

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Wygram Nursing Home |
| Centre ID: | OSV-0000756 |
| Centre address: | Davitt Road, Wexford Town, Wexford. |
| Telephone number: | 053 918 4491 |
| Email address: | info@wygramnursinghome.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Wygram Nursing Home Limited |
| Provider Nominee: | Seamus Killeen |
| Lead inspector: | Ide Cronin |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 70 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 September 2016 09:30 To: 20 September 2016 17:00

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Substantially Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 09: Medication Management | Non Compliant - Moderate |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

The purpose of this inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Information and notifications of incidents received by the Health Information and Quality Authority (HIQA) since the last inspection were followed up on at this inspection. The previous inspection of the centre was in November 2015. The centre was in full compliance with the Regulations on that inspection.

Residents spoken with throughout the inspection expressed satisfaction with the level of service provided to them. Staffing levels and skill mix on the day of this unannounced inspection were good. Staff were meeting residents' needs in a holistic and person centred way as observed by the inspector. The inspector found that the nursing and medical care needs of residents were met.

Care, nursing and ancillary staff were well informed and were observed to have friendly relationships with residents. Staff who spoke with the inspector could convey

a comprehensive understanding of individual residents' wishes and preferences. Quality of life and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated by actively engaging in their care programmes and in social activity. There was a varied programme of activities and a dedicated activities coordinator was available daily to ensure activities took place as scheduled.

Overall the inspector was satisfied that the person in charge, provider and management team were committed to ensuring the centre was in substantial compliance with current legislation and that residents were safe and well cared for. A total of ten outcomes were inspected. The inspector found eight outcomes were compliant, one outcome was moderate non compliance and one outcome was substantially compliant with the Regulations.

The Action Plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose which was a detailed document, informative and easy to follow and clear in presentation. It had been reviewed in August 2016. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Effective management systems were seen to be in place in the centre during the inspection. The person in charge was suitably qualified and demonstrated a satisfactory knowledge of the Regulations. The inspector observed that there were sufficient resources in place to ensure the delivery of safe and quality care to the residents with

the present skill mix and staffing levels.

The inspector found that the management structure was appropriate to the size, ethos, and purpose and function of the centre. Appropriate resources were allocated to meet residents' needs. These included appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

There was an organisational structure in place to support the person in charge which included an assistant director of nursing. There was a reporting system in place as observed by the inspector to demonstrate and communicate the service was effectively monitored and safe between the person in charge, the provider nominee and all staff. The inspector saw that there was a detailed audit schedule in place. The inspector reviewed audits completed by the management team. Clinical data was collected and reviewed. It was then trended and analysed as observed by the inspector. The inspector found that this information was used to improve the service and discussed at team meetings.

An annual review of the quality and safety of care delivered to residents for 2015 was in the process of being compiled as observed by the inspector. Therefore it was not available to residents and relatives as required by the Regulations.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had not changed since the time of the last inspection. She provided a good standard of governance and clinical leadership to the staff team in all aspects of care delivery. She was suitably qualified as a registered nurse and had the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about residents and person centred in her approach.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported by an assistant director of nursing. The assistant director of nursing assumes responsibility of the designated centre in the absence of the person in charge.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge/ nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the assistant director of nursing having responsibility for management of the centre. The assistant director of nursing was a registered nurse. The inspector was satisfied that she had the requisite skills and experience in care of the older person to deputise when necessary.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on adult protection in place dated July 2016. The person in charge said that it would be updated to reference the national policy on safeguarding vulnerable adults at risk of abuse policy 2014 once this training was rolled out. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was

an ongoing program of training in safeguarding vulnerable adults in place and all staff had up to date training as observed by the inspector.

There was a policy on the management of behaviour that is challenging. Staff spoken with were familiar with resident's behaviours and could describe particular interventions well to the inspector for individual residents. There was evidence staff had completed training in behaviours that challenge. Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made these services to review residents and their medication to ensure optimum health. The inspector saw that incidents were being reported to track trends.

There was a restraint policy in place dated July 2016. A restraint free environment was actively promoted and there were no bedrails being used to restrain residents. There was evidence that all alternatives to their use had been considered including the use of low beds, crash mats and sensor alarms. For residents who were at risk of absconding there was secure access to the building and closed circuit television (CCTV) on the external entrances. Some residents had consented to the use of a resident safety tag monitoring system which alarmed if the resident left the premises. These bracelets were checked every four hours.

The management of residents' finances was not reviewed on this inspection as this line of enquiry was reviewed and found to be managed well during the previous inspection.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement. There was a health and safety committee and the last meeting had taken place on 5 September 2016. There was a risk management policy that was in line with the Regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Measures were in place to prevent accidents in the centre and within the grounds. A fire

safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire.

The inspector saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings. All staff had been trained in manual handling and appropriate practices were observed by the inspector. The centre had an infection control policy in place. Staff were trained in infection control and inspectors observed that adequate sanitising gels, hand washing facilities, gloves and aprons were provided. There were three sluice rooms, one on each floor.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and reviewed at least every three months thereafter. Falls and incidents reported were reviewed, trended and analysed. The last analysis that had been completed indicated that increases incidences of falls occurred between 19:00hrs and 20:00hrs.

