



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Wygram Nursing Home
Name of provider:	Wygram Nursing Home Limited
Address of centre:	Davitt Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	05 January 2019
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0025993

About the designated centre

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

The centre is a purpose built three storey construction that opened in 2015 and is located in Wexford town. The centre is registered to accommodate 71 residents. Residential accommodation is provided across three floors and consists of the following: the ground floor has 10 single ensuite bedrooms and one twin ensuite bedroom. The first floor has 25 single ensuite bedrooms and three twin ensuite bedrooms. The second floor contains 24 single ensuite bedrooms and two twin ensuite bedrooms. There are two passenger lifts to each floor. Each of the three floors had a central core area which was fitted out with couches and armchairs and there is also a communal day room on the second floor. There is one dining room on the ground floor that is large enough to accommodate all residents. The dining room has dividers that can be pushed back so the room can be used for a number of functions at the same time, for example activities. The main kitchen area is adjacent to the dining room. There are two smaller galley style kitchens on both the first and second floors. A number of bedrooms on the first and second floors have balcony areas which residents can also access. There is also a community resource building on site known as Davitt House which is a focal point for social, educational and religious activities. The provider is Wygram Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia and or a cognitive impairment. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 87 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Current registration end date:	13/05/2021
Number of residents on the date of inspection:	70

How we inspect

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
05 January 2019	17:55hrs to 21:00hrs	Liz Foley	Lead

Views of people who use the service

The inspector spoke with residents during the inspection and those residents' that could not express their opinion were represented by family members. Residents told the inspector they were happy and well looked after in the centre. Residents spoke positively about the food and said their privacy and choice was respected. For example they had plenty of choices around food and their wishes to attend or not to participate in group activities were respected. Some residents enjoyed the bingo and music but felt there were not enough of these activities. They had access to TV and radio and their visitors were welcome any time.

Residents stated that staff were lovely, kind and caring but they were always busy. Families were dissatisfied with lack of supervision of residents, lack of meaningful activities, the noise from call bells and poor communication about care issues. All the relatives who met the inspector expressed concern about evening and night time staffing levels in particular. Relatives told the inspector they knew how to make a complaint or raise a concern and found senior nurse management very approachable. However some relatives expressed frustration that some complaints were dealt with, while others were ongoing, specifically in relation to inadequate staffing to provide personal care and assist residents to bed at a time of their choosing.

Families told the inspector that the noise from the call bells was constant and that at times it impacted on the quality of life of the residents, with particular concerns for residents who had dementia. Families described the staff as excellent but staff turnover was high in the centre.

Capacity and capability

The centre had a good compliance history with arrangements in place to monitor the standard of care delivered to residents. While there were clear systems to review the quality of care delivered, complaints were not fully utilised as part of the quality assurance programme. The staffing resource was inadequate to meet the assessed needs of residents. Activity provision was an issue on the previous inspection. Activity hours had increased to 59 per week, however improvement was required to ensure that residents who required a high level of support benefited from the activity programme.

This was an unannounced inspection in response to receipt of information to the Office of the Chief Inspector and subsequent assurances submitted by the provider. A review of the notifications submitted by the centre also informed this inspection. Some of the requested records were not available to the inspector, as this was an out of hours inspection. The inspector contacted the centre afterwards to seek additional information and clarification about relevant issues.

Unsolicited information received, related to the noise from call bells, staffing levels and the management of complaints. The provider submitted assurances in response to these issues, however the response lacked sufficient detail to assure the Office of the Chief Inspector that sufficient resources were available to ensure the quality and safety of the services provided to the residents.

On arrival at the centre there were three staff nurses on duty, one on each of the three floors and this reduced to two nurses after 20.30 hours. There were two health care assistants on the ground floor and three each on the first and second floors. At 19.00hrs another health care assistant came on duty to the first floor. The centre has capacity for 12 residents on the ground floor, 31 residents on the first floor and 28 on the second floor. There was one vacant bed at the time of the inspection. The inspector found that the rosters matched the staffing levels.

