

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Waterman's Lodge
<b>Centre ID:</b>	OSV-0000708
<b>Centre address:</b>	Ballina, Killaloe, Tipperary.
<b>Telephone number:</b>	061 374 888
<b>Email address:</b>	clavelle@alzheimer.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Alzheimer Society of Ireland
<b>Provider Nominee:</b>	Catriona Lavelle
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	6
<b>Number of vacancies on the date of inspection:</b>	5

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
04 October 2016 09:30	04 October 2016 16:00
05 October 2016 09:30	05 October 2016 13:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This centre provides both day and respite care services to persons with dementia

and is part of The Alzheimer Society of Ireland. The person with dementia respite stay is flexible depending on their wishes and can range from a two week period to one night respite. Many of the people availing of the respite service also regularly attend day care service and are familiar with staff and the environment.

During this inspection the inspector met with respite and day care service users, the person in charge, the operations manager and staff members. The inspector tracked the journey of a number of residents who were availing of the service, observed care practices and interactions between staff and service users. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspector found the operations manager, person in charge and staff were very committed to providing a high quality service for service users with dementia.

The layout and design of the centre which had been purposely redesigned as a dementia specific care facility to create an environment where residents with dementia could flourish. The design and layout promoted the dignity, well being and independence of its users. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the service users. Signs and colours had been used in the centre to support service users to be orientated and find their way around the centre.

The quality of service users lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity was evident. All staff fulfilled a role in meeting the social needs of service users and inspectors observed that staff connected with service users as individuals. The environment was interesting with plenty of objects to engage and interest service users.

All service users were observed to be relaxed and comfortable in the company of staff.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Improvements were required to updating the medication management policy, updating the staff rosters and ensuring that all staff had received up to date mandatory training in fire safety and safeguarding vulnerable adults. These areas for improvement are included in the action plan at the end of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that respite service users overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each person had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences while availing of respite services. However, the medication management policy and procedure required updating to reflect best practice guidelines.

Respite service users retained the services of their own general practitioner (GP). There was a local GP who visited the centre two days a week and was available to review service users if necessary, there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed service users as required. All medications were regularly reviewed and individually prescribed. The inspector was satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications). Issues relating to medication management as outlined in the previous report had mostly been addressed, however, there was still no guidance in the medication management policy regarding the recording of medicines returned to the service user or their family at the time of discharge. There were no records being maintained of medicines returned to the service user or their family at the time of discharge.

A full range of allied health services were available on referral. Nursing staff explained that due to the respite nature of the service and as the service user may only be accommodated in the centre for short periods of time that referrals to some allied health services may in consultation with the GP be recommended to the service user and their family at the time of discharge.

There was a policy in place that set out how persons wishing to avail of respite services would be assessed prior to admission. A comprehensive assessment of the persons medical, psychological and social needs was completed to ensure that the needs of the person could be met. A review of the records showed that this was happening in practice. Some persons were referred for respite care by the public health nurse(PHN) and a copy of the common summary assessment was obtained where possible. All

residents had a care plan that was developed on admission and updated each time the person was readmitted for respite.

Comprehensive up-to-date nursing assessments were in place for respite users. A range of up-to-date risk assessments were completed on the day of admission including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral cavity and wandering.

The inspector noted that nursing documentation was of a high standard and care plans were in place for all identified issues. Comprehensive and informative care plans were in place which outlined clear guidance for staff in areas such as communication, activities, breathing, washing and dressing, elimination, temperature control, eating and drinking, mobility, pain, responsive behaviours, medication, sleeping, skin integrity, safety and risk, spirituality and end of life care. Care plans guided care and were up to date. Care plans were person centered and individualised. There was evidence of family and carer involvement in the development and review of care plans. Nursing and care staff spoken with were familiar with and knowledgeable regarding each persons up to date needs.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. There were no persons with wounds at the time of inspection. The person in charge outlined that on occasions when a person with a wound is being admitted for respite care and following the pre-admission assessment, contact is made with the PHN and up to date information regarding the type of dressings and wound care plan would be sought. On some occasions the PHN would visit and continue the wound care while the person avails of respite in the centre.

The inspector was satisfied that respite users nutritional needs were met and closely monitored. All respite users were nutritionally assessed using a validated assessment tool and weighed at the time of each admission. Nursing staff told the inspector that if they had concerns or if there was a notable change in a resident's weight since the previous admission, nursing staff would reassess the resident and discuss with the GP and family. Eating and drinking care plans in place were found to be person centered and very comprehensive.

Meals were served in a large bright dining room. There was a colourful pictorial menu board which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining room were unhurried social occasions set in a domestic style setting. Staff were observed to engage positively with respite users during meal times, offering choice and appropriate encouragement while other staff sat with persons who required assistance with their meal. Respite users were observed coming and going from the dining room, having drinks and snacks throughout the days of inspection.

