



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

Issued by the Chief Inspector

Name of designated centre:	SignaCare Waterford
Name of provider:	Signacare Waterford Ltd
Address of centre:	Rocklands, Ferrybank, Waterford, Waterford
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0007819
Fieldwork ID:	MON-0042030

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

SignaCare Waterford is situated on an elevated site overlooking Waterford city and environs and enjoys the convenience of all of the city's amenities. Originally a period house and hotel it has been developed and extended to a high standard to accommodate up to 64 residents. The registered provider is Signacare Waterford Limited. Bedroom accommodation consists of three twin bedrooms and 58 single rooms. All bedrooms are en-suite and contain showers. There are several communal rooms throughout the centre and a large secure garden is overlooked by a balcony and day rooms. There is car parking to the front of the building. The centre caters for male and female residents over the age of 18 for long and short term care. Care services provided at SignaCare Waterford include residential care, convalescence, palliative care and respite. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. The centre currently employs approximately 268 staff and are recruiting in line with the needs of the residents as the centre is occupied.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 September 2024	10:00hrs to 18:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Overall, the feedback about life in the centre from residents and visitors was overwhelmingly positive. Residents told the inspector that they were happy, content and safe. Visitors said that they felt grateful that their loved ones were looked after so well in a beautiful home. One visitor said "there is both style and substance here". Others reflected this, giving high praise for the layout, cleanliness and décor of the centre, and also for the level of care attention provided to residents.

It was clear that residents had a good quality of life and were supported by staff to remain independent where possible. The inspector chatted with many residents on the day and spoke in more detail with six residents. For the most part, residents expressed high levels of satisfaction with the service provided. One resident expressed some concerns regarding the level of care, including concerns regarding staff being unfamiliar with individual care needs. These concerns had been documented and were being addressed by the management team. Other residents to whom the inspector spoke had high praise for the staff in the centre and said "they are tip-top" and "always kind". It was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day.

Following an introductory meeting, the inspector walked through the centre and spent time talking to residents and staff, and observing the care environment. There was a calm ambiance in the centre during the morning. Staff were busy attending to residents' needs, but maintained an unrushed and positive atmosphere even at busy times. Staff were observed to respond to residents' requests for assistance promptly. Staff told the inspector that they coordinated their tasks to ensure that they had time to engage with residents socially.

All residents who spoke with the inspector were delighted with their bedrooms. The décor was contemporary and elegant. Rooms were large with plenty of space for storage of personal items and clothing. Many bedrooms had floor to ceiling windows with panoramic views out to the enclosed garden. Residents told the inspector they loved to look out at the pet chickens and they often saw squirrels and rabbits. One resident had captured photographs of a fox and cubs one evening. One resident said his room was better than anywhere he had ever stayed. Another said "this view is what keeps me going".

Within the centre, there was a strong promotion of art and craft as a form of therapy. There were many initiatives throughout the year where residents engaged in making and displaying creative art work. One resident said that the person in charge had supplied them with art materials when they were first admitted, and despite never painting before, they now painted every day. The resident remarked that it was little touches like this that made them so grateful to live in this centre. The resident proudly showed the inspector their room, which had space for a

dedicated artist's desk and space to store an array of art supplies. The resident's paintings were framed and displayed in the corridors and communal areas.

All areas of the centre both internal and external were observed to be maintained very well. Residents could access the large secure garden from the ground floor. There was secure, level paths to walk around and there was comfortable seating areas. There was heavy rain on the day of inspection, but residents and staff told the inspector that they often went outside for group activities or just to enjoy the fresh air. Visitors said that they were always encouraged to bring residents out, and some residents went on overnight outings and day trips with family and friends. There was a strong focus on promoting and maintaining these family connections. Visitors were welcomed into the centre and were observed coming and going from mid-morning and throughout the day.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who were observed happily chatting amongst each other and with staff. The food served on the day of the inspection was wholesome and nutritious. When asked about the food, residents gave high praise, describing the food as tasty and delicious. Staff were available to provide discreet assistance and support to residents. Residents said they loved the dining room and one group who enjoyed dining together at their preferred table by the window said "it's like we are in a hotel" and "you couldn't ask for more". Residents predominantly chose to have their meals in the dining room, and only a few chose to stay in their rooms. The inspector saw that food was served to these residents warm, course by course, retaining a similarly pleasant dining experience.

The weekly social activities calendar in the centre was important to the residents and they said that they were always told what activities were planned. Residents said they particularly enjoyed the music sessions, and the visits from the local Transition Year students who sang and recited poetry. There was two members of staff who coordinated and delivered the activities programme which included chair yoga, Bingo, storytelling and quizzes. One resident said they were always encouraged to attend the planned activities, and if they chose not to, the staff would always come in to their room for a chat and a catch up. It was clear that staff understood the importance of respecting each resident,s individual wishes.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a service that provided person-centred, positive outcomes for residents in an inclusive environment. The governance and

management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life.

The registered provider is SignaCare Waterford Ltd, who are part of the Virtue integrated Care group, who operate a number of centres nationally. There had been changes within the senior management of the group following the departure of a company director who was a nominated person participating in the management of the centre. Nonetheless, there remained very good oversight of the management systems by the group's director of quality, safety and risk, who was engaged in the overall management of the centre and attended the centre regularly.

