



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

## Issued by the Chief Inspector

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 January 2021
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0031591

## 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 facility 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. 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:

69

## 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
Wednesday 13 January 2021	10:00hrs to 16:00hrs	Helena Grigova	Lead

## What residents told us and what inspectors observed

The inspector met with a large number of residents present on the day of the inspection and spoke in more detail with eight residents. Residents described the centre as "their true home". Some residents said that they had chosen this centre for this reason and if otherwise they wouldn't be in for such a long time. The residents were complimenting staff for being very nice, they can tell them all their worries and the staff will always make efforts to make them feel better.

The inspector arrived to the centre unannounced in the morning and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included hand hygiene, face covering, and temperature checks.

Following an opening meeting the person in charge accompanied the inspector on a tour of the premises, where they also met and spoke with residents in their bedrooms and in the various day rooms. A number were enjoying breakfast in the dining rooms, whilst others were relaxing in various day and activity rooms. The centre was a hive of activity as residents got up and ready for the day. Some residents were seen to move freely around the centre, some residents went for a smoke accompanied by a staff. The residents in the courtyard told the inspector that they had easy access to the courtyards from the centre and enjoyed going out in the good weather. Residents told the inspector they spent a lot of time outside during the summer enjoying the landscaped gardens. The garden to the back of the centre contained bird tables, shrubs, and potted plants.

The inspector saw that the centre was set out in three different floors. The inspector observed that the environment was peaceful and relaxed. There were also many features that could assist and facilitate residents to mobilise independently, for example well placed hand rails and wide corridors.

The centre was seen to be homely, well decorated and very clean throughout. Residents bedroom accommodation was provided in single and double occupancy en-suite bedrooms. Many bedrooms were seen to be personalised with residents' own furniture and decorations, art work, photographs and soft furnishing brought from home. The inspector noted that the privacy and dignity of residents was well-respected. Bedroom and bathroom doors were closed when personal care was being delivered. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms where they wished to spend their day and who they wanted to spend time with. One resident explained to the inspector that she liked to spend part of the day in her bedroom where she can have a dinner with her husband who is also a resident of the nursing home. She also enjoyed company of other residents and liked staff to stop by for a chat.

According to information from the centre's management, approximately 25 percent of residents living in the centre were living with a moderate to severe cognitive

impairment. Throughout the day the inspector noted that residents were relaxed, well groomed and comfortable. Despite the lack of visitors, the inspector saw a lot of activity taking place during the inspection. This included a mixture of small group activities and one-to-one time spent with staff. Staff were kind and attentive and residents were complimentary about the food. The inspector saw that residents were offered choice and pictorial menus displayed which assisted residents with cognitive impairment to ensure they understood the choice they were making. The menu was seen to be varied and the residents said if they didn't like what was on the menu they were given other choices. Meal times were observed to be a social unhurried experience and the inspector saw the food was appetising and well presented.

## Capacity and capability

This was an unannounced inspection undertaken as part of an application by the registered provider to renew the registration the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. Wygram Nursing Home Limited is the registered provider of Wygram Nursing Home. The person in charge (PIC) was supported in the role by a team including a director of care, quality & standards, assistant director of nursing (ADON), two clinical nurse managers (CNM), nurses, carers, an activities coordinator, chef, household supervisor and maintenance staff. 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 inspector found that there were sufficient staffing levels in place on the day of the inspection. There was a planned and actual roster in place, with any changes documented. A sample of staff files were reviewed and included all of the documentation required by Schedule 2 of the regulations. All staff had An Garda Síochana vetting disclosures in place, and all staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

An up-to-date training record for all staff was available for review. All mandatory training including safeguarding, manual handling, fire safety and infection control had been completed by all staff. There was a schedule of training in place and staff were facilitated to attend in person or on-line.

The centre had not had any outbreaks of COVID-19. In respect of the COVID-19 virus, the staff met could describe typical and non-typical presentations of COVID-19 in older people and what symptoms and signs to look out for in residents that could indicate the presence of the virus. The inspector found that there was an adequate supply of personal protective equipment (PPE) which was available in the event of

an outbreak of COVID-19 and to prevent cross infection at the present time.

Key policies and procedures had been reviewed and implemented in line with the most up-to-date infection and prevention control guidance.

The provider had put a new suite of management systems in place since the last inspection. A new electronic system was in place to facilitate the management of audits, risk, and training records. The system was appropriate to ensure that the service provided was safe, appropriate, consistent and effectively monitored. The inspector reviewed a number of clinical and environmental audits, each of which had an associated action plan.

