<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Woodlands House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000186</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Trim Road, Navan, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 902 8617</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:woodlandshousenh@gmail.com">woodlandshousenh@gmail.com</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>Sandcreek Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Fintan O’Connor</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Brid McGoldrick;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>20 November 2014 10:00</td>
<td>20 November 2014 17:00</td>
</tr>
<tr>
<td>25 November 2014 10:00</td>
<td>25 November 2014 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This inspection took place over two days with two inspectors. The second day of this inspection was announced. The purpose of the inspection was to monitor progress with completion of action plans from the inspection in September 2014 and the second day was completed in response to an application to vary conditions of registration. This was the fourth inspection of the centre, completed by the Authority this year. The provider submitted an application to the Authority to increase the occupancy numbers from 22, which the centre is currently registered for, to 34 residents, an increase of 12 residents. Inspectors attended the centre on 18 September 2014 to carry out this inspection and found the premises were not fully completed.

On the day of this inspection, the inspectors spoke with residents and staff members. Documentation including policies, care plans, risk management documentation, residents directory and staff rosters were reviewed. Inspectors followed up on progress with completion of action plans from the last inspection of the centre in September 2014. Inspectors were advised that the building project would consist of
two phases, the new 30 bed extension being phase 1 and refurbishment of the existing centre would constitute phase 2. Phase 2 would commence on relocation of the current 21 residents in the existing centre to the new extension.

The existing centre premises has been the subject of documented on-going non compliance with the Regulations and the National Standards, in inspection reports and action plans developed by the Authority since September 2010 with regard to areas of risk and the negative impact of the current layout/structure on residents residing in the centre including on their privacy, dignity and independence. While action plans developed from findings from the last inspection were progressed in relation to fire safety in consultation with Meath fire services, the existing building posed challenges to satisfactory completion of some areas identified. Care of residents who remained in their rooms or in bed due to underlying medical conditions manifest in challenging behaviour did not have their health care and quality of life promoted in line with evidence based best practice interventions. The centre has been the subject of on-going regulatory activity since inspection in July 2014 in response to unsolicited information received by the Authority in relation to care and welfare of residents in the centre which was mostly substantiated by findings on inspection.

Four outcomes were inspected in July 2014, three of which constituted major non compliances with the legislation including documentation to be maintained and held in the centre, health and social care needs and medication management procedures. The inspection in July 2014 was triggered in response to information regarding the care and welfare of residents in the centre which was generally substantiated. A regulatory meeting was convened by the Authority with the provider/person in charge and the two directors of the company on 30 July 2014. An immediate action plan was given to the provider/person in charge at the end of inspection in September 2014 referencing lack of referral of residents for behavioural and physiotherapy expertise and inadequate evacuation arrangements in the event of a fire in the centre. The provider/person in charge provided supporting evidence of her immediate response to same. A Warning Letter was issued to the provider on the 24 October 2014.

There was evidence that the provider is addressing fire safety and evacuation procedures in the existing centre in collaboration with Meath Fire Services. Findings on this variation inspection evidenced a lack of appropriate evidenced based best practice in relation to care of a resident with challenging behaviour, a resident with severe contractures of their hands and feet and a resident who had significant unintentional weight loss.

Fourteen outcomes were inspected in September 2014, of which eight constituted major non compliances and five constituted moderate non compliance with the requirements of the legislation and national standards. Twelve outcomes were inspected on this inspection of which six constituted major non-compliances and three moderate non compliances with the legislation.

Overall inspectors found that that the structure and fabric of the new extension was in substantial compliance with the requirements of the Health Act 2007 (Care and
Welfare of Residents in Designated Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland, however areas for improvement were identified from findings on this inspection.

A statement of purpose document was not available referencing the new extension at the time of writing this report. Risk management policy documentation and procedures identifying and assessing hazards to vulnerable residents in addition to putting adequate controls in place to mitigate risks found was not satisfactory.

Governance and management arrangements in the centre were in major non compliance with the legislation as inadequate assurances of the effectiveness of the management systems in operation in the centre were evident. Clinical governance in the centre was weak. On-going findings of major and moderate levels of non compliance found on this inspection confirmed that the service was not safe, appropriate, consistent and effectively monitored. This was also evidenced by findings of repeated major non compliances with the Regulations and Standards from inspections in April, July and September 2014, in relation to the healthcare of residents and management of risk. Not all mandatory notifications as required by the legislation were forwarded to the Chief Inspector. Inspectors were advised of a change in the management structure which has not been completed.

Residents spoken with told inspectors that they felt safe and were complimentary of the staff caring for them. Staff interactions with residents were observed by inspectors and found to be warm, patient, helpful and kind.

