



## 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:	13 August 2019
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0026912

## 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. The ground floor also has a large sitting room which includes an oratory in one section, the main section of this room has direct access to an enclosed garden area. There is a separate visitors room with overnight facilities which families have the opportunity to use for privacy or if their loved one is unwell. 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 a limited company called 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 and residents with intellectual disabilities. 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.**

Number of residents on the date of inspection:

66

## 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
13 August 2019	14:20hrs to 21:35hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

The inspector spoke with residents and with families of residents that could not express their own views. Residents were happy and well looked after in the centre. Management and staff were highly complimented and residents said that they were caring, friendly, approachable and very responsive to their needs. Call bells were answered in a timely manner and residents and families were very pleased with the reduction in the noise of the call bells and peace in the centre. The new oratory space was very popular with residents who like to pray and reflect there.

Residents said they were supported to make choices in their daily life and that staff were always respectful. Residents and families particularly liked being a part of their local community with convenient access for visitors and to local amenities. Residents enjoyed the varied group activities offered, in particular bingo and live music. Families were assured by the increased supervision and better activity provision for residents with higher dependency needs. Residents spoke about gardening activities, a recent culture night and some were looking forward to the upcoming opera festival and in house themed activities they were planning.

Residents enjoyed the food and the dining experience and could enjoy their meals in the dining room or in their bedroom as preferred. One resident remarked that sometimes small items were lost in the laundry but that overall the laundry service was good.

Residents and families were kept informed about changes to their care.

## Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspector followed up on actions from the previous inspection which were all found to be completed.

There were effective governance arrangements in place. The management structure was clear and lines of authority and accountability were clearly defined. The person in charge worked full-time in the centre and reported to the provider representative who was available in the centre regularly 2-3 times per week. All staff were informed of organisational and operational matters through robust communication strategies which included clinical handovers, staff email, staff messaging and staff meetings. There were regular senior management meetings which informed ongoing improvements in the centre. While actions were

found to have been completed and followed up, improvements in documentation would support the management team in demonstrating monitoring of the service and sustaining the improvements made.

Systems were in place to monitor the quality and safety of care and service for residents and there was good evidence of continuous quality improvement. The centre had adapted new audit systems since the last inspection which were found to be effective in monitoring key areas such as complaints, incidents and medication management.

There were sufficient resources available to ensure that care was provided in accordance with the centre's statement of purpose. The provider had allocated extra hours in nursing and activity grades in response to the last inspection. Two additional nursing hours per day provided increased supervision of residents in the evenings and reduced the burden of medicine management. Previously one nurse was responsible for administering medicines on two floors for night, this has also resulted in safer medicine management practices. Extra resources had also been made available in activities by an additional 24 hours per week. Activities staff were now directly involved in developing and updating residents' social care plans, resulting in better continuity of care and more suitable activity provision for individuals. This along with a review of work practices had resulted in extra hours available to provide care for residents in timely manner. The overall impact had enhanced the social experience for residents, provided more choice at bed time and improved supervision. Families were more assured that there were sufficient staff numbers to cater for the needs of residents.

Staff were appropriately supervised and supported to perform their respective roles. All staff were up to date with mandatory training including safeguarding, fire safety and manual and patient handling. Staff were familiar with the procedures for reporting any suspicions or allegations of abuse. There were robust procedures in place to manage pensions and resident's monies, however the banking arrangements for pensions required review in order to comply with the department of social protections guidelines.

Feedback from residents was encouraged by quarterly residents meetings and annual questionnaires. Senior management were now available two evenings per week in the centre to meet with families. This has also improved work practices in the evening and staff were encouraged to spend time socially with residents where possible. Families had been invited to meet with the centre's operations manager if they wished to discuss any concerns or suggestions they may have. Some families had availed of this and details were recorded in the residents care plan. This facility is ongoing.

The oversight of complaints had improved. Staff recorded both verbal and written complaints and there were robust procedures for investigating complaints. All complaints were followed up and reviewed in a timely manner before being closed. Learning from complaints was evident and was communicated to all staff. Complaints audits were completed quarterly and informed the centre's

ongoing quality and safety improvement process.

### Regulation 15: Staffing

The centre had increased nurse and activities hours since the last inspection. Activities were now provided over seven days of the week and one evening a month by an additional allocation of 24 hours per week. Two additional nursing hours had been added each day, this resulted in increased supervision on the ground floor up until 22.00 hrs. Nursing staff confirmed the additional hours also decreased the burden of the nurse on the first floor during the hours of 20.00 to 22.00. Work practices had also been reviewed. Efficient practices had yielded time gains allowing care staff more time to get involved in social aspects of care at certain times of the day. Staff turnover had also settled. There was a part time housekeeping post in the process of being filled. There were no other vacancies.

