<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Woodlands Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000304</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bishops wood, Dundrum, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>062 71 335</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@wnh.ie">info@wnh.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Woodlands Nursing Home (Dundrum) Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paddy Fitzgerald</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>9</td>
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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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 06 August 2014 10:30  To: 06 August 2014 17:15

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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</table>

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed questionnaires which relatives had submitted to the Authority prior to the inspection.

As part of the inspection the inspector met with the providers, the acting person in charge, residents, relatives, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaints log, policies and procedures and records of residents’ meetings. The person in charge had completed the self-assessment tool and had noted some areas for improvement in respect of both food and nutrition and end of life care, and had devised an action plan to address these.

The inspector observed good practices in relation to planning for and care at end of life. Residents’ wishes for care at end of life had been ascertained in a sensitive manner and recorded in the each resident’s care plan. The inspector found that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met at end of life. Family and friends were facilitated to be residents at end of life and were kept suitably informed.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. A choice was offered to residents at each mealtime in respect to menu options and dining location. The food and fluids provided met the assessed dietary needs of the individual residents. Snacks and
fresh drinking water were available at all times. Assistance was provided in a discreet and respectful manner. Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery.

The inspector found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the National Quality Standards for Residential Care Settings for Older People in Ireland, in the area of food and nutrition, and in end of life care. Improvements were identified in care planning practices relating to food and nutrition to enhance good practice. The required improvements are set out in detail in the action plan at the end of this report.
Section 41(1)(c) of the Health Act 2007. 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.

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:
Person-centred care and support

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

Findings:
Only the component in relation to care planning processes around food and nutrition and end of life care were considered as part of this thematic inspection.

As stated under outcome 14, care plans in relation to end of life had not been formally reviewed in the previous four months.

As stated under outcome 15, care plans in relation to food and nutrition had not been reviewed to incorporate updated recommendations from the dietician. The practice of transcribing orders for medicinal products recommended by the dietician into the prescription chart was not in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. A number of transcribed orders had not been signed by a prescriber within a designated time frame.

Judgment:
Non Compliant - Moderate

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre-specific policy on end of life care was made available to the inspector and had been reviewed in February 2014. The inspector noted that the policy was comprehensive and evidence based. Records were made available to the inspector which confirmed that staff had read and understood the policy. The inspector noted that policy informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had not identified any actions to ensure compliance.

Questionnaires, asking relatives' opinions regarding end of life care, were sent to the relatives of deceased residents but the Authority had not been returned any questionnaires.

The inspector reviewed a selection of care plans of deceased residents and noted that residents had received appropriate care and their physical, emotional, social, physiological and spiritual needs had been met.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. Staff with whom the inspector spoke confirmed that ministers from a range of religious denominations were facilitated to visit. The inspector saw that reference materials were available in the nurses' office to guide in the facilitating and engaging of cultural practices at end of life.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

Of the sample of files reviewed by the inspectors, the wishes of the resident with regard to end of life had been identified and documented, including place of death. All residents who had died in the centre over the past two years had been provided with a single room if they were not already in one as they reached their end of life. The centre-specific policy stated and the staff confirmed that, if possible, the option to go home for end of life care was facilitated.

Residents and relatives with whom the inspector spoke confirmed that end of life wishes had been ascertained in a sensitive manner. Some residents expressed to the inspector that in the event of becoming unwell, they would prefer to go to the acute services while other residents stated that they would choose to stay in the centre. The inspector saw that this information was recorded in the resident's care plan. However, the inspector noted that care plans in relation to end of life had not been formally reviewed in the previous four months and this is covered in outcome 11.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were facilitated to be with the resident at end of life. There was a designated sitting room for use by family and friends. Overnight facilities were not available for families within the centre but staff stated that family members who chose
to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed sensitively and support was given when appropriate.

The person in charge had developed a leaflet containing written practical information with regard to funeral arrangements and registering a death which was given to family members. The end of life policy stated that personal possessions were returned in a sensitive manner and staff confirmed that appropriate boxes or bags were used for this purpose. Staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Records were made available to the inspector which confirmed that staff had been facilitate to complete training on dying, death and bereavement throughout 2014. The inspector saw evidence that care at end of life was discussed at staff meetings.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents which had been reviewed since the previous inspection. Records were made available to the inspector that confirmed that staff had read and understood these policies. The inspector noted that policies informed practice among nursing and healthcare staff.

In completing the self-assessment prior to the inspection, the person in charge had identified actions to ensure compliance including review of menu by an external dietary service and provision of additional training. The inspector saw that these actions had been implemented.

