Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Waterford Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	St Patrick's Way, Waterford, Waterford
Type of inspection:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0007792
Fieldwork ID:	MON-0044785

About the designated centre

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

Waterford residential care centre is a new purpose built centre set out over two floors. It is built to a high specification and consists of two units of 30 beds and one unit of 20 beds, providing a total of 80 beds. The units were named after local Waterford areas surrounding the centre. Ferndale unit has 30 continuing care beds, Farronshoneen ward has 29 continuing care beds and 1 respite bed, and Grange has 20 continuing care beds. All of the bedroom accommodation is provided in single ensuite bedrooms. There are a number of sitting room and dining rooms in each of the units and additional multipurpose rooms including activity rooms and quiet/ visitor rooms. The variety of communal spaces provided adequate space and choice for residents. There were also other areas along corridors with seating for use by residents. Facilities shared between all units include a large function room, a tranquil room, a hairdresser room, a treatment room, laundry, meeting rooms, overnight room for families, offices, visiting areas and a number of secure outdoor areas. Residents and families also have access to large communal area's near the entrance and in the atrium of the building.
Waterford Residential Care Centre provides 24 hour care for Female & Male residents who require various levels of nursing care from continuing care, rehabilitation and respite care. There is a good ratio of nurses on duty during the day at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 September 2024	09:15hrs to 17:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector arrived at the centre in the morning to conduct an unannounced inspection to monitor ongoing compliance with the regulations. The inspector was met by the director of nursing (DON)on arrival to the centre. Following an opening meeting with the DON and person in charge, the inspector walked through the centre giving an opportunity to review the premises, and to meet residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs. Staff were observed assisting residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats were overheard between residents and staff.

Waterford Residential Care Centre is a purpose built centre designed and laid out to a high specification. It is a two storey premises that provides residential services for older people. There are also rehabilitation and mental health services provided on the same campus. The designated centre for older people service comprises three units. Ferndale on the ground floor and Farronshoneen on the first floor both accommodate 30 residents. Grange unit is on the first floor and accommodates 20 residents. All bedroom accommodation is provided in large single full en-suite bedrooms. Bedrooms were fitted out with a comfortable chair, bedside locker, a large wardrobe, overhead hoists and call bells.

The design and layout of the premises met the individual and communal needs of the residents. The inspector observed that bedrooms were spacious, bright and well maintained. All had lockable storage space, and many bedrooms were decorated with residents' personal photographs, possessions and memorabilia. Some residents had furniture from their own homes in the centre, while other bedrooms had extra storage and shelving and was personalised to meet each resident's needs. There are a number of communal sitting and dining rooms in each of the units. There is also some seating in alcoves that provides quiet areas for residents should they wish to spend time away from the larger communal spaces. The environment was bright, clean and in a good state of repair. Corridor areas were sufficiently wide with assistive handrails on both sides. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

The design of the building allowed residents on both the ground and upper floors have direct access to outdoor areas. The outdoor areas were landscaped to a high standard. A number of bedrooms had doors opening directly onto the courtyards.

The inspector observed residents interacting with staff and attending activities in the coffee dock area on the ground floor. Residents and visitors can meet here, with tea and coffee making facilities available. This area contains well stocked bookshelves that are maintained by the local library. There is direct access from this area to a secure courtyard that has suitable garden furniture and landscaped with mature shrubbery. Most activities were held in this area and residents were assisted to

attend from each of the three units. It was noted, however, that residents that did not attend group activities in the coffee dock area had limited opportunities for social engagement. Activity staff were focused on large group activities and some residents were noted to remain in the sitting rooms of the various units with limited stimulation.

Engagements by residents with other residents and staff were observed to be positive and it was evident that residents had good relationships with staff. The inspector observed staff treating residents with dignity during interactions throughout the day. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

Throughout the inspection, residents were happy to chat with the inspector providing an insight of their lived experience in the centre. Residents spoke positively about their experience and told the inspector that they were happy with their bedroom accommodation and with the care they received. Residents said that staff were kind and were responsive to their requests for assistance. One resident told the inspector that staff were 'very good' and that they 'are always kind to me'. Another resident said that staff were 'very caring and I couldn't ask for better'. Residents confirmed to the inspector that they felt safe in the centre, and that they could raise any concerns with any member of staff.