Regular staff and management meetings were scheduled. All staff were facilitated to attend in person or by teleconference. Quality and safety meetings were held regularly where clinical and non-clinical data was reviewed by the person in charge and the management team.

An annual review had been completed, benchmarking the service against the standards required in designated centres. There was evidence of consultation with residents in this document.

Residents who spoke with the inspector said that they liked living in the centre and if they wished to make a complaint, that they would feel comfortable doing so. The appeals process was outlined in the policy as well as the contact details of the ombudsman and the independent national advocacy service. Complaints were trended and audited by members of the management team.

#### Regulation 14: Persons in charge

The person in charge was appointed in 2018. She was a registered nurse with the appropriate experience and qualifications in the area of nursing for older adults. She had a management qualification and worked full time in the centre. The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. She was knowledgeable regarding the regulations, HIQA standards and her statutory responsibilities. She demonstrated very good clinical knowledge and was articulate regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

There was adequate staff to meet the needs of the residents and for the size and

layout of the centre. The inspector examined staff rosters for four weeks and found the planned and actual rosters were maintained with subsequent changes recorded as necessary. Staff teams were assigned to zones in the centre and a minimum of two nurses were on duty during the night and three nurses during the day to ensure that residents' healthcare needs were appropriately responded to.

There was evidence from staff files and from speaking with staff and the provider representative that staff were appropriately recruited, inducted and supervised. Staff were seen to be kind and caring, and all interactions by staff with residents were conducted in a respectful manner.

The environment had been adapted to ensure that staff adhere to infection control guidelines. The management team had created 6 changing rooms and extra staff rooms to ensure that staff could socially distance at break times. Staff also changed their uniform or work outfit at the beginning and end of each shift.

Contingency plans were in place for additional staff should there be an outbreak of COVID-19. The contingency plan included the recruitment of additional staff and this process was underway on the days of this inspection. There were systems in place for staff to confirm that they did not have any signs or symptoms associated with COVID-19 infection and records showed that their temperature was checked at the start and end of each shift.

The person in charge confirmed that all staff and persons who provided services to residents had Garda Vetting in place.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were supervised in their roles and knowledgeable about their line management and lines of accountability. The management team were committed to providing ongoing training to staff. All staff had completed the mandatory training in infection prevention and control, safeguarding vulnerable adults, manual handling and fire safety and responsive behaviours. The person in charge ensured that all staff working in the centre had attended training in infection prevention and control that focused on timely identification and care of residents with COVID-19 infection, hand hygiene, donning and doffing of personal protective equipment (PPE) procedures and public health guidance to prevent and control COVID-19 infection. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

As a recent quality improvement initiative, key staff had completed specialist training courses such as weight loss and tissue viability management.

All nurses working in the centre had a valid registration with the Nursing and



Midwifery Board of Ireland (NMBI).

Judgment: Compliant

### Regulation 22: Insurance

There was an insurance policy in place which covered injury to residents. It also, covered loss or damage to residents property together with other risks associated with carrying on a business.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. The person in charge was supported by the Assistant Director of Nursing (ADON) and the management team was further enhanced by two Clinical Nurse Managers(CNMs). There was an out-of-hours on call management system for weekends. The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. As a result the ethos of person-centred care was evident in staff practices and attitudes.

The management team had systems in place to ensure oversight of the quality and safety of care in the centre. Regular audits and analysis were carried out in areas such as medicines management, infection prevention and control, falls, weight loss management, complaints and health and safety. The results of audits were analysed and acted upon appropriately. The senior management team met on a regular basis where all areas of management of the centre were discussed and any areas for improvement were agreed and the relevant staff informed about the changes that were required.

A annual review of the quality and safety of care delivered to residents in the centre for the previous year was comprehensive and contained an action plan for the year ahead. Feedback from residents meetings, resident surveys, training needs analysis, reviews of incidents and complaints along with assessment of performance against the National Standards were used to inform the annual review of the safety and quality of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed since the last inspection. A revised copy had been sent into the Chief Inspector and was available for review on inspection. The document contained the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy was available to residents in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints policy in place, and complaints investigations were reviewed by a senior manager. Detailed records of complaints were maintained and indicated if the person who raised the complaint was satisfied with the outcome.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were available to staff, and were reviewed and updated in accordance with best practice and were centre-specific. There was also a COVID-19 policy which was regularly updated to reflect the current guidance and practice in respect of COVID-19.

