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Watermans Lodge, OSV-0000708, 29 April 2019

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Waterman's Lodge
Centre ID:	OSV-0000708
Centre address:	Cullinagh, Ballina, Killaloe, Tipperary.
Telephone number:	061 374 888
Email address:	adminwatermanslodge@alzheimer.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Alzheimer Society of Ireland
Lead inspector:	Mary Costelloe
Support inspector(s):	Catherine Sweeney
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	8

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
29 April 2019 09:30	29 April 2019 16:00
29 April 2019 09:30	29 April 2019 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

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. Issues identified during the last inspection were reviewed and found to be satisfactorily addressed.

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 several weeks to one night respite stays. Many of the people availing of the respite service also regularly attend the day care service and were familiar with staff and the environment.

During this inspection, inspectors met with respite and day care service users, the

person in charge, the interim head of operations and staff members. Inspectors found that they were very committed to providing a high quality person centered service for service users.

The inspectors tracked the journey of a number of residents who were availing of the service, observed care practices and interactions between staff and service users using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files and relevant policies.

Inspectors found that a high standard of evidence-based health and social care was delivered to the respite service users.

The quality of residents' 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 for residents was evident. All staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff connected with residents as individuals. The environment was interesting with plenty of objects to engage and interest residents.

Arrangements were in place to support the civil, religious and political rights of residents with dementia.

The provider had created an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents. The building was spacious and bright and residents were enabled to move around as they wished. Residents also had independent access to a secure courtyard garden area. Signs and colours had been used in the centre to support residents to be orientated to where they were and to easily find their way around the centre.

The staffing levels and size of the unit allowed for supervision of and time to spend with individual residents. Residents were observed to be relaxed and comfortable in the company of staff.

The collective feedback from residents was one of satisfaction with the service and care provided.

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

Some improvements were required in relation to recording of fire drills, this is 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 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):

No actions were required from the previous inspection.

Findings:

Inspectors found that a high standard of evidence-based health and social care was delivered to those availing of the service. Information collected about each resident on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs.

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

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

Residents had good access to doctors. Where possible, residents had a choice of medical practitioner. A local doctor was available to provide an out-of-hours service. Inspectors were told that due to the nature of the service delivered, residents could be referred to allied health professionals such as physiotherapy, dietitian and occupational therapy for further treatment if necessary.

Inspectors observed a robust system of medication management. Staff had a good knowledge of the residents medication requirements and administration of medication was seen to be safe. The systems in place were in line with professional guidelines. Use of psychotropic medication was limited and only used within best practice guidelines.

There were no persons with wounds at the time of inspection. Inspectors noted that the risk of developing wounds was assessed and reviewed on each admission.

Inspectors were satisfied that the nutritional needs to the residents were met to a high standard. Respite users were weighed on admission and nutritional risk was assessed using a validated assessment tool. Care plans relating to eating and drinking were detailed and person-centred. Clear systems of communication were in place between the care and the catering staff, including catering staff having access to the nutritional care plans. Meal options were clearly displayed on a colourful picture-board. Meals were served in a bright and spacious dining room. The dining room contained an old style dresser and kitchenette which facilitated service users and their families to make tea, coffee and snacks. Water and soft drinks were accessible throughout the centre. Meals appeared to be wholesome and nutritious and served in an appetising manner. Inspectors observed staff offering choice, encouragement and assistance to residents in a discrete and sensitive manner. Residents spoken with were complimentary regarding the food offered.

Residents had a comprehensive social assessment completed and updated on every admission. A personal profile of each service user was compiled with the resident and their family and an activities schedule was developed around the specific social needs of the individual. Staff had received appropriate training to deliver activities and promote social engagement within the centre. There was a daily activity picture-board displayed. Inspectors observed residents attending a prayer service, reading the newspapers, participating in a quiz and having a sing-along. Staff were observed spending time with residents who did not wish to participate in scheduled group activities.

Inspectors noted that staff interaction with residents was person-centred and respectful. Verbal consent was observed to be sought from service users prior to all care interventions.

Judgment:
Compliant

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. The person in charge confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services in the centre. Garda vetting was available in the sample of staff files reviewed by the inspectors.

There were comprehensive policies on responding to allegations of abuse. Staff spoken

with and training records viewed confirmed that staff had received ongoing education on elder abuse and safeguarding.

Staff continued to promote a restraint free environment, there were no bedrails in use at the time of inspection. 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.

The policy on responsive behaviours in dementia care included guidance on the management of mood disorders and use of psychotropic medications. 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. Some residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspectors that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine. There were individualised care plans in place outlining guidance for staff in the care of residents who required prescribed psychotropic medicines on a 'PRN' as required basis.

Staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The person in charge told inspectors that residents' 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 residents. These were securely stored and two staff signatures were used to record receipt of these items. All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspectors observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed, calm and happy in the company of staff. 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 inspectors observed this taking place in practice.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that residents rights were protected.

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

Resident committee meetings continued to be held on a regular basis. Minutes of meetings were recorded, issues discussed included the service provided, catering and food, activities, outings and day trips. Actions to be followed up were documented and the inspectors noted that issues raised at previous meetings had been addressed. There was a quarterly newsletter published which summarised the issues raised at the committee meetings as well as upcoming fundraising events and initiatives.

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

The inspectors found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspectors observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas, walk about independently or sit and have a drink or snack while chatting with staff in the dining room.

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

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

The person in charge told inspectors that residents were facilitated to vote. The centre had its own bus and residents had been supported to vote in their own local polling stations in the past.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television, iPads and Wi-Fi were available. A selection of newspapers was available and some residents were observed to enjoy reading them. Staff were observed discussing news headlines and items of interest with the people availing of the service. Smart televisions were provided which facilitated connection to the internet, videos and music.