Visitors with whom the inspector spoke were complimentary of the care and attention received by their relatives. Visitors were observed attending the centre though out the day. Visits took place in communal areas and residents bedrooms, where appropriate.

All residents whom the inspector spoke with were very complimentary of the food and meals available in the centre. Residents stated that there was always a choice of meals and the food was of good quality. The inspector observed the lunch time meal in the dining room and saw that it was a sociable experience for residents. There was a choice of textured modified diets for lunch and the inspector saw that these appeared appetising. Residents who required assistance were provided with this, in an unhurried and respectful manner.

A large number of residents were observed attending mass that was held on site in the Atrium. Mass took place in the centre weekly which residents said they enjoyed.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there were effective oversight arrangements in place, to support the delivery of quality care to residents. Residents were in receipt of a high standard of care from staff that knew them well and responsive to their needs. However, some improvements were required in relation to ensuring that consultations with residents contributed to the quality improvement process and resulted in positive outcomes for residents.

The registered provider of Waterford Residential Care Centre centre is the Health Service Executive (HSE). This premises was first registered as a designated centre for older persons in March 2020 and replaced St. Patrick's Hospital.

There is a clearly defined management structure in place and both staff and residents were familiar with staff roles and their responsibilities. The person in charge (PIC) is an assistant director of nursing (ADON) and has responsibility for overseeing the designated centre. The PIC reports to a director of nursing (DON). The DON has oversight of the designated centre but is also responsible for rehabilitation services and integrated care services, which are located on the same campus. The PIC is supported by a team of nursing, health care, catering, activity, and maintenance staff. Housekeeping services are provided by an external company. Laundry services are also outsourced to two separate companies, one with responsibility for residents' personal laundry and the second company looks after bed linen. There are adequate arrangements for the collection and return of laundry. The DON reports to a manager for older person services. The service is also supported by centralised departments, such as human resources and fire and estates. There was evidence of good communication through a variety of forums to discuss all areas of governance.

Regular audits were completed and were reviewed by the senior management team. The centre also maintained a general risk register, which included any identified risks and control measures to manage the risks. Management meetings and staff meetings were held regularly in the centre, and meeting records indicated that a range of issues, such as clinical and non-clinical matters, were discussed in those meetings. In addition, the provider carried out an annual review of the quality and safety of service provided to the residents in 2023, which included actions to be addressed in 2024. while there were formal and informal systems in place for consultation with residents, there was not always evidence that issues identified for improvement by residents were addressed. This is discussed further under Regulations 23 and 9 of this report.

The complaints log was reviewed. Adequate arrangements were in place for the management of complaints. Details of each complaint, the investigation, outcome and the satisfaction or otherwise of the complainant was recorded.

Regulation 15: Staffing

There were adequate numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters

confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records found that all staff had completed training in mandatory areas such as fire safety, moving and handling, and safeguarding residents from abuse. Training records were well maintained and easy to follow.

Staff had access to other training commensurate to their role and included, medication management, cardiopulmonary resuscitation (CPR), and infection prevention and control.

Judgment: Compliant

Regulation 21: Records

The inspector found that records set out in Schedules 2, 3, and 4, were stored securely and accessible from within the centre in line with the regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

A range of systems were in place to monitor clinical, operational and environment aspects of the service, however, the system could be further enhanced to ensure that all issues were addressed. For example:

- action plans following residents' meetings did not identify who was responsible for addressing the action; did not identify a time frame within which the action would be addressed; and did not identify when the action was complete
- there were repeated findings on this inspection that were found on previous inspections, such as the absence of WiFi, that had not been addressed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was displayed prominently within the centre. A review of the complaint management system found that complaints were recorded, promptly responded to and managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, residents were provided with a high standard of nursing and medical care through good access to healthcare services. However, the inspector found that some improvements were required predominantly in relation to residents' rights but also in the area of fire safety and bed rail usage.

Residents' health care needs were met to a good standard. There was good access to medical care with on-site GP presence in the centre on a daily basis from Monday to Friday and out-of-hours cover on evenings and weekends. Systems were in place for referral and review by specialist services such as dietetics, speech and language therapy, physiotherapy and wound specialists. Residents' care records indicated a comprehensive assessment was carried out for each resident following admission. This information was used to underpin each person's care plan. Care plans predominantly provided adequate guidance on the care to be delivered to each resident on a daily basis.