Judgment: Compliant

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

An application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Compliant

## Quality and safety

The care and support received by residents was of a good quality and ensured that

residents received nursing care and services in line with their needs. Despite the COVID-19 restrictions, residents were generally supported to have a good quality of life which was respectful of their wishes and choices. The inspector found that staff had worked particularly well together in preventing a COVID-19 outbreak in the centre.

A lively atmosphere was maintained throughout the centre and residents were observed chatting to each other, engaging in activities and enjoying refreshments with minimal disruption. Small group activities were taking place on the day of inspection and these were observed to be meaningful to the residents and appropriate for their abilities and interests. Orientation boards were observed throughout the centre, and menus were displayed in prominent locations to promote resident choice.

Residents' rights were upheld and the activities programme was varied and interesting. Communication with residents and families had been appropriately maintained throughout the COVID-19 pandemic and safe visiting arrangements were now in place in line with public guidance. Residents were offered opportunities to exercise their choice in their day to day routines and the care they received, for example, opportunities for personal hygiene, choice of clothing and a selection of food menus. The inspector saw that residents were comfortable and that their privacy was respected by staff. Staff were knowledgeable of individual residents' needs and interests, and were observed providing assistance in a caring and respectful manner. Call bells were answered in a timely manner.

Care plans reviewed were reflective of residents' needs, and consent was sought and documented for sharing of information with other parties. Residents' had appropriate access to medical services and General Practitioners (GPs) reviewed residents regularly or when there was a change in their health or well-being. Records showed that residents had access to members of the allied health care teams to meet their ongoing needs.

The premises and grounds were maintained to a very high standard with suitable heating, lighting and ventilation. The centre was clean and suitably decorated, with many furnishings, fixtures and fittings to ensure a comfortable and homely residence.

Risks were reviewed and policies on risk management were seen to be up-to-date. There was a risk management policy and an emergency plan in place to guide staff. The risk register outlined all the measures that had been put in place to prevent and contain COVID-19 infection. The visitors' protocol was based on the HPSC guidelines and best practice in infection control for this COVID-19 era. The centre's management team were aware of and implemented the Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities issued by the Health Protection and Surveillance Centre (HPSC).

Effective systems were in place for the maintenance of the fire detection and alarm system and emergency lighting. All residents had Personal Emergency Evacuation

Plans (PEEPs) in place and these were updated regularly.

### Regulation 11: Visits

Restricted visiting procedures were in place to protect residents, staff and visitors from the risk of contracting COVID-19 infection and was informed by a policy that was kept updated and implemented in line with revised HPSC guidance on visiting in residential care facilities. The provider had reintroduced a system of scheduled window visits to ensure that residents could continue to see their family in a controlled and safe way. Families can book their visits through an electronic system. Inspector saw that the system was well organised and that a spacious comfortable area for windows visiting was available for visitors. Residents were also supported to maintain contact with their families with regular telephone calls and use of video technology.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate storage for clothing and personal possessions such as photographs, ornaments and residents furniture. The inspector saw that clothing was laundered well and returned to residents in good condition. Records relating to residents' finances were well maintained and were available on file. Invoices and receipts were maintained and residents or their relatives were made aware of the fee structure and any expense in relation to medical items and so on. Some improvement were needed to ensure that the arrangements for the provider to act as a pension agent for two residents were in line with Department of Social Welfare guidance

Judgment: Substantially compliant

### Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident. All residents' care plans were up-to-date regarding end of life care decisions relating to COVID-19 infection including whether to be transferred to the acute care setting and resuscitation interventions. All of which were discussed with residents, and when relevant their next of kin as well as the GP. Although not actively involved with

supporting any residents in the centre at the time of this inspection, links with the community palliative care team were established and their expertise was sought for residents as appropriate. This arrangement ensured that residents received appropriate care and support including pain and symptom management.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable in size and layout for the number and needs of residents. There was adequate and spacious communal accommodation available. Residents had access to a lift which was regularly serviced. Bedrooms and communal areas were nicely decorated and residents had access to safe and secure garden area. The conservatory areas were seen to be utilised by a number of residents who liked to take time out from activity or TV viewing. Call bells were available in all areas and there were no unnecessary restrictions to independent navigation around the building. The centre had a kitchen and laundry service on-site which was suitably resourced for the number of residents.

Judgment: Compliant

### Regulation 26: Risk management

An up-to-date risk management policy and procedure was in place to inform the management of risk in the centre. There was a comprehensive risk register maintained that was reviewed and updated regularly. Records of the analysis and trending of incidents that occurred in the centre, corrective actions implemented and learning identified were made available to the inspector. This information was used by the management team to provide an ongoing safe service for residents. There was an emergency plan in place for responding to COVID-19 and this had been updated in accordance with the guidance as it was released by the Public Health Department. The health and safety statement had been reviewed and the emergency plan was up to date. Any risks or hazards identified were documented and these issues were addressed by maintenance staff who attended the centre daily.