The inspector found that staffing levels were inadequate to meet the assessed needs of residents especially in the evenings and at night. Staff members confirmed that they put residents to bed early, because the staffing levels on night duty were inadequate. The inspector observed that staff were busy performing care tasks with little time for social interaction with residents. Some residents waited for long periods of time for assistance from staff; Residents and families told the inspector that the call bells were always ringing and that sometimes they waited for long periods for assistance. The call bell audit showed that although the majority of call bells were answered within two minutes, a considerable number of bells rang for 10-20 minutes before they were responded to.

Residents were observed being assisted from communal areas to their bedrooms throughout the inspection and staff confirmed that residents were regularly assisted to bed early to accommodate reduced staffing after 20.00hrs. Families also confirmed that the practice of assisting residents to bed early was a routine one. Two family members told the inspector that they regularly supervised residents in communal areas in the evening time as staff were too busy to do this. The communal areas were vacated when the night staff came on duty. The inspector observed that six of the 70 residents were still up in the sitting rooms at 20.45hrs.

The inspector spoke with family members of five residents', all of whom had concerns about inadequate staffing levels, especially at night. They told the inspector that they regularly waited for long periods for staff to come when the resident required assistance. Families told the inspector they were anxious leaving the centre as they felt that there was not enough staff supervision to ensure the safety of their relative. A number of relatives also expressed concern about lack of meaningful activities for residents.

Staff were also concerned that at night time there were not enough staff on duty to respond to call bell alerts, particularly those alerts for residents that were triggered from falls alert devices. High levels of falls resulting in serious injury to residents had been addressed by the provider. An additional staff member had been allocated to work between 19.00hrs and 01.00hrs daily as a high number of falls had occurred 20.00hrs and 08.00hrs, when staffing levels were lower. There have not been any notifications of serious injury to residents since September 2018. Although staffing had increased in response to safety concerns, welfare issues had not been addressed. Evidence from five families, two staff and one resident, as well as observations on inspection, indicated that staffing levels were inadequate in the evenings and at night time and this impacted on the care and welfare of residents.

There was no effective process to ensure that required measures for improvement were implemented in response to a complaint. The inspector found staff were knowledgeable about the complaints process but the inspector was not assured that all complaints were logged and that improvements and learning from complaints was appropriately disseminated within the organisation. The inspector did not have an opportunity to review complaints records as the complaints were logged on a computer which was not available out of hours. Following the inspection a person participating in management confirmed that 50% of complaints received in 2018 were about staffing related issues and one complaint had also been made about the noise from call bells. Relatives told the inspector they knew how to make a complaint or raise a concern and found senior nurse management very approachable. However some relatives expressed frustration that some complaints were dealt with, while others were ongoing, specifically in relation to staffing issues. Relatives reported that improvements made following a complaint were not consistently sustained.

The inspector found that measures required for improvement in response to a complaint were not consistently implemented and subjected to ongoing evaluation to monitor that improvements were sustained. The inspector concluded that there was insufficient oversight of complaints to inform continuous quality improvement in the centre. For example complaints about staffing issues had not been resolved to the satisfaction of the complainants. Information submitted by the management team also confirmed that improvements were required in the communication of complaints from staff and in logging complaints.

Regulation 15: Staffing

The number and skill-mix of staff was not appropriate to provide supervision and timely assistance to residents and ensure safe quality care.

Staffing arrangements did ensure that residents had timely assistance and did not support residents to meet their social needs or to exercise choice in relation to aspects of their daily lives.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. Residents and relatives spoken with were clear about the procedure and information was displayed clearly about the process to follow. Where complaints had been made they were not consistently followed up nor were actions taken to make improvements if identified as necessary. Improvements resulting from complaints were not consistently sustained.

Judgment: Substantially compliant

Quality and safety

The inspector found that not all residents were provided with opportunities to participate in activities in accordance with their interests and capacities. The provider employed one full time activity coordinator and to organise and provide activities for 71 residents. A part-time activities assistant was recently recruited and activities were now provided over six days of the week. There were organised activities on one day of the weekend. Residents who were unable to participate in group activities were not provided with suitable alternative activities. Relatives and staff interviewed were not aware that activities were held at the weekend and they did not know that organised activities took place on the day of inspection.