Significant work had been conducted on fire safety in the centre over the past 18 months. This predominantly related to the installation of door closure devices that are connected to the fire alarm system and activate in the event of the fire alarm being set off. This supports the containment of fire and the creating of escape corridors in the event of a fire in bedrooms and ancillary rooms. All staff had attended training in fire safety and demonstrated good knowledge of what to do in the event of a fire. There were regular fire safety drills that incorporated horizontal evacuation and night time simulation. Notwithstanding this good practice, some areas for improvement were identified and these are outlined under Regulation 28 of this report.

A safeguarding policy provided guidance to staff in relation to protecting residents from the risk of abuse. Staff demonstrated knowledge of aspects of their safeguarding training and their responsibilities to report any suspicions or allegations of abuse. Management were aware of their responsibilities to put safeguards in place in should there be suspicions or allegations of abuse..

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The dining experience was seen to be enjoyable and residents were observed to enjoy the food, the choice and the variety available

Activities are provided by a team of activity staff, with either two or three staff on duty each day, including weekends. Group activities predominantly take place in the coffee dock area on the ground floor and residents from each of the units are assisted to attend this area when activities are underway. On the day of the inspection residents were seen to enthusiastically participate in a hockey game in the morning and mass was held here in the afternoon. There are also regular outings, usually once a week, when residents are taken to local amenities and areas of interest. Activity staff also spend some one to one time with those residents that like to remain in their bedrooms and do not participate in group activities. Not all residents, however, leave the unit to go to the coffee dock area for activities and there were limited opportunities for these residents to avail of meaningful activities throughout the day. The inspector observed that some residents remained in the sitting room with limited stimulation, other that the television.

Residents were consulted through monthly residents' meetings. There was a need, however, to ensure that issues identified for improvement through the consultation process were addressed. A number of issues were repeatedly raised at meetings but subsequent meetings did not identify that progress was being made in addressing these issues. A longstanding issue has been the lack of access to WiFi in the centre and this has been raised repeatedly at meetings. Residents also raised the issue of frosted window film on windows to prevent people on the outside from seeing into residents' bedrooms. This also prevented residents from seeing out and an alternative solution had not been implemented. This is further discussed under Regulation 9 of this report.

Regulation 11: Visits

There were adequate arrangements in place for residents to receive visitors, either in their bedrooms or in dedicated visitors' rooms. Visitors were seen to come and go throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents in the centre had access to a safe supply of fresh drinking water at all times. Residents were offered choice at mealtimes and they were provided with adequate quantities of food and drink. Residents weights were monitored on a monthly basis and they were assessed for malnutrition using a validated tool. Specialist advise from dietician and speech and language therapist (SALT) were also incorporated in care plans for residents with high risk of malnutrition and dysphagia (swallowing difficulty)

Judgment: Compliant

Regulation 28: Fire precautions

Action required in relation to fire safety included:

- doors to areas such as offices and a clinical room were held open with waste bins, which would prevent them from closing in the event of the fire alarm being activated
- while there were regular fire drills, vertical evacuation was not incorporated into the drills in order to prepare staff to evacuate residents downstairs, should the need arise.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident care plans found they provided sufficient information to guide appropriate care for the residents. Care plans were person-centred and based on the assessed needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare based on their needs. A medical officer was in the centre Monday to Friday. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the benefit of the residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action is required in relation to the use of restraint in the centre. For example:

- there was a high level of bed rail usage in the centre. Twenty seven of the 80 residents had bed rails in place, which represents 36% of residents
- while there was a risk assessment conducted of the risks associated with the use of bed rails, this was not always accurately completed. The inspector found that the risk balance tool referenced in the risk assessment tool was not always completed as required. This meant that the risk of using bed rails was not always fully assessed.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required by the registered provider to ensure that residents were appropriately consulted about the day to day operation of the centre. While there were regular residents' meetings, issues raised at these meetings were not always

addressed and residents were not always kept informed of progress, if any, in addressing these issues. For example:

- residents in Grange unit repeatedly raised the issue of frosted privacy film on the windows of the bedrooms inhibiting their view of the surrounding scenery
- there is no WiFi coverage in the centre. This was first identified on inspection in June 2022 and again in January 2023. The provider responded that this would be addressed as a matter of priority, however, there continues to be no WiFi in the centre.
- residents have expressed dissatisfaction with the location of televisions in some bedrooms

While residents were seen to actively participate in large group activities, predominantly held on the ground floor coffee dock area, opportunities were not availed of to provide meaningful activities to residents within the individual units, particularly those residents that did not attend the large group activities.