Nursing staff told the inspector that if a service user needed to be admitted to hospital during their respite stay that a staff member always accompanied the person and stayed with them until a family member was available. The inspector was shown the transfer letter template which included areas to record appropriate information about their health, medications and their specific needs. The operations manager told the inspector

that a more comprehensive communication passport type template was currently being developed to ensure more detailed person centered information for each service user would be available.

The social care needs of each service user were assessed and a detailed 'This is me' profile was documented in consultation with the respite user and their family. Staff were very knowledgeable regarding each person's life history, background and their family relationships. Staff were observed to use this information when conversing with and when planning appropriate activities for the service users. All staff fulfilled a role when meeting the social care needs of service users and staff had received appropriate training to deliver activities appropriate to the needs and interests of the service users. The daily activities schedule was displayed, the inspector observed service users enjoying and actively partaking in a variety of activities during the inspection including bingo/card game, quizzes, word games, story reading and flower arranging. Scheduled activities included Sonas sessions, arts and crafts, music and singing, dog therapy, thai chi, and reminiscence therapy. Staff were observed carrying out 1:1 activities with others who did not wish to partake in group activities. Other staff walked and talked with residents, spent time sitting with them or offering and making cups of tea with them. During this time the staff were seen to interact with residents positively, respectfully, speaking directly to people, responding to any verbal communication, offering an appropriate level of help, making eye contact and having some fun and laughter.

Some service users were observed reading books, newspapers, magazines, completing crosswords and knitting. Service users had recently enjoyed a number of day trips to places of local interest. Some trips were based on feedback received from service users about places they would like to visit, trips had been arranged to a local chocolate factory and library . During the summer months respite users had been involved in a sports day, gardening and other outdoor activities. The operations manger spoke about plans to further develop the external garden areas to include a model village area. She stated that fundraising was currently taking place for this project.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There was a recently updated policy on safeguarding vulnerable persons at risk of abuse which included reference to recent national safeguarding guidelines. Staff spoken with and training records viewed confirmed that staff had received education on safeguarding. There were a small number of staff who had not received recent updated training.

The inspector reviewed the policies on responsive behaviours in dementia care and the use of physical restraint. The policy on responsive behaviours in dementia care included guidance on the management of mood disorders and use of psychotropic medications. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there was one bed rail and one lap belt in use at the time of inspection.

Staff spoken with and training records reviewed indicated that staff had attended training on dementia care, responsive behaviours, and management of actual and potential aggression.

The inspector observed that service users appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, relaxed, unhurried, noise free environment and allowing residents plenty of time and choice of daily routines. The inspector observed this taking place in practice. Responsive behaviour care plans clearly set out the need to consider the reasons for people's behaviour, restlessness or anxiety and the need to review for issues such as infections, pain, noise, needing to use the bathroom, hunger, thirst or being tired. Nursing staff confirmed that there were currently no respite service users who presented with behaviours that challenged but that ABC charts were available to record episodes of behaviours if required in line with the centers policy. There were no respite service users prescribed 'as required' psychotropic medications at the time of inspection.

The person in charge told the inspector that respite users finances were not managed in the centre, however small amounts of money and some items of value were sometimes kept for safe keeping on behalf of service users. The inspector saw that these were securely stored and two staff signatures were used to record receipt of these items.

The inspector observed staff interacting with all service users in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Some of the service users spoke highly of the staff.

**Judgment:**  
Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**



**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that service users were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Respite service user committee meetings were held on a regular basis. Minutes of meetings were recorded, issues discussed included the service provided, catering/food, activities, outings and day trips. Actions to be followed up were documented and the inspector noted that many of the issues raised at previous meetings had been followed up on including day trips that some service users had requested had been organised. A representative from the national advocacy group (SAGE) was due to attend the next meeting in October 2016. There was a quarterly newsletter published which summarised the issues raised at the respite service user committee meetings as well as up coming fundraising events and initiatives such as the involvement of the local transition year students with service users in a variety of activities. An annual client and family satisfaction survey was carried out. The inspector reviewed some past surveys and noted high satisfaction with the service provided.

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

Service users were treated with respect. The inspector heard staff addressing service users by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene. Residents choose what they liked to wear. Washing and dressing care plans clearly set out what toiletries each person preferred to use and how each individual liked to dress. There was a hairdressing service available should service users wish to avail of it.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity, to spend quiet time on their own or spend time with another staff member walking about, chatting or having a cup of tea in the dining room.

Residents' religious rights were facilitated. The local priest visited occasionally and Mass was relayed weekly by means of a DVD. Holy communication was offered regularly by a Eucharistic minister. There was a quiet oratory where service users could spend time reflective time alone.

There was an open visiting policy in place. Respite service users could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of

the centre.
<b>Judgment:</b> Compliant

***Outcome 04: Complaints procedures***

<b>Theme:</b> Person-centred care and support
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found evidence of good complaints management.</p> <p>There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process. A large coloured photograph of the complaints officer and her contact details were prominently displayed in the main reception area.</p> <p>The inspector reviewed the complaints log. There were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.</p>
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<b>Judgment:</b> Compliant
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***Outcome 05: Suitable Staffing***

<b>Theme:</b> Workforce
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the respite service users. Some improvements were required to ensuring all staff received up to date mandatory training and updating the staff rosters.</p>
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The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the service users. Staff spoken with felt there was adequate levels on duty and that they had time to spend with service users. There was one nurse on duty at all times. On the days of inspection, there was a senior nurse on duty, three care assistants, catering, housekeeping, administration and community employment staff on duty during the day time. There was one nurse and one care assistant on duty at night time.

An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing rosters required updating to include the roles of staff and the actual hours worked by each staff member.

There was a varied programme of appropriate training for staff. Staff spoken with and records reviewed indicated that most staff had completed mandatory training in areas such as safeguarding, fire safety, manual handling, responsive behaviours and infection control. One nurse had not received recent up to date fire safety training. Four members of staff had not received the recent in house safeguarding training but this training was scheduled to take place for those staff.

The staff had access to a range of education, including training in specific dementia care training courses, dealing with behaviours that challenge, medication management, palliative care, wound assessment and classification, advocacy for older people, assessment in the care of older people, early identification of memory problems in older persons and nutritional screening. The person in charge had completed a European certificate in dementia specific care and the operations manager had recently completed a Masters in Dementia.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the regulations. Garda Síochána vetting was in place for all staff including community employment staff and volunteers. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the respite service users. The design and layout promoted the dignity, well being and independence of its users.

The centre was previously a hotel but had been purposely redesigned as a dementia specific care facility. The centre was well maintained both internally and externally. It was clean, warm and comfortable. Bedroom accommodation was provided in six single and three twin bedrooms all with en suite toilet and shower facilities. Ceiling hoists were provided to one single and one twin bedroom. There was a separate bathroom with specialised bath and ceiling hoist.

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

The kitchenette area was domestic in size and style and well equipped. Staff could reheat meals and provide refreshments for service users. It had hot drink making facilities also. Service users were able to use it for refreshments and snacks at times that suited them.

Respite service users had access to a small safe enclosed garden courtyard area as well as large well maintained and landscaped external garden areas. The enclosed garden area was accessible from the bedroom corridor. The garden area was paved and was painted in bright colours, had potted plants and a covered seating area.

The corridors were wide and bright and allowed for freedom of movement. There were pictures and textured wall hangings positioned on the corridors at eye level for residents to engage with. Corridors were seen to be clear of any obstructions. Service users were seen to be moving as they chose within the centre. Window seating areas with brightly coloured cushions were located at intervals along the corridors. All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to service users with a dementia.

Appropriate signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room, day rooms, oratory and garden. Each bedroom door was painted a different colour and had a photo or picture of residents choice on their door. Residents had chosen pictures of specific significance to themselves, the aim of these were to provide visual cues for people to recognise their own bedroom.

Bedrooms were large and bright. Each bedroom had sufficient storage space for service users personal belongings including a secure lockable storage unit. All bedrooms had a large clock, wall mounted television and call bell. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists or other specialised equipment to be used.

All bathrooms and toilets were fitted with contrasting coloured grab rails and toilet seats to help residents with dementia orientate better.

There was a range of equipment in the centre to aid mobility. Hoists and other equipment seen in the centre were in working order, and records showed they had been regularly serviced.

Access to and from the centre was secure. The main external doors were fitted with electronic locks. CCTV camera were located at the external doors and in the main corridor areas. There was clear signage displayed indicating the use of CCTV. The main gates to the centre were kept closed and electronically controlled.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Waterman's Lodge
<b>Centre ID:</b>	OSV-0000708
<b>Date of inspection:</b>	04/10/2016
<b>Date of response:</b>	09/10/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no guidance in the medication management policy regarding the recording of medicines returned to the service user or their family at the time of discharge. There were no records being maintained of medicines returned to the service user or their family at the time of discharge.

#### 1. Action Required:

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**

The medication management policy has been updated and reflects the recording of medicines maintained and returned to the service user or their family at the time of discharge.

Records are now being maintained for return of medicine to the to the service user or their family at the time of discharge.

**Proposed Timescale:** 19/10/2016

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

One nurse had not received recent up to date fire safety training. Four members of staff had not received up to date safeguarding training.

**2. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**

- Fire safety has been booked for the one nurse who had not received fire training on the 10th November, this training cannot be facilitated earlier as same nurse on annual leave for the month of October
- The 4 members of staff who had not received up to date safeguarding training were not available on two previous safeguarding training dates The four staff members have completed safeguarding training.

**Proposed Timescale:** 19/10/2016

**Theme:**

Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The staffing rosters required updating to include the roles of staff and the actual hours worked by each staff member.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

Staffing rosters have been updated to include the roles of staff and the actual hours worked by each staff member.

**Proposed Timescale:** 19/10/2016