The Action Plan at the end of the report identifies mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for the Older People in Ireland
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 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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A statement of purpose document was forwarded to the Authority to reference the existing centre. However, a statement of purpose document was required consisting of a statement of aims, objectives and ethos of the newly built centre extension and a statement as to the facilities and services which are to be provided for a capacity of 30 residents. The services and facilities outlined in this document must detail the manner in which care is provided reflecting the diverse needs of 21 residents who are to transfer from the existing designated centre premises.

During the end of inspection feedback meeting, the provider advised the inspectors that the required statement of purpose document would be forwarded to the Authority. This document has not been received by the Authority at the time of writing this report.

**Judgment:**
Non Compliant - Major

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that the newly build extension sited to the back of the existing
designated centre has suitable accommodation to provide residents with facilities that meet the requirements of the regulations and standards in relation to premises. The inspectors were also advised and provided with draft details of the outcome of a review of the governance and management arrangements going forward. The revised governance and management structure referenced nomination of directors, Fintan O’Connor as provider nominee and Susan Walsh as person in charge. However, notification referencing proposed changes to the management structure has not been received in line with legislative requirements by the Authority to date and as such current governance and management structures in place are not adequate.

Findings to date from all inspections in 2014 provides evidence that statutory requirements in relation to submission of notifications, safe and sufficient care of residents continues to not adequately meet the regulations in terms of promotion of health and quality of life for residents with challenging behaviours manifest by remaining in their rooms and/or in bed and is not in line with evidence based best practice. In addition, inspectors found ongoing major non compliance with the Regulations and Standards on all four inspections this year to date in relation to the suitability of purpose of the existing designated centre and care of residents. Although some improvements were confirmed on this inspection especially in provision of a purpose built extension, care of three residents in particular continued to require further improvement to adequately meet their assessed health and social care needs. This finding is discussed in Outcome 11 of this report. Equipment for use by residents was not kept in good working order for example a weighing scale, a pressure relieving mattress motor and a call bell for a resident who remained in bed at all times. This finding is discussed in outcome 12.

An annual report dated 05 November 2014 detailing a review of the quality and safety of resident care was forwarded to the Authority. A number of quality improvements were documented in this report following auditing of aspects of the service provided to residents during the year. Inspectors found that aspects of the quality and safety of care and to a lesser extent, the quality of the residents’ experience in the centre were monitored and there was evidence of some completed audits on this inspection. However, findings concurred with previous inspection findings that while key information was collated in data collection, some audits did not comprehensively inform deficits in the service, for example; areas of non-compliance found on inspection in relation to care plan development to inform interventions to meet the promotion of limb mobility for residents who remained in bed and the absence of a reliable means of monitoring weight loss of a resident losing weight. In addition inspectors found evidence that some residents did not receive care that was based on best practice in terms of promotion of their health and quality of life. This finding is discussed further in Outcome 11.

**Judgment:**
Non Compliant - Major

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was no guide to the newly built extension available to residents.

**Judgment:**
Non Compliant - Minor

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**Outcome 05: Documentation to be kept at a designated centre**

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors reviewed documentation relating to staffing rosters, policies and procedures, documentation to be held in respect of each resident including the directory of residents, care plans, medical and allied health professional reviews. Major non compliances were identified in the reviewed documentation on inspections in April, July and September 2014 and were detailed in feedback meetings, a regulatory meeting, reports and action plans to the provider/person in charge following these inspections.

Some residents’ care plan documentation did not reference a documented care plan for each of their identified needs and as such placed their health and well-being at risk of deterioration. The GP did not consistently update residents’ documentation in respect of each review.

A directory of residents was available. While it contained all required information, it was not indexed, difficult to access and some hand-written entries were not legible.

A statement of purpose document was not available to reference the new extension. Not all notifications under regulation 31 of the legislation were forwarded to the Chief Inspector.

While policies and procedures were available to guide practice, many required review to
correct hand written entries and amend information included. A current health and safety statement and a risk management policy was not available to reference the new extension. The fire safety policy was not available for review on this inspection as inspectors were advised by the provider that it is currently under review.

**Judgment:**
Non Compliant - Major

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Arrangements were in place for management of the centre by a recently appointed deputy in the event of the person in charge being absent. However, notification was not forwarded to the Chief Inspector to reference this appointment or departure of the previous deputy person in charge as detailed on the centre's registration certificate as a person participating in management of the centre. This finding was notified to the provider/person in charge following the last inspection on 17 and 18 September 2014. The provider/person in charge stated in their action plan response that forwarding of required notification to the Authority would be completed by 15 November 2014. This action has not been completed.