Judgment: Compliant

### Regulation 27: Infection control

The centre had an up to date 'COVID-19 Policy and Preparedness Plan' in place. The inspector acknowledge that there had been no known outbreak of COVID-19 infection at the centre since the start of the COVID-19 pandemic.

The centre was very clean and well-equipped with alcohol gel dispensers and information posters to assist and remind personnel to abide by social distance practices. Hand sanitizers were placed strategically to ensure staff were accessing and using them regularly in line with current best practice guidance. There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. The person in charge said they had received adequate supplies of PPE from the HSE.

The inspector observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to the inspector the cleaning arrangements and the infection control procedures in place.

All staff members had been swab-tested as a precaution fortnightly and all the results were negative. The centre had been divided into three units and separate staff had been allocated to each unit to further reduce the risk of cross infection. There were sufficient and adequately equipped staff changing facilities which were maintained clean and tidy. Staff breaks were staggered. Staff were observed to maintain social distancing as much as possible. There were systems in place to ensure staff minimise movements around the centre and rosters showed that staff worked in one designated unit and did not transfer across to other units in the building. The inspector observed that the uniform policy was being adhered to.

Overall, there were robust cleaning processes in place. There was an allocated cleaning staff on each floor. Cleaning schedules and signing sheets were completed. There was a flat mop system in place for floor cleaning and cleaning equipment was colour coded to prevent cross infection. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The management team had ensured adequate supplies of cleaning products were available and cleaning practices were in line with all updated guidance in relation to cleaning materials. The furniture and seating in the centre could be easily cleaned. The inspector observed that all equipment used by residents was cleaned to a high standard. Cleaning staff, who spoke with the inspectors were aware of their roles and responsibilities and the cleaning processes necessary to ensure residents were protected from risk of infection. However, some improvements were needed in deep cleaning of cleaning trolleys and keeping the records of the same.

The person in charge had ensured each resident had an individual commode if they required it, bed tables and new individual hoist slings were purchased and were stored in each resident's room when required. Chairs in the residents' sitting rooms and dining areas were arranged to facilitate social distancing. New admissions to the centre and residents returning from the acute sector were in precautionary isolation for 14 days.

Contracts were in place for the suitable disposal of clinical waste. However, the

contract for regular servicing of bed pan washers was not available. The maintenance staff gave assurances to the inspector that the bed pan washer were serviced whenever needed and was fit for purpose.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of emergency. There was evidence of daily, weekly and monthly fire safety checks being carried out. There were daily and weekly checks to ensure emergency exits were unobstructed and the fire alarm was functioning appropriately. Fire safety equipment, including the fire alarm and emergency lighting had preventive maintenance completed at appropriate intervals. All fire exits were observed to be free of any obstructions.

Staff had completed their annual fire safety training and had participated in regular fire evacuation drills, however, fire drills were required to simulate of evacuation of the largest compartment with night time staffing levels. This was organised following the inspection and the fire drill report provided assurances that all the residents in a compartment could be safely evacuated at night. Ongoing fire drills were needed to ensure that all staff could safely evacuate a compartment and wing in a safe and timely manner.

There was a smoking shelter available for the residents. Residents were risk assessed for their capability to smoke independently and this was documented in care plans. A fire blanket and a fire extinguisher was located in the shelter. However, there was no call bell available for residents, this was addressed during the inspection. All residents had personal emergency evacuation plans, which were easily accessible to staff.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. The inspector reviewed a sample of seven resident's care plans which was maintained on a computerised nurse documentation system. The sample of care plans and assessments reviewed demonstrated that they were current and had person centred information to direct and inform care. Residents with specific medical needs had a specialised care plans which reflected current residents needs and interventions. Validated nursing assessment

tools were used to assess the resident's needs, for example, nutrition, pressure areas and dependency level. Care plans were reviewed on a four-monthly basis and when required. Care plans had been discussed with residents, or relatives if appropriate, and this was documented in the sample of care plans reviewed on inspection.

There was good oversight of wound and weight assessment and management for residents in the sample documents reviewed. Resident's weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. The inspector also reviewed wound management documentation and found evidence of good practice that promoted healing of wounds.