Judgment: Not 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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Waterford Residential Care Centre OSV-0007792

Inspection ID: MON-0044785

Date of inspection: 04/09/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Waterford Residential Care Centre management team will continue to ensure that systems are in place to monitor clinical, operational and environment aspects of the service. Systems will be further enhanced to ensure that action plans following resident's meetings will identify who the responsible person for the action is. Time frames to address the required actions will also be clearly outlined and once the action has been addressed to the satisfaction of the residents, it will then be signed off as complete.

Below outlines the steps being taken to achieve this:

1. New template to record the minutes of the resident forum meetings has been designed and it includes- action identified, responsible person to address the required action, timeframe for completion and sign off once completed to resident's satisfaction. For completion 13.11.2024.

2. All resident's forum meetings going forward will be attended by either the Assistant Director of Nursing (PIC) or Director of Nursing (PPIM). Items will be escalated to the Manager of Older Persons Services (RPR) as required. For completion 13.11.2024.

3. Issues arising from resident forum meetings will also be added as an agenda item to our monthly Clinical Nurse Manager (CNM) meetings & monthly ward meetings. This is to ensure that items are addressed in a timely manner and that information is disseminated to all staff. For completion 05.11.2024.

4. Resident's service satisfaction surveys will be completed and areas of improvement identified will be actioned by the appropriate person within an appropriate time frame. These actions will also be reviewed at resident's forum meetings and at monthly CNM & ward meetings. This has commenced and will be for completion 31.12.2024.

The provision of WiFi within the service is being addressed in the following manner:
1. As an interim measure the service has commenced identifying residents who would like access to WiFi. This is being carried out on person centered individual basis to ensure that all resident's needs are met. Once complete, individual WiFi dongles will be sourced for each resident. For completion 06/12/2024.

2. While the above measure is in place the service will continue to work towards for the installation of centre-wide WIFI installation for the centre in collaboration with HSE Technical Services & HSE IT services. The centre has also been submitted for support from the National Capital ICT fund in August 2024 to support this initiative and we will continue to advocate for installation at earliest possible opportunity. A further update has been sought in October 2024 and will be advised to the case holding inspector on receipt.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The centre will continue to complete daily and weekly fire checks to ensure that anything which would prevent fire doors from closing in the event of the fire alarm being activated is addressed with immediate effect. A daily fire warden will be nominated on each unit to ensure all checks are completed & vigilance regarding fire safety is identified at ward handover & safety huddles. Compliance with these measures will be regularly audited by centre management. Complete 01.01.2024.

• The primary means of evacuation at the centre remains horizontal evacuation to next place of safety. Work has been ongoing to supplement horizontal evacuation through the provision of vertical evacuation as a secondary method. The lift at the center does support evacuation and approval has been given for the requisite additional training for operating a lift during a fire. Once this training is delivered by the lift provider, vertical evacuation will be incorporated into all fire drills and the center's evacuation strategy. This process will be implemented in tandem with our ongoing fire training/education program which included face to face site specific fire training for all staff. Expected completion 31/12/2024.

• The centre will continue to have fire safety as an agenda item on our CNM & ward meetings under Health and Safety with required actions identified, assigned to an action owner and closed off when appropriate. Complete 01.01.2024.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The centre commenced a Restrictive Practice & Resident's Rights Quality Improvement Plan in January 2024 focusing on reducing restrictive practices throughout the service. We are committed to progressing this plan as follows:
1. Weekly review of the restrictive practice log by the PIC with a view to reducing or eliminating their use where safe to do so. Complete 01.10.2024

2. Continue to ensure that standardized person centered approach to care plans is in place across all three residential units. Care Plans are regularly reviewed in line with regulatory requirements. Complete 01.10.2024

3. Six monthly audits on restrictive practices & care plans to be completed in each ward. Actions identified & closed out in line with audit process. Expected completion 07/01/2024.