**Judgment:**
Non Compliant - Moderate

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A safety statement was not available on this inspection for review by inspector to take account of the new extension. However, as found on inspection in September 2014 a document dated January 2014 was available but the information in relation to health and safety arrangements in the centre described within the safety statement was not
comprehensive. The provider advised inspectors on this inspection that the safety statement was currently under review and would be completed by 30 November 2014.

Inspectors found on the last inspection of the existing centre in September 2014 that the risk management policy was not adequate. While there was no change to the risk management policy in relation to reference to arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents, a risk log was developed for the new extension. This log was reviewed by inspectors on this inspection. Findings evidenced that not all hazards throughout the new extension building were identified and risk assessed with concomitant controls stated to mitigate risks found.

Risks identified by inspectors as missing from the risk assessment log for the new extension included:

- Unprotected/unsecured steps on the pathway/fire escape route surrounding the exterior of the building.
- Bubbling of areas of floor covering in areas accessed by residents including corridors.
- One leaf of a compartmental fire door on a corridor opens into and partially obstructs a resident’s bedroom access.
- Access from the road into the new extension was not reviewed in terms of traffic on-site and phase 2 of building work.
- Access to the existing kitchen and food provision for residents during the commissioning phase of the new kitchen into the new extension building.
- No alert notices on clear glass door to the internal courtyard.
- Risk of slip on floor surface inside access doors to the internal courtyard and public entrance to the extension while phase 2 work is in progress.
- Risk of unauthorised access to the existing centre while refurbishment work is in progress.
- Residents who smoke.
- Risk of spillage of water from the water dispenser units on floors in the immediate areas was not identified.
- The emergency call bell had the same tone as the regular call bell in the centre.
- Potential obstruction of the final fire exits from the communal rooms by furniture.

The inspectors were advised that unidentified hazards observed by inspectors during the last inspection would be addressed by 30 November 2014 in the provider response to the action plan.

Hand hygiene facilities were provided with appropriate hand wash sinks and hand gel stations. A previously used assistive bath did not have completion of decontamination and service/commission documentation by the manufacturer. Cleaning procedure documentation of the new extension was not available. While an area was identified for secure storage of waste, this area had not been risk assessed and was accessible by unauthorised persons.

The provider is working with Meath Fire Services to address major non-compliances with the regulations identified on inspection on 17 September 2014 in relation to fire safety in the existing centre.

The fire safety policy was not available for review on this inspection as inspectors were
advised by the provider that it is currently under review. Fire training records reviewed confirmed that staff fire evacuation drill training had commenced in the new extension. All final fire exit doors were locked with electromagnetic units that the provider reported disengaged on activation of the fire alarm. Final fire doors were operated by a push-bar mechanism. Fire exit directional signage was visible on exiting each room. Fire safety lighting was visible in all areas used by residents including bedrooms. Fire procedure notices were displayed. A completed fire safety compliance declaration, signed as appropriate was received by the Authority as part of the application to vary conditions of registration documentation.

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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
This outcome was notified to the provider/person in charge as a major non-compliance with the regulations from the inspection by the Authority in September 2014. Required notifications have to date not been received. A record was maintained of all incidents that occurred in the centre. A notification of a serious injury to a resident was notified to the Chief inspector as a quarterly notification and as the resident concerned sustained a fall and required transfer to hospital for review, a notification of serious injury is required.

A notification referencing an incident where two vulnerable residents left the centre unaccompanied requires revision to document this incident for each resident individually and notify the Chief Inspector accordingly.

A notification was not forwarded to the Chief Inspector to reference the change to the deputy person in charge as detailed on the centre’s registration certificate as a person participating in management of the centre. This finding is discussed in outcome 6

Notification has not been received to date to reference the nomination of Fintan O’Connor as provider nominee for the company. This finding is discussed in outcome 2

**Judgment:**
Non Compliant - Major
**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.

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<th>Theme:</th>
<th>Effective care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors reviewed residents’ care plans and documentation with reference to findings on the last inspection on 17 September 2014 and provider responses to concomitant action plans. Inspectors found evidence that there was a culture of acceptance by staff of residents wishing to remain in their bedrooms or to remain bed-bound in respect of three out of twenty one residents. This finding was in the absence of robust rehabilitation/promotion of independence programmes for these residents in collaboration with the support of allied health professionals and advocacy services. Inspectors found that while consultation by allied health professionals was sought and completed in the case of one resident, overall health and quality of life of the three residents referenced was not promoted in line with evidence based best practice.

Inspectors found from the care plans reviewed that not all resident needs identified had an associated care plan in place to inform required care interventions, for example interventions to ensure promotion of limb function for two residents who remained in bed.

Monitoring of health status was not of an adequate standard for two residents to ensure their nutritional needs were met. Inspectors found that one resident did not have their weight assessed for approximately seventeen months. Another resident with weight loss confirmed by staff and evidenced by ill-fitting clothing was weighed on equipment that was confirmed by staff as being unreliable and not calibrated.