The number and skill mix of staff was appropriate to the assessed needs of the residents. There was a minimum of two registered nurses on duty at all times. Staff were observed providing discreet and person-centered care and were aware of the individual needs of residents. During the evening the inspector observed staff supervising and checking residents in communal areas on all three floors.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector viewed the training matrix and all staff were up to date with mandatory training which included safeguarding, manual and patient handling, fire safety and medication management for nurses. Additional training included dementia training and management of responsive behaviours.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

## Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. Extra staffing resources had been allocated since the last inspection and found to have positively impacted on the care and social experience of the resident.

There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by an assistant director of nursing, clinical nurse managers and a care team. The person in charge reported to the operations manager who attended the centre regularly and actively participated in the management of the centre.

Systems were in place to monitor and evaluate the effectiveness of the service. Recent improvements in the centres auditing systems enhanced the oversight of key areas such as complaints, incidents and medication management. Results of audits informed quality improvements in the centre. Results and learning from audits were delivered to all staff through the centre's internal email, mobile messaging system, staff meetings and handovers as appropriate. There were regular senior management meetings and meetings with the various disciplines within the centre, for example, housekeeping, catering, caring, dementia focus group and nursing. While actions and improvements from meetings were completed and followed up, documentation did not reflect the completed actions. This was discussed at feedback with the provider and person in charge who agreed to review the documentation.

The oversight of complaints had improved. Verbal and written complaints were recorded, robustly investigated and followed up.

The annual review of the quality and safety of care for 2018 was viewed by the inspector and found to have been prepared in consultation with the residents' and/or their families'.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The contract for the provision of services contained details of services to be provided to the resident, their room number and occupancy of the bedroom. Additional fees to be charged were clearly outlined. The registered provider had plans in place to review this contract to bring it in line with new Competition and Consumer Protection Commission guidelines.



Judgment: Compliant

### Regulation 30: Volunteers

Volunteers attended the centre to enhance the quality of life of residents. All volunteers were Garda vetted and had their roles and responsibilities set out in writing. All volunteers were supervised in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

Improvements were found in the management of complaints. The complaints procedure was displayed clearly in the centre and both residents and families were aware of the process. There was a nominated person to deal with complaints and another to oversee the management of complaints. Complaints were recorded separately and distinctly from a resident's care plan.

All complaints, verbal and written, were taken seriously. There were robust arrangements for the investigation, follow up and review of all complaints. The satisfaction of the complainant was always recorded. Audits of complaints were completed quarterly and trends identified informed quality improvements and staff learning in the centre.

Additional arrangements were in place to ensure families had the opportunity to speak with senior nurse management and the operations manager in the evenings. Families were satisfied and assured by this approach.

Judgment: Compliant

### Quality and safety

The service promoted a person centred approach to care and were continuing their efforts to develop a social model of care. Many improvements since the last inspection had impacted positively on the quality of life of residents. The major improvements included noise reduction from call bells, increased supervision in communal areas, improved assessment of social needs and improved activity provision, particularly for residents with higher dependencies.

Noise generated from call bells had been greatly reduced. Call bells alerts were now

segregated to each of the three floors. This action had also reduced the amount of time taken for staff to respond to call bells. When staff heard a call bell they knew it was on their floor and responded faster. To reduce sleep disturbance, some call bell alert units had been removed from bedroom areas and some relocated to communal areas. To date the alert units in the communal areas had not impacted negatively on residents using these areas. Residents and families remarked on the noise reduction and were enjoying the new found peace.

Staff were observed supervising in communal areas throughout the inspection. In the evening time when staff were assisting residents and were not in the communal areas they were observed frequently checking on residents. Increased staff allocations and revised work practices afforded staff some time to socially engage with residents outside of routine care.

Increased resources for activities had improved the quality and quantity of activities for all residents. Residents with advanced needs that required one-to-one attention were now receiving individual activities mostly on a daily basis. Specialist activities included sensory based activities, pet therapy, music and reminiscence therapy. The activity coordinator was now updating the residents' social care plans which resulted in improved activity provision and better planning of activities within the centre.

Residents choices were respected within the confines of the centre. Care routines and organisation had improved and the institutional practices around bed times which were observed on the last inspection were no longer in place. The centre had worked hard to promote a social model of care, and both residents and families were pleased that there was more choice around bedtime and that there was staff available to assist residents at a time of their choosing.

Residents with dementia who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well cared for in the centre. Improvements were found in the assessment of responsive behaviours and care plans were person-centred and detailed. Behavioural triggers and de-escalation techniques were identified and a consistent approach to management resulted in better outcomes for residents. Residents with responsive behaviours were supported by a multi-disciplinary team that included their family, care staff, activities staff, nursing staff, their GP, community psychiatric nurse and specialist psychiatrist of old age. This resulted in better person-centred interventions which improved outcomes for residents.

The use of restrictive practices was very low in the centre and residents were free to move in and out of the centre as they wished. A minority of residents were using restrictive devices and only one bed rail was in use. Where restrictions were in use they were assessed, alternatives trialled and the least restrictive practice was used. Safety checks were in place in line with the national policy on restraint. The centre was planning to review restrictive practices in line with national standards and guidelines.

Overall the service is very responsive the changing needs of residents and promotes

a person-centred and rights based ethos of care. The centre had a proactive approach to managing risks.

### Regulation 12: Personal possessions

The centre acted as a pension agent for three residents. There were robust accounting arrangements in place and monthly statements were furnished. Improvements were required to ensure the banking processes were in accordance with Department of Social Protection guidelines.

Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident/representative and a staff member. There was ample storage in bedrooms for residents personal clothing and belongings. Laundry was provided on-site however some residents chose to have their clothing laundered at home.

Judgment: Substantially compliant

### Regulation 17: Premises

There was a marked improvement in the noise generated from call bells. Call bells were now segregated to each floor so when staff heard the bell alert on their floor, they were responsible to respond. This has positively impacted on the time taken to respond to call bells which had reduced. The maximum length of time a resident may be waiting was now generally under five minutes, however most calls were answered quicker. This was an improvement from the previous inspection and was under continuous monitoring.

Plans were in place to expand the laundry which was identified by the provider as being noisy and requiring more space. There were controls in place to mitigate against these risks.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available in every bedroom. This guide contained information for residents about the services and facilities provided including; complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre. Specific information on additional fees was

detailed in individuals' contract for the provision of services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Some residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The centre had improved their approach to managing these behaviours and there was now a consistent and person-centred approach. This resulted in an improved quality of life for these residents through a reduction in the number and intensity of episodes of responsive behaviours. Behavioural assessments were completed and informed the care of the resident on an ongoing basis. Positive behavioural support care plans guided staff to provide care and contained detailed information on behavioural triggers and de-escalation techniques. There were strict centre specific protocols on the administration of anti-psychotropic medications which was done on the recommendation of the multi-disciplinary team and only as a last resort for managing responsive behaviours.

The use of restrictive practices was low in the centre. Residents were free to leave the centre through the front door which was key-coded for entry only. Doors to the enclosed garden were open and only closed after dark for security. Only one resident used a bed rail. There were plans in place to review the use of restrictive practices for example, falls alert devices, in line with the national standards and guidelines. Where restrictive practices were in use they were risk assessed, alternatives were trialled, least restrictive options were used and safety checks were completed.

Judgment: Compliant

### Regulation 8: Protection

There was a policy and procedures in place for the prevention, detection and response to allegations or suspicions of abuse. Training records indicated that all staff had completed up-to-date training in the safeguarding of residents. Staff were familiar with the procedure for reporting suspected abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's rights were respected in the centre and the ethos of care was person-centred. There was an increase in hours for activity staff from 48 hours per week in January to 72 hours per week. This provided additional time for activity staff to provide opportunities for residents with varying needs to participate in activities in accordance with their abilities. Activity staff now had a role in updating the residents care plan with regard to their individual activity needs. This had improved activity provision particularly for residents with complex needs that could not participate in a group.

Residents were supported and facilitated to be independent and to maintain contacts with the local community. The centre was in the centre of Wexford town and residents regularly walked down town, independently or accompanied. Local community groups, crèches, schools and volunteers frequently attended the centre to enhance the quality of life of residents. There was access to daily papers, television and radio. The centre had recently created an oratory and mass was facilitated weekly by the local parish priest. Ministers from other faith denominations were welcome and facilitated as per resident's wishes. Residents were supported to exercise their civil, political and religious rights.

Residents attended regular meetings and contributed to the organisation of the service. An independent advocate attended these meetings to represent some residents that could not express their own wishes. In addition to this there was access to independent advocacy through the national advocacy service.

Choice of bedtime had improved as a result of additional staff resources and changes to work practices. The inspector observed many residents were still up in the day rooms at 21:30 hours.. Residents had a choice of meals and had the use of private communal rooms to entertain visitors or spend time alone. Residents in shared accommodation had their privacy and dignity protected by the use of screens. All residents had a telephone next to their bed for their private use.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0026912

Date of inspection: 13/08/2019

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Improvements are presently underway to ensure Banking Processes are in accordance with Department of Social Protection Guidelines. A new & separate bank Account has been opened & will be managed accordingly to meet Department of social & protection Guidelines.	



## 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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	22/08/2019