The report from an environmental health inspection in June 2014 as made available to the inspector and actions were seen to have been implemented promptly. The minutes
of residents' meetings were made available to the inspector and reflected satisfaction with the quality of food and beverage. The inspector noted that suggestions made by residents in relation to food choices were acted upon promptly. Of the complaints recorded in the complaints log, none were concerned with food quality.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with members of the catering staff on duty who demonstrated comprehensive knowledge of residents’ preferences and dietary needs.

There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. A seasonal menu cycle was in operation and the "Summer Menu" for the day was clearly displayed in a number of locations and also presented in pictorial format for residents with communication or comprehension difficulties. The inspector observed staff explaining the options for each meal in detail to the residents.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were administered appropriately. However, the practice of transcribing orders for nutritional supplements was not in accordance with best practice and this is covered in outcome 11. It was observed that every effort was made to present modified diets in an attractive manner. Staff with whom the inspector spoke demonstrated good knowledge in relation to the provision of fluids and diets of a modified consistency. The inspector observed that each resident’s swallow care plan was readily available to all staff and the plan was seen to be followed.

Breakfast was served to residents between the hours of 07:00 hrs to 10:00 hrs. Residents had a choice for breakfast; hot/cold cereals, breads, toast and beverages. The catering staff with whom the inspector spoke reported that some residents requested cooked eggs or sausages from time to time and residents confirmed that this was facilitated. Residents had the option of having their breakfast served in bed, in the dining rooms or at their bedside and at a time of their choosing.

Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. Residents had the choice to dine in one of two dining rooms, day room or at their bedside. Dining tables in the dining rooms were attractively and invitingly set with place mats, condiments and napkins. The inspector noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Residents were offered a choice of two main courses and a selection of desserts. Gravies/sauces were served separately if required.

The evening meal was served at 16:30 hrs and the inspector observed residents receiving a choice of a mixed grill or a salad plate. Scones and breads were also served and the evening meal was observed a relaxed affair. There was a further light supper served at 20:00 hrs. Staff demonstrated awareness of residents’ preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.
In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times. Care staff were observed to record residents’ fluid intake into the computerised system. Nursing staff monitored the fluid balance of residents with specific requirements, these were maintained over a 24-hour period, totalled daily and the intake was seen to be within the residents' stated requirements.

The inspector noted that assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents were provided with adequate dining space with the majority of residents choosing to attend the dining rooms for lunch and evening meal.

Residents with whom the inspector spoke were complimentary of the meals and snacks served, especially the home baked breads, desserts, birthday cakes and confectionery.

On reviewing the staff roster and from observation on inspection, the inspector noted that there were sufficient staff to meet the needs of residents during mealtimes.

Based on a sample reviewed by inspectors, computerised care plans reflected assessment of nutritional needs on admission. Residents’ weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of weight loss when computing the MUST. Inspectors saw that the advice of occupational therapist, dentist, dietician and speech and language therapist was accessed promptly, documented, communicated and observed. However, the inspector noted that care plans in relation to food and nutrition had not been reviewed to incorporate updated recommendations from the dietician and this is covered in outcome 11.

The inspector noted that, where a resident received enteral nutrition, there was evidence of regular reviews by the dietician. Nursing staff with whom the inspector spoke demonstrated adequate knowledge relating to the management of the tube site, enteral tube and the associated complications.

The person in charge completed a monthly audit relating to residents' weight loss/gain and a quarterly audit of the implementation of residents' diet plans. The inspector noted that actions from this analysis were implemented.

The inspector noted that staff had been facilitated to complete training in the area of food and nutrition throughout 2014. Resources relating to food and nutrition were made available to staff. The minutes of staff meetings confirmed that residents' dietary needs were discussed.

**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:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
## Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Woodlands Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000304</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>06/08/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/09/2014</td>
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### 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.

### Outcome 11: Health and Social Care Needs

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans in relation to end of life had not been formally reviewed in the previous four months.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
We have now reviewed our practice and will review End-of-life care plans every 4 months.

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

**Proposed Timescale:** 16/09/2014

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans in relation to food and nutrition had not been reviewed to incorporate updated recommendations from the dietician.

**Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
We shall ensure that careplans are modified to include recommendations from all health care professionals.

**Proposed Timescale:** 16/09/2014

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The practice of transcribing orders for medicinal products recommended by the dietician into the the prescription chart was not in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. A number of transcribed orders had not been signed by a prescriber within a designated time frame.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
We have reviewed our practice and will ensure that all prescriptions are signed by the residents GP.