While there was evidence that a dietician had reviewed some residents in the centre and three day food diaries were in progress as part of a referral pathway for others, unreliability of some weighing equipment did not positively impact on these treatment options for residents. Estimation of calorific values to inform fortification activity had been undertaken by catering staff but not been reviewed by a dietician to inform prescribed interventions.

Inspectors reviewed a behavioural support plan developed for a resident with challenging behaviour, however there was evidence that implementation required improvement. This resident’s documentation referenced a recent mood change exhibited by agitation and challenging resident–staff interaction however, there was no evidence to conclude that the positive behavioural support plan was used to manage same or
revised in response to findings. The negative outcome manifest by symptoms of this resident’s medical diagnosis in the absence of reasonable efforts to involve behavioural psychology specialist input in the management of same continues to severely compromise this resident’s socialisation, health and dignity.

Inspectors found that a recommendation made for physiotherapy referral from an occupational therapy assessment of one resident who remained in bed and who had contractures of hands and feet was completed since inspection on 17 September 2014. A rehabilitation programme goal was initiated by the allied health professional in response to the resident’s wishes for progressive transfer to sitting out in a chair. However, while documented in the resident’s documentation, the person in charge advised that this programme would not be continuing on an instruction by the allied health professional on the day of this inspection. On this and the previous inspection in September 2014, this resident was resting flat supported by pillows on a bed with a manually operated back rest which was not engaged. An electrically powered bed was recommended by the physiotherapist to enable this resident to have independently controlled elevated backrest support when in bed but had not been provided on the day of this inspection.

A seudocreme preparation was applied to the skin of a resident with pressure related skin damage, this practice was not informed by the policy document referencing skin care but advised against its use.

An activity record maintained by the activity co-ordinator was reviewed by inspectors. While it recorded interactions between the activity co-ordinator and the resident and in some cases the activity the resident engaged in, it did not record evaluation of outcomes for residents by participation in the activity programme provided to ensure it meet their capabilities and interests. This was most evident with residents who remained in their rooms who were visited by the activity co-ordinator three days per week.

Judgment:
Non Compliant - Major

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The existing centre premises have been the subject of documented on-going major non compliances with the Regulations and the National Standards, in inspection reports and
action plans developed by the Authority from September 2010 with regard to areas of risk and the negative impact of the current layout/structure on residents residing in the centre. These major non-compliances continue to exist in the current designated centre premises. The provider advised the Authority in response to action plans developed from findings that the new extension would address all issues identified to date in relation to the centre premises.

The Authority was informed that the new 20 bedded extension was completed and ready for variation inspection. However, a variation inspection scheduled for the September 18 2014 was suspended as inspectors found that all work was not completed to a finished state and all furnishings and fittings were not in place in this newly built extension. The inspection referenced by this report was completed in response to notification of completion of outstanding work on the new extension since the last inspection in September 2014.

Inspectors found that the structure and layout of the extension premises, having regard to needs of residents, conforms to the matters set out in Schedule 6 of the Regulations and Standard 25 of the National Standards. The extension provides accommodation for a capacity of 30 residents with 24 single rooms and 3 twin rooms. Dining, sitting and recreational space is provided. The dining room has furniture for 32 people however, will require further assessment following accommodation of residents with assistive equipment including chairs. Two sluice rooms, a cleaner’s room, a laundry, a medication room and storage for residents’ equipment including hoists, linen and clinical care products was available to meet the needs of residents. Under floor central heating was in place with thermostatic controls in each room and in corridors. While hot water temperature required calibration, it did not exceed 43 degrees centigrade in any of the hot water outlets sampled.

The kitchen was not fully completed and commissioned in the new extension as it incorporated part of the existing kitchen and as such could not be completed until the current 21 residents were transferred to accommodation in the extension. An access door was blocked off from the dining area pending completion of the kitchen facility. This finding is further discussed in Outcome 15 of this report.

Access to the new extension required passage through a new access point from the road through a parking area to the front of the existing centre. This new access point, although temporarily the only access point would provide a second access to the centre on completion of phase 2 of the building project. Inspectors were advised that phase 2 of the building project would involve refurbishment of the existing centre building to create four resident rooms, staff facilities, offices and visitors’ accommodation. This phase was scheduled to commence on transfer of the current residents to the new extension and resulting in the existing centre building being fully vacated.

The new extension provided a secure internal courtyard. External landscaping was nearing completion however a number of builder’s shed units were located on a garden area to the front of the existing building to be removed on completing of phase 2 works. Some decorative stone was missing from areas along the side of the new extension. Lighting was fitted at various points to illuminate the perimeter. Surrounding roadway surfaces were covered by tarmacadam and car-parking space marking was in progress
on the day of inspection.

Equipment for use by residents was not kept in good working order for example a weighing scale, a pressure relieving mattress motor and a call bell for a resident who remained in bed at all times. The call bell and mattress motor was repaired once inspectors brought it to the attention of staff on the day of inspection and the a functioning weighing scales was sourced.

A resident complained of the cold as documented in their daily progress documentation. Inspectors noted portable radiators in a number of bedrooms and in an ante area off a corridor. Environmental temperatures in bedrooms and corridors were sampled by inspectors and found to be less than the recommended minimum environmental temperatures advised by the National Standards. There was no evidence that the environmental temperatures were monitored in the existing centre.

Areas identified as posing risk found on inspection were notified to the provider during the end of this inspection feedback meeting. These areas of potential risk to residents are discussed further in Outcome 8 of this report.

**Judgment:**
Non Compliant - Minor

**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:**
A policy document was available to inform staff with meeting the nutritional and hydration needs of residents dated 18 March 2014. While informative, this policy was not centre specific. Monthly weights were recorded for residents in addition to calculation of their BMI (basal metabolic rate) to ensure their needs were met. There was evidence of review of some residents with weight loss by the dietician and others being monitored with three day food diaries to inform a dietetic consultation and as part of the referral pathway in the centre for residents with unintentional weight loss. Staff training for 2014 included attendance by some staff at training on nutrition in wound healing, nutrition and falls, diabetes, dysphagia and training on use of the nutritional assessment tool used. Further education was scheduled for December 2014.

Monitoring of health status was not of an adequate standard for two residents to ensure their nutritional needs were met. Inspectors found that one resident did not have their weight assessed for approximately seventeen months. Another resident with weight loss confirmed by staff and evidenced by ill-fitting clothing was been weighted on equipment
that was confirmed by staff as being unreliable and not calibrated.

While there was evidence that a dietician had reviewed some residents in the centre and three day food diaries were in progress as part of a referral pathway for others, unreliability of some weighing equipment did not positively impact on these treatment options for residents. Estimation of calorific values to inform fortification activity had been undertaken by catering staff but not been reviewed by a dietician to inform prescribed interventions. These findings are discussed further in Outcome 11. Inspectors were told that the current kitchen would be used to provide resident meals following transfer of residents into the new extension. The new kitchen was partially built and the completed kitchen would incorporate the existing kitchen as part of its final structure. However, a process was required when resident meals would require transportation to the dining room in the new extension and a further period when the existing kitchen and the newly built kitchen would be combined as a single unit. While the provider informed inspectors that a bain maire was purchased for food transportation, there was no risk assessments completed or plan in place to ensure residents nutritional needs were met at all times. This required completion prior to any resident relocation process being initiated.

Judgment:
Non Compliant - Moderate

**Outcome 16: Residents’ Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The findings of the last inspection in September 2014 evidenced major non-compliance with the regulations in this outcome. The inspectors observed no meaningful improvements in the areas identified in actions plans developed from findings during the last inspection in September 2014.

The new extension accommodation was found to have facilities to ensure residents received care in a way that promoted their privacy and dignity with single and twin rooms fitted with an en-suite shower, toilet and hand-wash basin. Bedroom windows were fitted with net curtains and twin room had adequate bed screening available to ensure residents could conduct personal care in private.

There was inadequate evidence to support some residents been enabled to make
informed choices that reflected their complex needs whilst respecting their human rights. Advocacy services documented as being available to residents were not availed of to assist staff with promoting and supporting three residents’ to achieve reasonable health and quality of life.

There was some evidence that residents were consulted about how the centre was planned and run. One resident told inspectors that he would be moving to a newly built room but confirmed he had not visited the new build or was consulted regarding the décor of his new room. A floor plan of the new build was displayed in the hall of the centre and staff spoke to residents about same. The person in charge confirmed that none of the residents had been given the opportunity to view accommodation in the new extension or to select a room to date. In addition none of the residents’ views were sought on colour schemes or preferences in regard to single or twin accommodation.

Panel glass in an adjoining wall between a corridor and three bedrooms was unchanged on this inspection. A curtain covered an area of panel glass between a corridor and a communal shower/toilet which improved privacy for residents using this facility.

The procedures in place for managing one resident with challenging behaviour that impacted negatively on his elimination activities did not ensure that all aspects of his dignity needs were respected.

No visitor’s room or second sitting area to enable residents to meet their visitors in private outside their bedroom was provided. The provider advised that in the provider response to the action plan that the dining room was also available to residents to meet their visitors in private.

Residents’ care documentation contained little evidence of a meaningful programme to meet their social care needs. While their preferences were found to be ascertained on this inspection. There continued to be inadequate documentation to support positive outcomes for them from participation in activities offered especially for residents who remained in their rooms. An activity co-ordinator worked in the centre two hours each day from Monday to Friday each week and visited residents who remained in their rooms on three days each week.

Judgment:
Non Compliant - Major

**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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Staff spoke about residents respectfully. Staff were aware of the reporting structure within the centre and were able to identify the person in charge as the head of the team. A deputy person in charge has been appointed since the last inspection and facilitated part of this inspection. All staff were documented on the copy of the staffing rota given to inspectors including the hours of duty of the provider nominee/person in charge. Additional staff were appointed or in the process of appointment including an additional carer on night duty and cleaning staff on the weekends. There was no time scheduled on the duty rota for staff hand-over. This finding does not assure residents’ needs are communicated in a structured way to ensure continuity of care and poses a risk to continuity of resident information.

A staff supervision schedule was in place for residents in the sitting room which was welcomed as inspectors observed two residents in chairs with fixed tables in front of them. The sitting room has fifteen residents in it, some with dementia care needs under the supervision of one staff member for the majority of the time. The provider/person in charge advised inspectors that a fixed table in front of a resident's chair would be used as a restraint measure for one resident at risk of falls. This intervention was not appropriate in the absence of out-ruling the impact of increased staff supervision on this resident’s quality of life, freedom and risk mitigation.

A staff member was referenced on the duty rota as working continuous night duty; there were no supervision arrangements evident including appraisal for this staff member. The provider/person in charge told inspectors that she was available out of hours for advice and support if required.

There was evidence that staff training in fire safety and evacuation was under way with eight staff training episodes since 08 October 2014. A large proportion of staff had completed fire marshal training. A training schedule was documented for December 2014 including moving and handling instruction, nutrition, management of elder abuse, cardiopulmonary resuscitation training, medication management training, end of life care, infection control and prevention and fall prevention.

Judgment:
Non Compliant - Moderate
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Catherine Rose Connolly Gargan
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 House Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000186</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20/11/2014</td>
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<tr>
<td>Date of response:</td>
<td>11/12/2014</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.

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no written statement of purpose that accurately described the service and facilities to be provided in the newly built extension.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
Revised statement of Purpose has been provided

Proposed Timescale: 11/12/2014

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:
The recently revised management structure was not confirmed by notification to the Chief Inspector and as such previous inadequate structure continue to exist.

Action Required:
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
Notification of change of provider nominee has been provided

Proposed Timescale: 11/12/2014

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems evidenced on inspection did not ensure that the service provided is safe, appropriate, consistent and effectively monitored by comprehensive auditing procedures

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Weekly quality of care collection of data has commenced since August 2014 Auditing systems will be reviewed to ensure comprehensiveness

Proposed Timescale: 30/12/2014
### Outcome 03: Information for residents

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no guide to the newly built extension available to residents.

**Action Required:**
Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Provider nominee is preparing a new guide. It will be available by Monday 15th December

**Proposed Timescale:** 15/12/2014

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While policies and procedures were available to guide practice, many required review to correct hand written entries and amend information included. A current health and safety statement and a risk management policy was not available to reference the new extension. The fire safety policy was not available for review on this inspection as inspectors were advised by the provider that it is currently under review.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The General Manager and Provider Nominee are currently reviewing Health and Safety Statement, Risk and Hazard Identification and Fire Safety Policy

The PIC is reviewing all policies currently, with 5 completed and 15 more to be completed by December 30.

Both tasks will be focused on reducing / eliminating hand written entries

**Proposed Timescale:** 30/12/2014

**Theme:**
Governance, Leadership and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents was difficult to access and required review to ensure handwritten entries was legible.

Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
The Inspector indicated on the day of Inspection that an index would be of assistance in the directory of residents. The PIC is currently reviewing methods of indexing entries in the directory of residents.

Proposed Timescale: 30/12/2014
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' care plan documentation did not reference a documented care plan for each of their identified needs and as such placed their health and well-being at risk of deterioration. The GP did not consistently update residents' documentation in respect of each review.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Care plans have been reviewed and are subject to ongoing review by the PIC to identify any unmet needs with a view to ensuring relevant timely referrals to specialist professionals.

GP’s have been asked to document post each review

Proposed Timescale: 11/12/2014
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A statement of purpose document was not available to reference the new extension. Not all notifications under regulation 31 of the legislation were forwarded to the Chief Inspector.
Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
A revised statement of Purpose has been provided.

Any outstanding Notifications have been provided.

Proposed Timescale: 11/12/2014

Outcome 06: Absence of the Person in charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Notification was not forwarded to the Chief Inspector to reference the appointment of a replacement deputy person in charge or departure of the previous deputy person in charge as detailed on the centre's registration certificate as a person participating in management of the centre.

Action Required:
Under Regulation 33(1) you are required to: Give notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge, setting out the matters contained in Regulation 33(2).

Please state the actions you have taken or are planning to take:
Notification of both changes was posted on the 14th November and received by the Authority on the 17th November

Proposed Timescale: 11/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not reference arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents

Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The provider nominee and General Manager are currently reviewing the Risk Management and Hazard Identification documentation to ensure that incidents can be recorded, identified, investigated and learning obtained therefrom.

**Proposed Timescale:** 30/12/2014

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Findings evidenced that not all hazards throughout the new extension building were identified and risk assessed with concomitant controls stated to mitigate risks found.

**Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The provider nominee and General Manager are currently undertaking an exercise to identify, record, and identify controls in relation to any additional hazards not already identified.

**Proposed Timescale:** 14/12/2014

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A safety statement was not available on this inspection for review by inspector to take account of the new extension. An emergency plan was been developed by the provider and was not available to inform emergency procedures if required.

**Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
A safety statement has been developed for the new extension. An Emergency plan has been finalised.
**Proposed Timescale:** 11/12/2014  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A previously used assistive bath did not have completion of decontamination and service/commission documentation by the manufacturer. Cleaning procedure documentation of the new extension was not available. While an area was identified for secure storage of waste, this area had not been risk assessed and was accessible by unauthorised persons.

**Action Required:**  
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**  
The assisted bath has been commissioned by a service agent.

The General Manager has developed and documented cleaning procedures relevant to the new building.

An additional gate is being placed at the rear of the building this will prevent any access to the area by unauthorised persons.

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**Proposed Timescale:** 17/12/2014  
**Theme:**  
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Risk of potential obstruction of the final fire exits from the communal rooms by furniture was not identified in the risk log. In addition an unprotected stepped area of footpath was not secured adjacent to the fire escape route exterior to the building.

**Action Required:**  
Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**  
The furniture has been removed. There is a clear path to the door.

An additional gate has been installed to eliminate access to the stepped area.
### Outcome 10: Notification of Incidents

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A notification of a serious injury to a resident was notified to the Chief inspector as a quarterly notification and as the resident concerned sustained a fall and required transfer to hospital for review, a notification of serious injury is required.

A notification referencing an incident where two vulnerable residents left the centre unaccompanied requires revision to document this incident for each resident individually and notify the Chief Inspector accordingly.

**Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
Any notification outstanding has been provided.

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### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors found from the care plans reviewed that not all resident needs identified had an associated care plan in place to inform required care interventions,

**Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
The PIC has instituted an ongoing review of Care Plans to identify any omissions and to address any required care interventions.
### Effective care and support

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

Appropriate medical and health care for residents, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais was not adequate for residents who remained in their bedrooms/beds.

**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:**
The PIC has conducted an in-depth review of identified residents. The PIC has requested specialist professional referrals for these residents which have been completed.

As a result of PIC review and the outcomes of specialist referrals adjustments have been made to care plans for these residents.

Moving to a new room in the new building will allow for improved quality of life for these residents as accessibility will be greater for mobilization and social interaction as evidenced during their visits and reactions to the new building.

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**Proposed Timescale: 20/12/2014**

**Theme:**
Effective care and support

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

Care of residents at risk of pressure related skin damage was not in line with evidence based practice or the centre's policy in regard to use of seudocreme.

**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:**
The PIC has reviewed and amended the pressure area policy.

The PIC has amended care plans to reflect evidence based best practice for residents with potential for pressure related skin damage.
Proposed Timescale: 15/12/2014
Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a lack of evidence to conclude that the positive behavioural support plan in place to manage and support a resident with challenging behaviour was reviewed. The negative outcome manifest by symptoms of this resident's medical diagnosis in the absence of reasonable efforts to involve behavioural psychology specialist input in the management of same severely compromise this residents socialisation, health and dignity.

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:
The PIC/ Provider Nominee have consulted a Behavioural Specialist and agreement on time of appointment for specialist to visit resident and produce a report is awaited.

The PIC has reviewed and amended a behaviour support plan for this resident. This plan has been reviewed and approved by the consultant psychiatrist and implemented accordingly.

Proposed Timescale: 18/12/2014

Outcome 12: Safe and Suitable Premises
Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The kitchen was not fully completed and commissioned in the new extension as it incorporated part of the existing kitchen and as such could not be completed until the current 21 residents were transferred to accommodation in the extension. An access door was blocked off from the dining area pending completion of the kitchen facility.

Some decorative stone was missing from areas along the side of the new extension.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.
**Please state the actions you have taken or are planning to take:**
The Authority has agreed to the transfer of residents to the new development, this is planned to take place in stages, when the transfer is completed work on the new kitchen will be undertaken and will be completed within 4 weeks of starting.