4. Education program to be rolled out throughout 2024 & 2025 specific to restrictive practice this is being facilitated in house by one of our staff nurses that is currently completing a research masters in restrictive practice in SETU. This training has commenced in January 2024 and is now at 76% complete. Further training dates and refresher dates are planned for 2024 and 2025 with 100% compliance expected by 31.01.2025.

5. Quarterly meetings of the WRCC restrictive practice committee to continue & additional meeting in November 2024 to include resident & family representation. For completion 30/11/2024.

6. Ensure that policies pertaining to restrictive practice are up to date, in line with national policy and that all staff are familiar with same. For completion 31/10/2024

7. Continue to review & procure equipment in each unit from the perspective of reducing restrictive practices. This commenced in January 2024 and continues quarterly or as needs arise.

8. Reducing restrictive practices to be included as a standing agenda item on our CNM & ward meetings and appropriately actioned & documented. For completion 05.11.2024.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The management of Waterford Residential Care Centre will enhance the systems and processes that are currently in place to ensure that residents are appropriately consulted about the day to day operation of the centre.

1. New template to record the minutes of the resident forum meetings has been designed and it includes- action identified, responsible person to address the required action, timeframe for completion and sign off once completed to resident's satisfaction. For completion 13.11.2024.

2. All resident's forum meetings going forward will be attended by either the Assistant Director of Nursing (PIC) or Director of Nursing (PPIM). Items will be escalated to the Manager of Older Persons Services (RPR) as required. For completion 13.11.2024.

3. Issues arising from resident forum meetings will also be added as an agenda item to our monthly Clinical Nurse Manager (CNM) meetings & monthly ward meetings. This is to ensure that items are addressed in a timely manner and that information is disseminated to all staff. For completion 05.11.2024.

4. Resident's service satisfaction surveys will be completed and areas of improvement identified will be actioned by the appropriate person within an appropriate time frame. These actions will also be reviewed at resident's forum meetings and at monthly CNM & ward meetings. This has commenced and will be for completion 31.12.2024.

5. Residents in Grange who have frosted privacy film (this was placed on the windows to ensure privacy) on the windows of the bedrooms will be removed and will be replaced by an appropriate alternative in conjunction with Technical services. Expected Completion 31/12/2024.

6. Alternative locations for televisions in some resident's bedrooms will be assessed & where possible televisions will be relocated, in conjunction with Technical services. Expected Completion date 31/01/2025.

7. The resident's activities team will carry out a review of our current activities program, paying particular attention to resident's needs in relation to individual activities at ward level. Information garnered from our resident's survey will also enhance this process. Enhancing meaningful activities will also be included as a standing item on our CNM, ward & resident meetings. Identified areas of improvement will be actioned in a timely manner. Our CNMs will review and monitor the potential opportunities for residents to have meaningful individual activities at ward level and this will be documented and monitored in resident's care plans. For completion 30/11/2024.

8. Audit of our resident's care plans is completed on a monthly basis and action plans completed as part of our nursing metrics. To further support this audit, a specific audit in relation to meaningful activities for each resident will be carried out & required improvement plan implemented. This audit will be carried out in collaboration with the regional audit committee to identify an appropriate audit tool. For completion 31.01.2025.

There is an absence of WiFi within the service and this will be addressed in the following

manner:

1. As an interim measure the service has commenced identifying residents who would like access to WiFi. This is being carried out on person centered individual basis to ensure that all resident's needs are met. Once complete, individual WiFi dongles will be sourced for each resident. For completion 06/12/2024.

2. While the above measure is in place the service will continue to work towards for the installation of centre-wide WIFI installation for the centre in collaboration with HSE Technical Services & HSE IT services. The centre has also been submitted for support from the National Capital ICT fund in August 2024 to support this initiative and we will continue to advocate for installation at earliest possible opportunity. A further update has been sought in October 2024 and will be advised to the case holding inspector on receipt.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(2)(i)	The registered provider shall	Substantially Compliant	Yellow	29/10/2024

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/12/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/11/2024
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Not Compliant	Orange	06/12/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/11/2024