Following analysis the inspector observed that focussed falls management plans were in place for residents who had two or more falls. The inspector also observed that other satisfactory measures were in place to mitigate all risks associated with falls such as environmental measures, staffing ratios, physiotherapy and occupational therapy referrals.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed the practices and documentation in place relating to medication management in the centre. There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines.

All medicines were stored securely in the centre. However there were a number of

issues relating to the prescribing and administration documentation that required improvement to ensure medication management practices were to an appropriate standard.

The inspector reviewed a number of the prescription and administration sheets and identified issues that did not conform with appropriate medication management practice:

- There were gaps identified in four of the medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not
- it was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice
- the temperature recordings of fridges for medicines that required refrigeration were not consistently monitored.

The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis, conducting reviews of residents' medications and medication audits. The pharmacist also completed medication competency assessments with nursing staff.

There were systems in place within the centre for reviewing and monitoring medication management practices, including medication management audits that reviewed administration records, prescription sheets and storage of medicines within the centre. The last audit had taken place 22 June 2016. Medication incidents including medication errors were recorded and nursing staff spoken to by the inspectors were knowledgeable of the procedure to be followed.

Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement. The person in charge said that a blame free culture was promoted within the centre to ensure transparency in reporting and learning from incidents.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that a good standard of personal care and appropriate medical and allied health care access was in place.

There was evidence that timely access to health care services was facilitated for all residents. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Twenty residents had a diagnosis of dementia. A number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinics, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

Recognised assessment tools were used to identify residents care needs, evaluate progress and assess risk factors such as vulnerability to falls, dependency levels, compromised nutritional status, risk of developing pressure sores and moving and

handling needs. There was a record of the resident's health condition and treatment given completed daily as required by the Regulations. The inspector reviewed a sample of resident's care plans and certain aspects within other care plans such as wound management, residents with compromised nutritional status and care plans related to residents with dementia. In the sample of care plans reviewed there was evidence that the care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in care plans.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was group and one to one recreational activities scheduled daily to meet the needs of residents. Timetables for these activities were displayed throughout the centre and residents' spoken with knew what was scheduled.

On the day of inspection there was an arts and crafts class taking place. The inspector observed that the residents thoroughly enjoyed the class. Some residents told the inspector that they loved to play bingo and the music sessions. The inspector found that the activities coordinator was very knowledgeable regarding the resident's needs, likes and dislikes. The centre also had its own bus and some residents went out on day trips. A twice weekly bus service from the centre was also provided for residents who wished to go out to shop or socialise. The person in charge said that families would use this service to accompany residents to town.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. Staff told the inspector

that they were well supported by the management team and that there was adequate staff deployed to meet the needs of residents. Residents spoken with confirmed that staffing levels were good; stating they never had to wait long for their call bell to be answered or their requested needs to be met.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. The inspector observed that staff appraisals took place on an annual basis. New staff had a formal induction programme and suitable mentoring arrangements were in place. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with in-house education on a variety of topics, such as, dementia training, responsive behaviours, infection control, nutrition and tissue viability. This enabled staff to provide care that reflects current best practice. Staff spoken with told inspectors their learning and development needs were being met and they demonstrated a good knowledge of policies and procedures.

The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and said that the person in charge and provider provided good leadership and guidance.

Evidence of current professional registration for all rostered nurses was made available. A review of four staff files confirmed that effective recruitment procedures were in place as all files contained the required documents outlined in Schedule 2.

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:

Ide Cronin
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

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|---------------------|---------------------|
| Centre name: | Wygram Nursing Home |
| Centre ID: | OSV-0000756 |
| Date of inspection: | 20/09/2016 |
| Date of response: | 05/10/2016 |

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

An annual review of the quality and safety of care delivered to residents was in the process of being compiled. Therefore it was not available to residents and relatives as required by the Regulations.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation

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

23(1)(d) in consultation with residents and their families.

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

The annual review is now completed. This document is printed and available for residents and relatives in our resident information point.

Proposed Timescale: 14/10/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

The inspector reviewed a number of the prescription and administration sheets and identified issues that did not conform with appropriate medication management practice:

- There were gaps identified in four of the medication administration records reviewed, therefore it was impossible to ascertain if the medicines had been given to the resident or not
- it was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice
- the temperature recordings of fridges for medicines that required refrigeration were not consistently monitored.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The PIC has arranged for all nurses to again attend education in medication management before the end of November 2016

The PIC has increased the frequency of medication management audits from three monthly to monthly

Nurses with medication Incidents will be counselled and mentored to reduce incidents by the PIC and pharmacist. Nurses with medication management incidents will be required to be re-assessed in medication management competency by our pharmacist.

The monitoring of fridge temperatures has been added to the night nurse duty list on each floor and PIC will audit this monthly

The PIC has spoken with the GP in question and nursing staff will continue to request that resident GP's sign each drug prescribed rather than bracketing down the list of medications and using an inclusive signature.

The Provider Nominee and PIC will write to all GP's who visit the home outlining current HIQA guidance in relation to medication management requesting their cooperation with these standards and Regulations.

Proposed Timescale: 28/10/2016