Procedures are in place as required by the Inspector as regards provision of meals to residents.

Ground fill decorative stone chippings have been replaced alongside external walkway.

**Proposed Timescale:** Completion for kitchen is four weeks after final resident moves to new development. Stone chippings are now completed.

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Equipment for use by residents was not kept in good working order at all times.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The General Manager is developing a new equipment maintenance register and schedule. Individual items which had been identified by Inspectors on the day has been addressed.

A weekly maintenance log has been reviewed to identify and include omissions.

**Proposed Timescale:** 30/12/2014

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Environmental temperatures in resident area including bedrooms were not adequate and were not monitored in the existing centre.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.
Please state the actions you have taken or are planning to take:
The General Manager has instituted a monitoring of temperatures in random areas of the building on an ongoing basis.

Proposed Timescale: 11/12/2014

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Monitoring of health status was not of an adequate standard for two residents to ensure their nutritional needs were met.

Estimation of calorific values to inform fortification activity had been undertaken by catering staff but not been reviewed by a dietician to inform prescribed interventions. These findings are discussed further in Outcome 11.

Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
The PIC has made referrals to a dietician in respect of two identified residents. One resident has been reviewed to date and recommendations implemented.

The dietician has been engaged to review the calorie count of menus.

Proposed Timescale: 30/12/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There continued to be inadequate documentation to support positive outcomes for them from participation in activities offered especially for residents who remained in their rooms.

Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.
**Please state the actions you have taken or are planning to take:**
The activities co-ordinator is implementing a new system to ensure levels of participation by all residents is monitored and documented.

The activities co-ordinator will have an extra hour per day to engage with those residents who choose to remain in their rooms.

**Proposed Timescale:** 15/12/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Advocacy services documented as being available to residents were not availed of to assist staff with promoting and supporting three residents' to achieve reasonable health and quality of life.

There was inadequate evidence of consultation with residents regarding moving to the new extension to facilitate their choice and information needs.

**Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
Advocacy services are available on an ongoing basis in the Centre.
The three identified residents have received and continue to receive regular visits from the advocacy services as has been the situation since the inception of the advocacy services.
Staff are familiar with the advocacy services and are empowered to identify any particular requirement of same in relation to residents.

All residents have been consulted with their relatives as regards the move and all have expressed satisfaction with their input into the process.

Documentary evidence of same is available.

**Proposed Timescale:** 11/12/2014

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Panel glass in an adjoining wall between a corridor and three bedroom was unchanged on this inspection in the existing centre premises.
The procedures in place for managing one resident with challenging behaviour that impacted negatively on his elimination activities did not ensure that all aspects of his dignity needs were respected.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
Additional curtaining was placed in the rooms since the last inspection, blinds are available in all rooms to be used.

Denser curtaining will be sourced and placed in the rooms.

It is anticipated that these rooms will not be in use as bedrooms after the 20th December following move to new development.

A behavioural specialist has been consulted to assist in ensuring this resident retains his dignity with regard to his elimination activities as much as is possible

**Proposed Timescale:** Proposed No 1 11/12/2014 / Number 2 awaiting appointment from behavioural specialist.

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
No visitor's room or second sitting area to enable residents to meet their visitors in private outside their bedroom was provided.

**Action Required:**
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.

**Please state the actions you have taken or are planning to take:**
The current dining room is available outside mealtimes and frequently used by residents and guests to meet and have a chat and cup of tea in private.

The new development will allow the provision of a specific room for this purpose.

**Proposed Timescale:** 11/12/2014
The provider/person in charge advised inspectors that a fixed table in front of a resident’s chair would be used as a restraint measure for one resident at risk of falls in the absence of out-ruling the impact of increased staff supervision on this resident’s quality of life, freedom and risk mitigation.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
The PIC has engaged both Physiotherapy and Occupational Therapy professionals to provide specific reports on this individual.

The Physiotherapy review has been completed and recommendations implemented.

The OT report is awaited.

This individual is at risk of falls even with staff members present and the current circumstances enables the individual to continue to participate in communal activities with no risk.

**Proposed Timescale:** 15/12/2014

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A staff member was referenced on the duty rota as working continuous night duty; there were no supervision arrangements evident including appraisal for this staff member.

**Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
A formal weekly meeting takes place between PIC/Deputy PIC and night staff this is documented and evidence of same has been provided to the Authority.

Informal meetings between night staff and general manager, PIC or deputy PIC occur 5-6 times per week. This will now be documented.

Documentation prepared by this staff member in response to requirements set out by PIC has been completed satisfactorily to date and is monitored daily.

**Proposed Timescale:** 11/12/2014