Judgment: Compliant

### Regulation 6: Health care

The inspector found evidence in a sample of residents' care plans of good access to allied health professionals. Residents had access to a General Practitioner of their choice, and a number of GPs visited the centre on a regular basis. The pharmacist fulfilled the duties required to meet residents' needs and supported staff with training and supplies of medicines. Furthermore consultant specialists in Gerontology, Psychiatry of Old Age and Palliative Care were also available to provide additional expertise and support. A tissue viability nurse (TVN), speech and language therapy (SALT) and a dietitian were seen to have made entries in residents' notes, in response to residents' needs. Physiotherapy was visiting centre on the regular basis and Occupational therapist (OT) was also available through referral to the relevant community teams. Chiropody services continued to be provided for residents through the pandemic. The registered provider informed inspectors that some of these support services, including optical services had resumed the visits to the centre.

There were sufficient numbers of trained staff nurses working in the centre to provide evidence based nursing care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were encouraged to keep as independent as possible and the inspector observed residents moving freely around the centre and outside. Residents said they were satisfied with the services provided and told the inspector that therefore they lived in the centre for years as this place is 'their true home and the staff were



marvelous'.

There were a number of different recreational areas for resident use in the centre including outdoor courtyard and balcony areas. In line with the current guidance, the residents were attending activities in small cohorted groups. The activities were provided taking into account the residents preferences and their abilities to participate. Daily activities were displayed on whiteboards in residents' living areas. The person in charge and staff team kept residents informed and they were consulted with and given opportunities to express their views including in relation to COVID-19 infection prevention and control arrangements and recommencing visiting in the centre. The inspector observed the activity staff talking to the residents about the daily news, she was explaining the COVID-19 pandemic restrictions in an easily understandable manner and the residents were encourage to voice any questions they had. Residents appeared relaxed and the care and activity staff was respectful of each resident's communication needs and ability to participate in the discussion and in further activities. Appropriate social distancing was in place.

Resident's privacy was observed to be respected throughout the inspection. Staff were observed knocking on doors prior to entering a bedroom and seeking consent prior to assisting with activities of daily living. Staff were respectful of those residents who chose to spend time alone in their bedrooms.

Access to independent advocacy was available as well as access to a part-time advocate employed by the centre. Their role is to uphold resident's rights and to assist residents to engage with external agencies if needed. Residents had access to television, newspapers and radio. Residents' religious and civic rights were facilitated and supported in the centre. Arrangements for residents to participate in religious services remotely were in place since the COVID-19 pandemic.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0031591

Date of inspection: 13/01/2021

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Action Plan: To ensure the RPR continues to act as a Pensions agent for the 2 residents ensuring it is in accordance with department of Social Welfare Guidance.</p> <p>DON has discussed with RPR for interventions necessary, where a separate Wygram account should be used only for the 2 pensions or for further use going forward for any other resident who wishes to do so. RPR is currently processing this.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Action Plan: To create a Deep cleaning of Cleaning Trolley's list with list of approved cleaning products. The HOD in Housekeeping will ensure all HK staff are familiar with correct procedures &amp; will ensure the Daily Checklist for deep cleaning of trolley's is maintained. To ensure the Highest standards of IPC continue to be maintained throughout the home using a systematic approach.</p> <p>Maintenance Manager to establish contact with the service provider and implement a Service contract recording: Dates, Maintenance record, any issues to be noted. In addition, anytime in between regular servicing the Maintenance / facilities Manager is to call Local service provider as required.</p> <p>These infection control recommendations have been Actioned with Immediate effect 25/01/2021 to comply with regulation 27.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Action Plan: Is to continue to carry out more frequent Fire Drills &amp; Simulations with least number of staff as would be present on Night Duty in the biggest compartment, considering all residents would hypothetically be in bed with limited mobility. The responsibility of these Fire Drills will be that of our 2 Fire Management staff members who have had further training in this specific. All records to be maintained at Reception in Fire Register ensuring all staff members are involved in drills.</p> <p>With reference to call bell for residents who are smokers and who like to go outside to the smoking area in the garden. PIC has ordered wireless portable emergency call bells for use by all residents who smoke although they are currently escorted by staff. The portable call bells will be kept securely at Reception where the base will also be kept and can be accessed by all staff.</p> <p>The wireless bells have been received, the Smoking Care Plans are updated, and all staff have received updated communication regarding the use of same. The PIC is confident now these actions are implemented: Wygram Nursing Home shall be compliant in Regulation 28.</p>	

## 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		28/02/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	25/01/2021
Regulation	The registered	Substantially	Yellow	04/02/2021

28(1)(e)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
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