The inspector viewed two "Key to me" documents, which had residents' social history and interests and which was used to inform their social care plan. However the care plans examined, lacked information on the resident's participation or level of engagement in activities and therefore staff could not determine if the care plans were meeting individuals' social and occupational needs. Inspection findings confirmed reports from relatives that residents were left sitting in the circle area in the evenings with inadequate supervision or meaningful engagement. In the circle areas on all three floors the inspector observed that staff did not engage in activities and equipment for activities was available but not used by any of the residents.

A charge was incurred for activities but the inspector was not assured that the charge was waived when residents did not have capacity to engage in the activities provided.

The noise generated from the call bells was impacting on the quality of life of the residents. When a call bell was activated it rang out on all three floors. In addition, falls alert mats and pads connected to the call bell system generated a lot of noise. According to the call bell audit, call bells had been activated on average 426 times in 24 hours. The majority of bells were responded to within two minutes but just under two per cent of call bells were not responded to for 10-20 minutes. The inspector noted that the call bell alarms rang loudly and frequently throughout the inspection. The inspector found that call bells were not audible to staff in some parts of the centre, for example in some bedrooms, bathrooms or the kitchen and this posed a risk to residents' safety. Frequent bell ringing was described as a behavioural issue by staff but the inspector found no evidence in the care plans that the behaviour had been assessed to determine the triggers or to identify any unmet need. Behavioural support plans were not in place and the inspector found that a number of residents who frequently used the call bell were unlikely to have their call bell responded to promptly

Regulation 17: Premises

The centre operates over three floors and the inspector found it to be clean, warm and suitably furnished. Residents had accessible call bells in bedrooms, bathrooms and communal areas. The call bell system was not audible to staff in some parts of the centre which posed a risk to the safety of residents. In addition noise generated by the call bell system impacted on residents' care, safety and quality of life.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider did not have resources in place to ensure that residents had opportunities to participate in activities in accordance with their interests and capacities. Some staff were not aware that structured activities had taken place on the day of inspection and there was no information or activity planner visible to residents to state what activities were available. The provider submitted information following the inspection that indicated an activities person was working on the day of inspection. Staff were observed assisting residents throughout the inspection, for example, offering drinks and assisting residents to bed. While there was equipment for activities available on all three floors, the staff did not have time to use this equipment or to spend time with residents outside providing task oriented care. Staff told the inspector that there were no activities in the evenings or on the weekends and that person centered one-to-one activities were not provided. Families also confirmed that they had never seen one-to-one activities, sensory or reminiscence activities, despite having been assured that they would be provided. In the the communal areas, the inspector observed that residents were not stimulated

or socially engaged. Residents were seated in front of the television with no interest in the programmes being aired and although there was sensory equipment available, they could not independently access this equipment.

Care plans in relation to activities were viewed and while assessments had been completed on the residents' social histories, these assessments did not inform a plan of care for individuals' social needs. There was no documented evidence of residents having participated in activities or the level of engagement in an activity, therefore care plans could not be reliably updated to meet individuals' occupational and recreational needs.

The noise from call bells was excessive and impacted on residents' quality of life. The call bells were heard throughout the inspection. Relatives expressed concern particularly about the effect of noise on residents who had dementia.

Residents with behaviours associated with frequent bell ringing were not appropriately assessed and they did not have behavioural support plans in place.

Judgment: Not 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0025993

Date of inspection: 05/01/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Following the inspection we have made a number of changes outlined as follows:</p> <ol style="list-style-type: none"> 1. We have increased the Nursing hours on the ground floor by an additional 2 hours per day, 20.00 hrs -22.00 hrs .This in effect means 3 Staff Nurses are on duty from 20.15hrs as opposed to 2 Staff Nurses as per time of inspection. At 22.00 this reduces to 2 staff Nurses. We firmly believe the addition of these extra Nursing Hours at this time will facilitate for staff on each floor to cater for each residents needs in a timely manner. Indeed we will seek feedback from staff, residents & family going forward to explore the impact of this change. 2. We have made some operational changes with regards to attending to resident’s personal care following meal times. With new operational changes in place it allows more time for staff to interact with & spend social time with residents. We have received very positive feedback from staff regarding this change. 3. We will continue to pay particular attention to the Skill mix of rostered staff, taking into account their levels of experience, gender & ensuring the skill mix is appropriate having full regard to the residents needs and the design & layout of our home. 4. The DON has made changes to 2 of her shifts per week so as to be here in the evening times where issues were identified by inspector. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