Inspectors found that people availing of the service were treated with respect. Staff paid particular attention to residents' appearance, dress and personal hygiene. Residents choose what they liked to wear. Care plans in respect of washing and dressing clearly set out what toiletries each person preferred to use and how each individual liked to dress. As part of the inspection, inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspector found that for 100% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well and they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and food, choice of preferred place to sit, choice to partake in activities. During mealtime, residents were observed to enjoy the company of staff, some smiling and laughing. Inspectors observed the mealtime to be a very positive, social and relaxed occasion as a result of high quality interaction from the staff.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

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, details of the appeals process and contact information for the Office of the Ombudsman. There were information leaflets displayed giving clear guidance on how to make a complaint as well as a comment box available in the front reception area.

Inspectors were satisfied that all complaints were documented, reviewed, investigated, and complainants were responded to.

All complaints were reviewed by the person in charge to ensure learning and to bring about improvements in the service.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

On the day of inspection there were three respite residents and five day care service users. Inspectors were satisfied that there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. Staff delivered care in a respectful, timely and safe manner.

On the day of inspection, there was a 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. The person in charge was on duty during the day time from Monday to Friday. There was an on-call rota system in place for out-of-hours and weekend management cover. Staffing rosters reviewed reflected the staffing arrangements in place. The person in charge outlined to inspectors how all respite admissions were planned in advance and how staffing levels and skill mix were then rostered as appropriate to meet the assessed needs of service users.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety, manual handling and infection control. The staff also had access to training in specific dementia care courses including understanding dementia, early identification of memory loss, management of behaviours

that challenge, falls management prevention, cognitive stimulation therapy for dementia, Sonas programme (an evidence based multi-sensory therapeutic activity for people with moderate to severe dementia), talking mats (evidence-based framework that enables health care staff and people with dementia to communicate effectively together) and advocacy for older people. All nursing staff had completed recent medication management training.

The person in charge had completed a European certificate in dementia specific care and the operations manager had 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. Nursing registration numbers were available for staff nurses. Details of induction, orientation received and training certificates were noted on staff files. Garda Síochána vetting was in place for all staff.

Judgment:

Compliant

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 residents. The design and layout promoted the physical and psychological well being, dignity and independence of the people who availed of the service. .

The centre was originally used as a hotel but had been purposely redesigned as a dementia specific care facility. It was single storey and 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. Additional assisted toilets were provided adjacent to the communal day areas.

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.

There was a small kitchenette area in the dining room which was domestic in size and style and well equipped. There was a variety of hot and cold drinks as well as fruit and

snacks available throughout the day. The kitchen units and refrigerator doors were designed with glass fronts so that residents could see and be reminded of what foods were stored inside. Residents could avail of refreshments and snacks at times that suited them.

Residents 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. Residents 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. Other seating areas were provided on the corridors, some with areas of interest such as rummage boxes. All areas were bright and well lit. Floor covering was safe, non-slip and consistent in colour conducive to residents with a dementia.

Appropriate directional 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. Signage and colour differentiation was used to assist residents to locate and find their way more easily around the centre. Each bedroom door was painted a different colour and had a photo or picture of resident's choice on their door. Residents could choose images 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 cameras were located at the external doors and in the main corridor areas. There was a policy in place and clear signage displayed indicating the use of CCTV. The main gates to the centre were kept closed and electronically controlled.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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 provider had systems in place to protect the health and safety of residents, staff and visitors. However, improvements were required to recording the time taken to evacuate individual compartments during fire drills to provide assurance that staff could evacuate residents in a timely and safe manner in the event of fire. Issues identified in relation to updating the emergency plan and risk register had been addressed.

There was a health and safety statement available. Inspectors reviewed the comprehensive risk register which had been recently reviewed and updated. All risks specified in the regulations were included.

Systems were in place for the regular review of risk. There were monthly health and safety environmental audits completed and regular health and safety meetings attended by the operations manager and quality practice and development officer.

Training records reviewed indicated that staff members had received up-to-date training in moving and handling.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2018 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2019. Daily, weekly and monthly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date fire safety training. Regular fire drills had taken place to ensure that all staff and in so far as was reasonably practicable, residents, were aware of the procedure to be followed in the case of fire. Details of fire drills completed were documented to include the scenario and outcome. There were up to date personal emergency evacuation plans documented for all residents and persons who used the service. Staff had completed fire drills simulating night time staffing levels however; fire drill records did not include the time taken to evacuate individual fire compartments. Further assurances were required to demonstrate that staff could evacuate residents in a timely and safe manner in the event of fire particularly at night time and with night time staffing complement.

There were comprehensive policies on infection prevention and control in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The inspectors

spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate cleaning chemicals. The building was found to be clean and odour free. Staff spoken with and training records reviewed indicated that staff had attended infection control training.

Judgment:

Non-Compliant - Moderate

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 report¹

Centre name:	Waterman's Lodge
Centre ID:	OSV-0000708
Date of inspection:	29/04/2019
Date of response:	20/05/2019

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 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Further assurances were required to demonstrate that staff could evacuate service users in a timely and safe manner in the event of fire particularly at night time. Fire drill records did not include the time taken to evacuate individual fire compartments.

1. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for

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

evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Under outcome 7: Fire drills will be simulated at night time with night staff compliment conducting same. Completed by 21/5/19

Under outcome7: Documentation for fire drill activation report to be amended to include time taken to evacuate per individual compartment, completed by 15/5/19

Proposed Timescale: 15/5/19
21/5/19

Proposed Timescale: 21/05/2019