraint-free environment, guided by national policy. There were no residents using bed rails at the time of inspection. Alternatives such as low low beds and crash mats were in use for some residents to reduce risk of injury.

Staff had attended training in relation to dementia care and the management of challenging behaviour. Responsive behaviour care plans reviewed were found to be person centered, informative and outlined strategies for dealing with residents anxieties.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults.

Staff were observed interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed, calm and happy in the company of staff.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence.

The privacy and dignity of residents was well respected. Residents were accommodated in single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents had access to information on their rights. The charter of rights for people with dementia was displayed. Residents had access to advocacy services and the contact details for the local SAGE (support and advocacy service for older people) advocate were displayed. Citizen's information leaflets regarding advocacy were also available.

Residents' religious rights were facilitated. The local priest visited occasionally and Mass was relayed daily to a large television screen in the oratory. Holy communication was offered regularly by a number of Eucharistic ministers. Residents could also spend quiet reflective time alone in the oratory.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television, iPads and Wi-Fi were available. Smart televisions were provided which facilitated connection to the internet, videos and music.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Waterman's Lodge OSV-0000708

Inspection ID: MON-0022844

Date of inspection: 14/01/2020

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has now been further updated to fully comply with the requirements of the regulations. Updates made include the following</p> <ul style="list-style-type: none"> • The name of person participating in the management of the centre • Details of all services provided and charges relating to same including GMS card holders • Arrangements in place to support and provide guidance to residents on how to access the national screening programme • Accurate description of en suite facilities in the bedrooms and an accurate description of the number of beds available in the centre have been included. • Attached please find a copy of the updated statement of purpose 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>There is a complaints policy and procedure in place</p> <ul style="list-style-type: none"> • All formal/written complaints will be documented on paper copy and also uploaded onto our IT system. • All complaints will be reviewed and monitored at the quarterly quality and safety meetings . This is now on the agenda for the meetings • The review of the formal / written complaints will include a case review to document nature of complaint, procedures followed, action taken , outcome and key learnings. • The case review of each formal/written complaints will be documented and a paper copy held on complaints file and a copy of the case review completed will be uploaded 	

onto our IT system.

- One outstanding complaint was reviewed at the quarterly Quality and Safety meeting which took place on 29th January 2020
- Our complaints policy is due for update and review in 2020

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Following our inspection ,priority action has been taken to ensure improvements have been made with our paperwork for fire drill recording, to ensure clarity and assurance in relation to safe evacuation of residents/staff and visitors
- Fire Drill form has been revised , updated and implemented for use. This form will continue to be reviewed on an ongoing basis
- Attached please find a copy of the updated fire drill template
- Please also find attached a copy of two of our simulated fire drills using the new template as a sample of learning and improvement made since inspection.
- Fire drills will be completed monthly using the updated fire drill template

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 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	19/02/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/02/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure	Substantially Compliant	Yellow	31/12/2020

	that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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