There is a clear complaints procedure in place where reported complaints are logged on EPICARE system by Nursing Management & Staff Nurses, Complaints are currently acknowledged by DON or ADON then an intervention, Investigation & Action Plan follow. Reported by relatives on the evening of the inspection they were clear about the procedure and the information being clear as to the process they need to follow, however in these instances the complaints was not always being communicated to Nurse Management and relatives they feel actions were not taken as a result of identified concerns or improvements sustained in light of those that were identified.

1. The DON has made changes to 2 of her shifts per week so as to be here in the evening times where issues were identified by inspector. This will allow visitors who come in the evening time opportunities to speak or raise any concerns or complaints directly.
2. The Registered Provider will set up an open evening every 6 weeks where residents & or family members will be free to discuss any issue or complaint they have. To provide any feedback or suggestions. The first open meeting is scheduled March 5th 2019
3. A letter has been sent out to NOK 22/02/19 informing them of the open evenings & also states the Registered Provider will also by appointment meet any individual or family who wish to speak to him regarding the care their relative receives here at Wygram.
4. Staff have been Instructed to direct residents & or family members to nursing management when the complaint is raised. Where this is not possible due to Off Duty hours, staff to ensure the complaint is reported to Nurse on duty who will record the complaint. The DON & ADON check for any new complaints on Home screen of EPICARE on a daily basis when logging in.
5. Staff have been updated on the recent inspection findings & 3 Staff meetings have been arranged over the next 2 week period to further communicate the issues highlighted by the report & how we are responding in our compliance plan.
6. Staff communication has developed further by the implementation of email, this will aid in the full dissemination of information on all matters relating to the home, a text message will alert staff to check emails with communication updates.
7. A new Software system for Auditing is being implemented in the home: this will include a Complaints audit Tool which will be used on a monthly basis.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

We were in the process of changing our call bell system as a result of a complaint received by a family member about the noise from the system, initially the volume of the Call bell sound/ display bar which was outside that residents room was turned down low and the system operators were contacted to move the display. There was an agreement in place for them to relocate it following the Christmas holiday period.

We have now successfully segregated the call bell alarm system to each individual floor. This reducing the noise impact on each floor, we have also lowered the volume on each sound display bar.

The emergency call bell alarm will override and will be heard on each floor. The DON has an Intercall display panel in office where all call bell alarms sound.

There is now a Display bar located in each circle area also with a lower volume.

Staff are extremely aware that if they hear the call bell alarm it is on their floor.

A new Software system for Auditing is being implemented in the home: this will include a Call bell response audit Tool

In areas where it was noted that sound is not audible, in our view there are sufficient staff who are able to hear the bells on the floor. We will continuously monitor this.

A positive behavior plan for residents who are known to continuously use call bells has been developed to identify if residents have needs that are not being met.

There is very positive feedback from, Residents, Relatives & Staff members on the reduction in volume of call bells.

Regulation 9: Residents' rights	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure the opportunities to participate in meaningful activities continue to be offered to all residents in accordance with their interests & capabilities. To continue providing activities at weekends on alternate days and encourage participation.

As a result of the operational changes introduced post inspection, we have noticed significant improvements in the amount of time saved thus allowing more free time for the Staff to interact & spend social time with the residents in the evenings.

All staff have received instruction to use this time to interact with residents and have been encouraged to use the activity equipment provided to create meaningful social interactions.

New rummage boxes have been put together by our Dementia focus group and placed on each floor.

A new record of participation in group & or one to one engagement is being maintained on a daily basis by activity coordinator & activities assistant.

Our Activities Coordinator is arranging different evening entertainment on an ongoing basis.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	25/02/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/01/2019
Regulation 34(1)(h)	The registered provider shall	Not Compliant	Orange	05/03/2019

	provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	05/02/2019