This was an announced inspection, carried out to assess ongoing compliance with the regulations. The inspection was carried out over one day. The centre was registered for 64 beds and there were 62 residents residing in the centre on the day of inspection; four of these were in hospital. There was a clearly-defined organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge, an assistant director of nursing and a clinical nurse manager, all of whom were well known to residents. There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The person in charge demonstrated a very good understanding of their role and responsibility. The management team was actively involved in the day-to-day management of the centre. They were a visible presence and provided effective leadership to all staff.

The provider ensured that sufficient resources were in place to ensure that the service provided to residents supported their healthcare needs, rights and wellbeing. There were well-established systems in place to monitor and review the quality of the service provided for the residents. Clinical and environmental audits were regularly completed by the management team, and there was a strong focus on developing quality improvement plans to enhance the service.

There was evidence of effective communication systems in the centre. Regular management team meetings had taken place. Staff of different departments came together to form different committees, for example safeguarding and nutrition. Records of meetings showed that these committees discussed various aspects of the service, reviewed relevant practice and implemented initiatives. For example, following a review of the dining experience, the committee recommended a redesign of the layout of the dining tables to ensure that all residents were afforded the opportunity to dine in the main sitting room.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. Staff were allocated to teams each day which included a registered nurse and a senior care assistant. Staff stated that this arrangement ensured that there was a streamlined and coordinated approach to the delivery of care. Staff demonstrated a good understanding of important topics such as safeguarding and human rights. There were regular daily

handovers where staff discussed presenting risks, the plans for the day and prioritised tasks. Regular safety huddles provided opportunities for management to discuss recent training such as safeguarding and infection control, and remind staff of their responsibilities. The person in charge provided clinical supervision and support to all the staff.

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The inspector observed skilled staff providing care for residents and staff were knowledgeable regarding the residents needs.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a high level of training provided in the centre. Training such as safeguarding of vulnerable adults, moving and handling, and fire safety was completed by all staff. Training in dementia care and responsive behaviours was planned for a small number of new staff. Staff were supported to complete a range of additional training such as end-of-life care and communication.

Staff were supervised in their roles daily by nursing management team. The provider had good procedures in place for the recruitment and retention of suitable staff. The centre's induction programme for new staff was thorough and included frequent reviews with an appointed mentor. Annual staff appraisals were carried out to determine staff performance and identify development opportunities.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. All staff that spoke with the inspector were knowledgeable about their roles and responsibilities.

Management systems were effectively monitoring quality and safety in the centre. A schedule of audits was in place, for example, audits of infection control, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. Audit outcomes and plans for improvement were discussed at the organisation's clinical governance meetings and at regular staff meetings, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2023. This included targeted improvement plans for a variety of areas based on the outcomes of audits and reviews conducted during the year. The annual review was prepared in consultation with the residents and their families and contained their views and feedback on the service provided. The annual review was made available to residents in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four contracts for the provision of care and services. All of the contracts reviewed met the requirements of the regulations. For example, they set out the terms and conditions of the agreement, and any additional fees for other services.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all required incidents were notified to the Chief Inspector within the specified time frames, for example, incidents of serious injuries requiring urgent medical attention, and the incidents of restrictive practice use in the centre.

Judgment: Compliant

Quality and safety

It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents views, opinions and choices. The well-being of the residents was at the centre of the service. Residents were

consulted with regularly and proactively engaged in the running of the centre. Residents told the inspector that staff were kind and caring and ensured a warm and homely atmosphere in the centre.

Residents' records were viewed by the inspector, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plan in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans. Practices in relation to prescribing, administration and review of medicines met the regulatory requirements and reflected professional guidelines as set by the Nursing and Midwifery Board of Ireland (NMBI) on Medication Management.

Residents' records provided evidence that where residents experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), person-centred care plans were in place to guide staff in the appropriate management of the behaviour.

The centre was actively promoting a restraint-free environment and the use of physically-restrictive practices such as bedrails in the centre was kept to a minimum. Restrictive practices were initiated following an appropriate risk assessment, and in consultation with the resident, or where required, their representative. These procedures were in line with national guidance. There was an up-to-date policy on managing behaviours that challenge.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of different types of abuse. Residents who spoke with the inspector reported that they felt safe living in the centre. Where potential safeguarding concerns had arisen, the person in charge ensured that a full investigation into the matter was completed, including referral to external agencies such as the safeguarding team or advocacy services, where appropriate.

Residents' rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Residents meetings were held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, food choices and quality and activities.

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the discharge documentation for two residents and saw that each resident was transferred from the designated centre in a planned and safe manner, with all relevant information about the resident provided to the receiving hospital or service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents and were available to meet with residents if required. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' documentation was reviewed by the inspector. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint such as bedrails were used, an assessment was completed to ensure it was used for the minimal time only. Regular checks were in place for the duration of restraint use. Consent was obtained and documented for each restraint. A restrictive practice committee had been set up with the aim of promoting a restraint-free environment in the centre. The committee analysed the

monthly use of equipment such as full and modified bed rails, sensor mats and low profile beds.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was well-known to staff. Staff demonstrated a good awareness in relation to their role in how to keep residents safe, and could clearly describe the reporting mechanisms should a potential safeguarding concern arise.

A review of records found that there was a transparent process in place to ensure that residents finances were safeguarded. Residents were provided with statements of their accounts.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents and the minutes of residents meetings which the inspector reviewed. Overall, residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one-to-one activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant