

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodlands House Nursing Home
Centre ID:	OSV-0000186
Centre address:	Trim Road, Navan, Meath.
Telephone number:	046 902 8617
Email address:	woodlandshousenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sandcreek Limited
Provider Nominee:	Fintan O'Connor
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 January 2015 10:00 To: 15 January 2015 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection took place over one day with two inspectors. The purpose of the inspection was to monitor progress with completion of action plans from the inspection in November 2014. This was the fourth inspection of the centre, completed by the Authority since April 2014.

The Authority has been involved in on-going regulatory activity with the provider due to findings of major non-compliance with the regulations since July 2014. 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 of residents 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.

A monitoring inspection was completed in September 2014. Fourteen outcomes were inspected, of which eight constituted major non-compliances and five constituted

moderate non compliance with the requirements of the legislation and national standards. 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 due to findings of on-going non-compliances with the Legislation.

Twelve outcomes were inspected on a follow-up inspection in November 2014, of which six constituted major non-compliances and three moderate non compliances with the legislation. On inspection in November 2014, there was evidence that the provider was addressing inadequate fire safety and evacuation procedures in the existing centre in collaboration with Meath Fire Services. However, findings evidenced inadequate evidence based best practice in relation to care of residents with challenging behaviour, promotion of limb function and management of unintentional weight loss. The Authority convened a further regulatory meeting with the provider and person in charge in December 2014. In response, the provider revised the organisational structure of the centre in terms of governance and management arrangements. The provider forwarded a revised statement of purpose and transferred all residents from the existing centre into the new extension under the existing registration conditions. The provider also ceased admissions to the centre in December 2014.

Following the regulatory meeting on 04 December 2014 and due to on-going non-compliance with the legislation, the person in charge was required to complete and submit a weekly report to the Authority for monitoring of residents care and welfare in the centre.

On the day of this inspection, the inspectors spoke with residents and staff members. Documentation including policies, care plans, risk management documentation and records, fire safety records, staff duty rotas and training and audits was also reviewed. Inspectors observed staff practices and followed up on progress with completion of action plans from the last inspection of the centre in November 2014. Thirteen outcomes were assessed on this inspection, five of which were compliant. Findings on premises and residents' rights and dignity were substantially compliant, with evidence of minor breaches in the Legislation. Findings in relation to governance and management of the centre on this inspection constituted continued major non-compliance with the Legislation. Moderate non-compliance was found in outcomes in relation to documentation to be kept in the centre, safeguarding and safety of residents, health and safety and risk management, healthcare and social care needs and workforce

On-going repeated findings of major and moderate areas of non compliance found on this inspection confirmed that the service continues to not be safe, appropriate, consistent and effectively monitored to adequately meet the needs of residents as stated in the centre's statement of purpose.

Clinical governance in the centre continues to require significant improvement. Care of residents who remained in their rooms or in bed due to underlying medical conditions manifest in challenging behaviour did not have adequate documented

programmes in place to ensure they were supported and empowered to maintain and progress positive outcomes in terms of their health, well-being and quality of life. Some residents did not have documented care plans in place to inform interventions to meet their assessed needs. Staff did not have adequate skills/knowledge to ensure the diverse needs of the resident population in the centre were adequately met in line with contemporary evidence based practice.

The person in charge did not ensure that staff have up to knowledge, appropriate to their role to respond to and manage behaviour that is challenging. This is a breach of regulation 7(1). The person in charge discussed introducing a particular model of care for managing a resident's challenging behaviour however; staff had not received training on same to date.

There was further improvement required with reviewing policies and procedures to ensure that all practices in the centre was informed by evidence based information in accordance with Regulation 4: Written policies and procedures .

Residents spoken with told inspectors that they were happy and comfortable in their new environment. They also said 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 on the day of inspection.

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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
A revised statement of purpose document dated January 2015 was given to inspectors and forwarded to the Authority and referenced transfer of resident accommodation to

the new purpose-built extension from the existing centre. This resident accommodation transfer has been done within the current conditions of registration to include a maximum occupancy of 22 residents. The revised statement of purpose document describes the services provided, statement of the aims, objectives and ethos of the newly built centre extension and a statement as to the facilities and services which are to be provided to meet the needs of 22 residents. All other required details were included in line with schedule 1 of the legislation.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspectors found that the governance and management structure had been revised with nomination of directors, Fintan O'Connor as provider nominee and Susan Walsh as person in charge. These changes were appropriately notified to the Authority following a regulatory meeting on 04 December 2014. Findings of inspections in July, September and November 2014 supported evidence of on-going major non-compliance with the legislation including governance and management on the last inspection in November 2014. The provider ceased admissions to the centre from 04 November 2014 to facilitate work to bring the centre into compliance with the legislation and transfer of residents to a new purpose built extension to mitigate risk posed by the existing centre premises and emergency arrangements.

While there was evidence of some improvement in clinical governance in the centre, the findings on this inspection indicated that this area continues to require significant improvement to ensure residents assessed needs are consistently met. Inspectors found that the needs of residents with challenging behaviour were not adequately supported with responsive and progressive positive behavioural programmes fostered and built on progress made to date. Although, staff were found by inspectors to be willing and motivated to provide adequate care to residents, an absence of evidence based policies and procedures to inform practice, findings of ongoing weaknesses/deficits in clinical aspects of the service and evidence of a staff skills/knowledge deficit not recognised or actioned supported findings of continued inadequate clinical governance and

management.

Major non compliance with the Regulations and Standards on all four inspections in 2014 in relation to the suitability of purpose and safety of the existing designated centre and care of residents has been addressed with safe transfer of residents to a new extension.

Activities to monitor and review the quality and safety of care and quality of life for residents had increased since the last inspection in November 2014. Weekly data collection of care parameters was being collated and used to highlight variations from week to week in same. A medication audit was also completed and review of residents' access to allied health professionals among others. These audits provided assurances that appropriate referral was taking place and also informed timescales taken to consultation. This data provided the person in charge with information to confirm timely consultation in response to referral was taking place. An annual report dated 05 November 2014 detailing a review of the quality and safety of resident care was forwarded to the Authority following the last inspection and was also available on-site for review by residents.

Following the regulatory meeting on 04 December 2014 and due to on-going non-compliance with the legislation, the person in charge was required to complete and submit a weekly report to the Authority for monitoring of residents care and welfare in the centre.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The residents guide document was revised since the last inspection in November 2014 to reference the new resident accommodation. Some residents had read this document and copies were in place in the centre for further resident reference if required. The person in charge advised inspectors that a copy of the guide would be included in the information pack for new residents going forward.

A sample of resident contracts were reviewed on the day of inspection and were found to set out the services to be provided and the fees to be charged. Some residents

signed their agreement with their own contracts.

Judgment:

Substantially Compliant

***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

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

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

Findings:

Inspectors reviewed documentation including progress with putting documentation found inadequate at the last inspection in November 2014 in place as identified in action plans forwarded to the provider following that inspection.

As found on previous inspections and on this inspection, some residents' care plan documentation did not reference a documented care plan for some identified needs and as such placed these residents' health and well-being at risk of deterioration.

A statement of purpose document was available and forwarded to the Authority to reference the new extension.

The inspector confirmed that all required notifications under regulation 31 of the legislation had been forwarded to the Chief Inspector.

There was no time scheduled on the duty rota for staff hand-over, although the inspector was told that staff came on duty earlier than scheduled to receive a hand-over of resident information from the staff member on the previous shift. As this practice was not formalised, there may be a risk to continuity of care and communication of resident information. This finding is repeated from the last inspections in September and November 2014.

While policies and procedures were available to guide practice and there was evidence from review that some had been updated and reviewed by the provider and person in charge since the last inspection, this action was not satisfactorily completed. The person in charge proposed that review of this documentation would be completed by 31 December 2014. However, the Authority acknowledges that delay in meeting this

timescale was due to priority being given to actions taken by the provider and person in charge to mitigate risk to residents with transferring to the new purpose built extension accommodation. This action is repeated in the action plan with this report and requires the person in charge to set a new timescale to ensure evidence based guidance documentation is available to inform staff practice and procedures.

Although included in the revised health and safety statement, information as described in the legislation that should be included in a risk management policy was not documented in same.

The fire safety policy was available for review on this inspection and inspectors were advised by the general manager that this advisory documentation will be kept under review. Commentary information on fire evacuation drills including timescales to complete same was not documented for some drills completed.

Judgment:

Non Compliant - Moderate

***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):

The action(s) required from the previous inspection were 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. Notification has been forwarded to the Chief Inspector to reference this appointment.

There were no occasions where the person in charge was absent to date for greater than 28 days.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Some residents in the centre presented with varying challenging behaviours. Inspectors found that one resident who remained in her room on previous inspections was observed on this inspection to independently choose to eat meals in the dining room which was encouraged and supported by staff.

Inspectors also found evidence of some positive outcomes for other residents with significant challenging behaviour following proactive management including input from allied health professionals and change of environment. However, there was evidence to support that progress was not sustained and supported or progressed to ensure regress was prevented. For example, a resident had a positive behavioural support plan in place and while it referenced presentation of the resident's behaviour, proactive and reactive strategies, it did not demonstratively impact on the severity or frequency of the behaviour or outline of a programme with achievable person centred goals set in collaboration with this resident. Another resident who spent the majority of their time in bed had made progress with sitting out for brief periods with some initial physiotherapy. However the inspectors found that this resident's progress had regressed and was not sustained by implementing supportive management of challenging behaviour and promoting positive health outcomes in a structured resident centred programme.

Assessment of one resident with high support needs by a behavioural specialist had been completed on the 07 January 2015 with a report forwarded to the centre on the 12 January 2015 referencing findings and recommendations. The person in charge discussed her plan to introduce an accredited model to provide a framework for understanding triggers and proactive management strategies. As part of this process and as recommended by the behavioural specialist, direct observational procedures were in place over a two week period using an ABC (antecedent, behaviour and consequence) charting process to gain information on triggers/patterns to the challenging behaviour. The inspector was informed by the person in charge that as no further consultation was currently scheduled by the behavioural specialist; further management of this resident's behaviour would be driven by staff, informed by the introduction of an accredited behavioural management model. However, the inspector observed from staff training records reviewed on inspections to date that some staff had not completed training in challenging behaviour and others did not have refresher training in this area of care since 2012. In addition, findings on inspections by the Authority since July 2014

evidenced unsatisfactory management and an absence of application of evidence based practice regarding care of residents with challenging behaviours. These findings supported conclusion that further staff training in this area of resident care including instruction on the application of the proposed behavioural management framework in addition to ongoing input and support by a behavioural specialist and allied health professionals was required.

The person in charge advised inspectors that a fixed table in front of a chair would be used as a restraint measure for one resident at high risk of falls. There was evidence of alternative safety measures trialled but found not suitable for this resident, including the option of an alternative chair with a table facility that could be disengaged by the resident at will. The inspector observed that this residents table was removed as documented during the morning activity session in the sitting room. While assessment has been completed and releasing schedules were in place, this restrictive intervention should only be used for the shortest time possible and should be referenced by documented evidence of ongoing assessment to ensure it is appropriate and is not used in the absence of out-ruling the impact of increasing staff supervision on an ongoing basis to ensure this resident's quality of life, freedom and safety needs are not compromised. Inspectors findings in relation to use of bedrails for some residents who remained in bed did not consistently reflect documented outcomes of assessments completed to ensure their independence was promoted and bedrail use was in line with national best practice guidelines. For example, one resident who remained in bed on the day of inspection had bedrails covered with protective bumpers in an engaged position even though the documented assessment was that bedrails were not necessary to meet this residents' needs while resting in bed during the day. The inspector was told by staff that the resident requested the use of bedrails however, there was no documentation to support reassessment activity or/and development of meaningful action plans to support and empower the resident to make healthy choices and function on a daily basis without compromising their own independence and quality of life or that the risks of prolonged inactivity were explained to the resident.

Judgment:

Non Compliant - Moderate

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 revised safety statement was available on this inspection dated 2014-2015. This

document was referenced as reviewed in October 2014 and described the health and safety arrangements in the centre. However, information required in the risk management policy as stated in the legislation was included in this document and not in the risk management policy to inform practice in this area. This is discussed in outcome 5 of this report. A Health and Safety committee were in place. Minutes were available and reviewed. The minutes included discussions in relation to planning for safely moving residents from the existing premises to accommodation in a newly built extension. Inspectors found that appropriate assessments were completed prior to transfer to new build to ensure residents were transferred to their new accommodation safely.

A record of accidents and incidents to residents was maintained in the centre. The inspectors were advised by the person in charge of a resident in hospital following a fall at 02:00hrs on the day of inspection. The Authority was notified since the inspection that this resident sustained a fractured thumb. The risk management policy document required review to ensure required information was referenced in this document to ensure ease of retrieval if required for reference.

Inspectors found that the risk management policy did not include advisory information to inform identification, recording, investigation and learning from serious incidents or adverse events involving residents. This finding is discussed in outcome 5.

There was evidence that the provider had reviewed areas of unidentified risk as found by inspectors during the last inspection with adequate concomitant documented controls in place.

Risks identified by inspectors on the last inspection of the centre in November 2014 and findings on this inspection included;

- A gate had been erected which effectively mitigated the risk posed to residents from accessing unprotected/unsecured steps on the pathway/fire escape route surrounding the exterior of the building as found on the last inspection in November 2014.
- There was evidence to support that bubbling of floor covering in areas accessed by residents had been reviewed by the flooring contractor following the last inspection and the issue was observed by inspectors to be satisfactorily resolved on this inspection.
- Opening arrangements of a compartmental fire door on a corridor was observed to be revised to eliminate partial obstruction to a resident's bedroom posed on the last inspection in November 2014.
- Access from the road into the new extension was observed to be clear. No construction vehicles were on-site on the day of inspection and the person in charge and staff general manager told inspectors that there would be no necessity for further construction vehicles to come on-site for phase 2 of building work.
- Risk was identified and assessed regarding access to the existing kitchen and food provision for residents during the commissioning phase of the new kitchen into the new extension building. This work was planned in phase 2 of the refurbishment project. As part of the controls in place to mitigate risk, a bain maire was purchased which was upgraded and replaced to ensure residents' food was provided to required standards.
- The inspector observed that clear glass doors to the internal courtyard had alert signage placed on them to alert users with compromised vision.
- Risk of unauthorised access to the existing centre while refurbishment work is in progress was mitigated by use of a key. The key was accessible to authorised users. A thumb lock was in place to enable staff to secure the door on exiting the extension into

the existing centre premises.

- None of the residents smoked cigarettes in the centre. One resident who smoked previously had been supported to use a vaporiser nicotine replacement unit which met his satisfaction. The resident used this unit in a designated smoking area.
- The risk of spillage of water from the water dispenser units onto the surrounding floors was identified with absorbent mats in place as a control to mitigate risk posed.
- The emergency call bell tone had been changed to distinguish it from the regular call bell used by residents to alert staff to their need for assistance in the centre.
- The potential for obstruction of the fire exits in the communal sitting room by furniture was identified in the risk register. The inspectors found that all designated fire exits were clear of obstruction on the day of inspection.
- Risk of slip on floor surfaces inside access doors to the internal courtyard and public entrance to the extension while phase 2 work is in progress had not been completed. The person in charge advised inspectors that mats would be placed into a well in the floor. Although not completed, this work had been commissioned and was pending commencement.

Hand hygiene facilities were provided with appropriate hand wash sinks and hand gel stations assured inspectors that a previously used assistive bath in the new extension had initial decontamination completed. There was a procedure in place for ongoing cleaning and decontamination. There was evidence of commissioning documentation.

Cleaning procedure documentation for each part of the new extension was not available on the last inspection in November 2014 but was present on this inspection. A flat mopping system was in place to facilitate frequent cleaning of one resident's accommodation. Wet-mopping was used to clean the remainder of the centre, however, changing of mops and solution was not in place between cleaning each resident's bedroom and en-suite floor surfaces. Hot water temperature to outlets accessed by residents was satisfactorily controlled to prevent scald injury. Inspectors were told that flushing of water outlets in sinks and showers was completed in vacant bedrooms and the assisted bath/communal shower in the new extension and all water outlets in the existing premises to mitigate risk of legionella contamination. However, there was no documentation or instructions on the procedure to be followed for staff to confirm completion of this risk preventative action. There was an area for secure storage of waste, this area had been risk assessed and was not accessible to unauthorised persons on the day of this inspection.

The procedures in place for managing one resident with challenging behaviour that impacted negatively on his elimination activities were currently being assessed with the support of a behavioural specialist. The person in charge and staff were working to manage malodours manifest from this residents challenging behaviour activities. However, actions taken to date have not ensured adequate malodour control to ensure this resident's privacy and dignity needs were met.

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 including arrangements in the existing centre. As a control to mitigate risk posed by the existing building structure to residents in relation to fire safety, the provider facilitated all residents to transfer to new accommodation in a purpose-built extension to the back of the existing centre premises. Ten staff had completed fire marshal training.

Preventative fire checking procedures were completed.

All residents had personal evacuation plans developed that assessed and informed their evacuation requirements in terms of staff numbers and equipment including equipment to support continuity of treatment that should remain with them in the event of evacuation been required. However, an inspector observed that there was a risk of miscommunication due to the presence of some residents' personal evacuation plans referencing their needs in the existing centre in addition to those for their needs in their new accommodation. There was evidence of completion of nine simulated evacuation drills with staff at various times of the day and night for the period since the last inspection in November 2014 up to the 09 January 2015. While all drills were documented, some commentary records required improvement to include all details of the drill procedure including the timescale for completion of evacuations. All staff spoken with were knowledgeable on the procedures to take in the event of fire to ensure residents safety. An advisory plan to the nearest fire exit was displayed on the back of each resident's door. The inspectors observed that many residents wished to keep their bedroom doors ajar, however, there was no documentation referencing risk assessment regarding this choice for residents to ensure their safety was assured in the event of a fire. All fire exit doors were locked with electromagnetic units that reportedly disengaged on activation of the fire alarm. Final fire doors were operated by a push-bar mechanism. All fire exits were free of obstruction on the day of inspection. 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.

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):

The action(s) required from the previous inspection were 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 and November 2014. The inspector confirmed that required notifications have been forwarded to the Authority. 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 was forwarded as required.

A notification was forwarded to the Chief Inspector to reference change to the deputy person in charge as a person participating in management of the centre.

Notification has been received to reference the nomination of Fintan O'Connor as provider nominee for the company.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Inspectors reviewed a sample of residents' care plans and documentation with reference to findings on the last inspections in September and November 2014 including progress with completion of action plans to address major non-compliances with the legislation found. Inspectors found some evidence of improvement in care provided and the quality of life for some residents in their new environment on this inspection. On this inspection referral and consultation by allied health professionals was in place to support care provided by staff for residents with unintentional weight loss, requiring assessment of seating needs and modified consistency foods. There was evidence that recommendations made by the dietician and speech and language therapist were being incorporated into the care of residents reviewed.

Inspectors found from a review of a sample of care plans on this inspection, that as found on the last inspections in September and November 2014, not all residents' assessed needs had a documented care plan in place to inform required care interventions. There was also duplication of care plans and interventions to meet some assessed needs which the inspector found did not provide clear information to staff regarding care interventions to be implemented to ensure assessed needs were adequately met. The inspector discussed these findings of ongoing non-compliance as indicative of a staff training need which required action to ensure residents' assessed needs were satisfactorily documented and met.

While a resident with poor mobility was in bed on the day of inspection, there was documented evidence of his occasional transfer to sitting out in a chair for short periods since the end of December 2014. Limb exercises, while this resident rested in bed were supported by staff to prevent further deterioration of limb function.

An inspector spoke with the activity co-ordinator and observed facilitation of residents' recreational activities on the day of inspection in the sitting room. This area was observed to provide a group of residents who were participating in a gentle physical exercise activity, facilitated by the activity co-ordinator with satisfactory, comfortable space. A large group of residents and some family members were also observed to enjoy a music session provided by local musicians in the afternoon on the day of inspection. The increased space provided by the sitting room in residents' new accommodation as a venue for convening this activity was observed by the inspectors to enhance opportunity for residents' socialisation with their family and friends. The activity co-ordinator used this time to visit residents who remained in their bedrooms. Records maintained by the activity co-ordinator were observed by the inspector to have undergone revision since the last inspection. These records included additional information to inform evaluation of positive outcomes for residents from participation in activities provided. The inspectors also observed that the activity coordinator's hours were increased by one hour per day to enhance activity provision for residents who remained in their bedrooms. However, the inspectors also observed that the activity co-ordinator had not completed formal accredited training to support activation practices for residents with dementia care needs and challenging behaviour. This is discussed further in outcome 18.

Judgment:

Non Compliant - Moderate

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On this inspection, inspectors found that there were no residents residing in the existing premises and all residents were accommodated in the new extension. The structure and layout of the extension premises, having regard to needs of residents, was found on the last inspection in November 2014, to conform to the matters set out in Schedule 6 of the Regulations and Standard 25 of the National Standards. While the extension provides accommodation for a capacity of 30 residents with 24 single rooms and 3 twin rooms, 19 beds were occupied by residents. Under floor central heating was in place with thermostatic controls in each room and in corridors. The environment temperature was

monitored, comfortable and met the satisfaction of residents spoken with by inspectors.

The kitchen was not fully completed and commissioned in the new extension as it incorporated part of the existing kitchen and as such was scheduled for completion with phase 2 of the refurbishment project referencing the existing premises. A planned access door to the kitchen was blocked off in the dining area pending completion of the refurbished kitchen facility.

Current access to the new extension required passage through the existing building. Residents were protected from unaccompanied entry into the existing building premises by a secure door between the extension and the existing premises. The inspectors observed that the front door of the existing building was used as the access point to the extension. As the door bell was not connected directly into the extension alert system, the telephone number of the centre was clearly displayed for use in the event of the doorbell not being heard by staff. However, there was delay in opening the door due to the distance from the extension building. This may pose delay to residents returning into the centre following outings. While phase 2 of the refurbishment project is underway, an alternative temporarily access point will be put in place directly into the extension. 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 is pending commencement.

The new extension provided a secure internal courtyard. Missing areas of decorative stone observed on the last inspection were completed on this inspection along the side of the new extension.

Lighting was fitted at various points to illuminate the perimeter. Surrounding roadway surfaces were covered by tarmac and emergency vehicle and car-parking space marking was completed.

All equipment for use by residents was clean and in working order including a weighing scale chair, pressure relieving mattress motors and a sample of residents' call bells. Residents who were resting in bed had their call bells within close proximity to them.

Judgment:

Substantially Compliant

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. However, the person in charge was working through reviewing all policies and procedures since the last inspection to address deficits found. Monthly weights were recorded and documented 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 unintentional weight loss by the dietician and others being monitored with three day food diaries to inform dietetic consultations as part of their referral pathway. 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 staff education was facilitated since the last inspection in November 2014 on 'Nutrition in the elderly'.

Weighing equipment was available, calibrated and in working order on the days of inspection. An inspector also observed where a dietician had reviewed calorific values of ingredients and resident menus to inform residents' food preparation, dietary intake records and food fortification activity. There was evidence of appropriate referral of some residents for assessment by the speech and language specialist. Some residents were provided with modified consistency food in line with recommendations made.

The inspectors observed that a bain maire was purchased for food transportation to the new dining room.

The inspectors observed the lunchtime meal and saw that thirteen of the nineteen residents attended the dining room for their meal. A notice board displayed the menu choices available in addition to menus on each table for residents' convenience. The inspector observed that residents had a choice of lamb or salmon dishes, one resident did not like the choice of hot meal on offer and was provided with an alternative. Soups and potatoes were fortified for some residents with cream and butter in line with recommendations by the dietician. Some residents were assisted discretely by staff with eating.

Judgment:

Compliant

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 inspections in September and November 2014 evidenced major non-compliance with the regulations in this outcome. On this inspection, inspectors found that residents' rights, privacy, dignity and consultation was significantly improved.

However, the procedures in place for managing one resident with challenging behaviour that impacted negatively on his elimination activities did not adequately control malodours. This finding did not ensure this resident's privacy and dignity needs were met in all respects. This finding is discussed in outcome 8 of this report.

The new extension accommodation was observed to provide facilities to ensure residents received care in a way that promoted their privacy and dignity in single and twin rooms, each fitted with an en-suite shower, toilet and hand-wash basin. Bedroom windows were fitted with net curtains and twin bedrooms had adequate bed screening available to ensure residents could conduct personal care in private. The exterior of residents' bedroom windows located on walls in the internal courtyard and a window on a quiet sitting room overlooking a children's playground was covered with a material that obstructed view inwards but did not prevent view outwards.

There was evidence on this inspection that residents were supported and enabled to make informed choices regarding their location in the new accommodation.

Advocacy services were documented as being available to residents. Five volunteers referred to as 'befrienders' also attended the centre and visited residents. There was documented evidence that vetting was completed to ensure residents' safeguarding needs were met. There was a variety of areas available to residents in their new accommodation to meet their visitors in private outside their bedrooms if they wished.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The person in charge and deputy person in charge were on duty on the day of this inspection. In addition to the person in charge who was scheduled in the centre as on duty each day from 09:00hrs to 18:00hrs, a staff nurse was scheduled on duty from 08:00hrs to 20:00hrs, three carers were on duty in the morning which reduced to two carers in the evening up to 21:00hrs. A staff nurse and two carers were scheduled on each night duty. All staff were documented on the copy of the staffing rota viewed by inspectors including the hours of duty of the provider nominee/person in charge. There was evidence that additional staff had been appointed including an additional carer on night duty, cleaning staff for 3 hours each day at the weekends and the activity coordinator was on duty for an additional hour each day (5 days per week).

The inspectors observed that residents were adequately supervised on the day of inspection, call bells were answered promptly and staff were observed to be available to offer/provide assistance to residents as needed.

A staff member continued to be referenced on the duty rota as working continuous night duty. While the person in charge met this nurse on a regular basis and reviewed incidents and resident care activities that occurred at night, direct supervision of practice arrangements including appraisal/performance management for this staff was required in line with the legislation. The 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 taking place to ensure all staff participated in a fire evacuation drill and were knowledgeable regarding fire safety in the centre. However, deficits were found in staff knowledge in relation to resident care planning and dementia care needs as outlined in outcome 11 and in challenging behaviour as outlined in outcome 7. This finding did not adequately reflect the statement and purpose of the centre in relation to meeting the diverse needs of the resident profile on the day of inspection.

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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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Woodlands House Nursing Home
Centre ID:	OSV-0000186
Date of inspection:	15/01/2015
Date of response:	20/02/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Management systems in particular clinical governance in the centre did not ensure that all aspects of the service was adequate to meet the assessed needs of residents.

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.

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

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

The Provider is in the process of engaging an external consultancy to review, comment on and update all management systems in particular in the clinical governance area with a view to approving or strengthening existing policies, practices and procedures where considered necessary.

The PIC is completing a review of all policies and procedures, 22 policies have been reviewed amended / updated to date. All policies will be reviewed within next 2 months

A new PC based clinical management system has been instituted and is currently being populated with data. Following appropriate staff training it will be fully implemented by the middle of March.

The PIC continues to review two care plans at random each week as an audit mechanism. Two particular care plans identified by inspectors have been reviewed again and changes incorporated.

The PIC continues to implement a review of audits. Audits completed to date include medication management, equipment, hand hygiene, bedrail suitability audit, weekly quality and safety of care.

Four further audits re EOLC, Food and nutrition, staff training, cleaning and decontamination will be completed by February 28th.

The General Manager has reviewed the Risk Management Policy and updated to allow for easy retrieval of reference to new risks identified ,investigation,learning and actions re same

Proposed Timescale: 28/02/2015

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:

Some policies and procedures required review to correct hand written entries and amend information

The risk management policy document did not include information as required by regulation 26

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 PIC has initiated a programme of ongoing review of all policies. To date 22 policies have been reviewed , update and amended as necessary. It is anticipated that this programme will be completed by mid April.

An external Healthcare Consultancy will be engaged to review all areas of Management and Governance with a view to providing an analysis of the existing practices and procedures and recommending changes / upgrades where necessary, also to provide support and input to the PIC and management team in general.

A relevant training course by an accredited external training agency in Risk Identification and Management is currently being researched and the Gen Mng will attend an appropriate course once identified.

The General Manager has updated the risk management policy to include all information as required by Regulation 26.

Proposed Timescale: 1. April 15 2015. 2. Complete

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 some assessed needs and as such placed these residents' health and well-being at risk of deterioration.

Some commentary records did not include all details of fire evacuation drills in commentary records including the timescale for completion of evacuations.

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:

The PIC has reviewed and updated 2 residents care plans identified by inspectors

2 care plans at random are chosen for review weekly or more frequently as is necessary.

The General Manager will review Fire evacuation drill commentary record with a view to including timescales of procedure in future.

Proposed Timescale: 20/02/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

All staff caring for residents presenting with challenging behaviours did not have up to date training to ensure they had adequate skills/knowledge in this area of practice.

Staff had not received training/instruction on the application of the proposed behavioural management framework to be used with one resident.

Staff did not have up to date training to provide them with the skills/knowledge to provide person centred dementia care.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

The PIC has organised training re challenging behaviour for those staff whom have not completed it in last two years. This will be completed by end of February.

The PIC has organised training re Dementia Care for those staff who have not completed it. The training is scheduled for completion by end of February.

The PIC engaged an external Behavioural Management Specialist to prepare a detailed report and recommendations in respect of one particular individual. The Specialist visited the centre on the 7/1/2015 and issued her report on the 16/1/2015. The Specialist requested that data be collected for further analysis and recommended the following specific actions:-

1.Reassessment using Newcastle Framework

2. A repeat ABC analysis and dietary review for 14 days, this was commenced 17/01/15 and the results are being analyzed at present. The dietary review has been forwarded to a dietician for input

3. A more detailed life history to be obtained from relative which has been requested date: 21/01/15, 29/01/15

Following collection and analysis of the data the Behavioural Specialist will endeavour to identify any trends or triggers and will recommend actions for implementation.

In addition the Behavioural specialist will identify any further training that may be required to educate staff in improved methods of approaching this resident

With the move to the new building this resident has enjoyed greater socialisation and independence.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

A restrictive intervention used for a resident at times when not engaged in activities required evaluation to ensure it is appropriate and is not used in the absence of out-ruling the impact of increasing staff supervision on an ongoing basis to ensure this resident's quality of life, freedom and safety needs are not compromised.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

The PIC will have the behaviour of this resident, who has severe imbalance which has been risk assessed, re-evaluated. The re-evaluation will be undertaken, as before, in conjunction with Physio, O/T and the resident's G.P.

Alternatives trialled to reduce the use of the restrictive intervention will also be re-evaluated.

The PIC will ensure that current arrangements whereby a staff member is present in the room when any restrictive measure in is use will be continued and included as part of the re-evaluation exercise as the risk assessment currently shows that even with the staff member present in this room this resident has a potential to fall .

Staff will continue to document the resident's walks, (currently 6 times per day) and will monitor the resident's functioning to ensure the use of a chair continues to allow the resident to function at a higher level by giving her the ability to eat and drink by herself.

Proposed Timescale: 15/02/2015

Theme:

Safe care and support

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

There was evidence that some bedrails used in the designated centre were not reflective or informed by assessments completed and as such were not used in accordance with national policy on restraint as published on the website of the Department of Health.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The particular resident in question did not have it documented in his care plan that he often wishes to have the bedrails in place from time to time during the day.

A reassessment, including the resident, has been undertaken which shows the resident would now like to have the bedrails on request during the day

The PIC has amended the care plan to reflect the resident's wishes.

The PIC has added a new risk/benefit analysis per National Policy 2006 to the existing enabler/bedrail register and assessment is in place and reviewed monthly to assess the risk/benefit to the resident

Proposed Timescale: 20/02/2015

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 as set out in Schedule 5 did not include 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 General Manager / Provider Nominee are currently reviewing the form and contents of the risk register and the risk policy.

In addition to the current incident/event register any incidents/events will also in future be noted in Risk management file.

Investigation, recording and learning outcomes noted with new control measures implemented.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Interim arrangements were not in place pending placement of recessed mats to control identified risk of slip on floor surfaces inside access doors to the internal courtyard and public entrance to the extension to be used while phase 2 works is in progress.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

An interim solution to the risk of slip on floors inside the interim public entrance has been implemented.

A flooring solutions company have been engaged to install permanent recessed mats in all relevant locations.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Procedures and arrangements, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were not implemented in respect of control of malodour in one area and procedures in place for cleaning of residents' bedrooms and en-suite facilities.

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 PIC is reviewing the standards for the prevention and control of healthcare associated infections.

An external Challenging Behaviour specialist has been engaged to work with the PIC to analyse the resident's behaviour to identify triggers which cause such behaviour.

1. A sonic air purifier has been obtained and is currently being trialled.
2. Windows are opened when resident vacates room

3. Two hourly room cleaning is documented whereby multiple products have been trialled for efficacy

4. A different floor is being sourced to assist in managing the issue of malodour.

5. Further staff training In Infection prevention and control completed 04/02/15

A full cleaning manual incorporating all cleaning, decontamination and audits is in place

Proposed Timescale: 15/03/2015

Theme:

Safe care and support

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

There was no documentation referencing risk assessment of arrangements for residents to have their bedroom doors ajar to ensure their safety was assured in the event of a fire.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All doors comply fully with Building and Fire regulations.

A risk assessment in relation to doors left ajar is complete and noted in the risk register file.

All residents have been refreshed in so far as is possible re their understanding/location of their personal evacuation plan and location of fire exit doors

Numerous fire safety training drills have been undertaken with staff . These drills also practice evacuation. Such drills are ongoing.

Proposed Timescale: 20/02/2015

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:

In the absence of documented rehabilitative programmes for some residents with challenging behaviour, there was risk of loss of progress made and regression to previous routines.

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:

Targets have now been initiated for activity levels this resident.

Success or failure and the reasons why these targets were met or unmet on a daily basis is in train.

This resident, as is well documented, is very reluctant to get out of bed despite recent physio input

A family meeting has been arranged to discuss this issue

Additional opportunities to encourage the resident to use the outside courtyard may arise with milder weather.

Proposed Timescale: 20/02/2015

Theme:

Effective care and support

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

Not all residents with assessed needs had a documented care plan in place to inform required care interventions.

There was duplication of care plans and interventions to meet some assessed needs which did not provide clear information to staff regarding care interventions to be implemented to ensure assessed needs were adequately met.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The PIC has reviewed the care plan identified to ensure that all assessed needs are identified ,addressed and actions in place for unambiguous direction of staff providing care

The PIC / Deputy PIV review two care plans at random each week or more frequently if necessary to ensure all identified needs are assessed and met through clear instruction.

Proposed Timescale: 20/02/2015

Theme:

Effective care and support

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

Care of residents with challenging behaviour and use of bedrails were not reflective of contemporary based practice.

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:

1. External Challenging Behaviour specialist will report on any amendments required to current care planning and practices for specific individual.
2. Additional staff training in Challenging behaviours to be complete by 28/02/15
3. Bedrail reassessment is in train per National Policy 2006 . Reassessment of care plans to ensure clear documentation re bedrail usage has been completed

Proposed Timescale: 28/02/2015

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:

There was delay in opening the front door due to the distance from the extension building. This may pose delay to residents returning into the centre following outings

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A new temporary entrance has been established for a limited time while the existing entrance and building is being refurbished.

All existing visitors have been made aware of new entrance.

All staff are aware of new entrance and its use. New entrance is subject to ongoing monitoring.

A risk assessment has been completed on this new entrance.

Proposed Timescale: 20/02/2015

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:

Malodours present in one residents accommodation did not ensure privacy and dignity in all respects with personal elimination activities

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:

1. External Challenging Behaviour Specialist currently engaged in reviewing behaviour with a view to reporting on amendments to existing care practices to address resident's actions.
2. Training scheduled for staff re challenging behaviours
3. Sonic air purifier installed
4. Floor cleaning continues 2 hourly
5. Possible relocation of resident to room with different flooring type to help eliminate effects of lingering odours.

Proposed Timescale: 15/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff knowledge in relation to resident care planning was not adequate.

Staff had not attended training to ensure they had the skills and knowledge to implement a specified model of behavioural management.

Staff training on management of challenging behaviour was not adequate to inform care of residents presenting with same.

Training of staff in person centred dementia care was not adequate. No member of staff had training in facilitation of sensory based activation programmes.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training for staff in care planning will be arranged

2. Training for staff in Challenging behaviours to be completed by 28/02/15
3. Analysis of recommendations of behavioural specialist being finalized for further consultation wherein training of staff using specified model of behavioural management will be discussed
4. Training of staff who have not completed Dementia Care education will occur before 28/02/15
5. Registration on University of Tasmania online Dementia Care course, has occurred. Further training is being sourced locally.
- 6 The Activities Coordinator has been enrolled on a Sonas training course. This course commences in March and will run over the following two months.

Proposed Timescale: 1. 20/03/15 2.28/02/15 3. In train 4. 28/02/15 5. 28/02/15 6, May 2015.

Theme:

Workforce

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

Staff working continuous night duty were not adequately supervised.

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:

Minutes of planned weekly supervisory meetings between PIC/Gen Mgr, Deputy Pic and night staff are available since 18/11/14.

Medication audits are documented with this staff member.

Tasks performed at night time are documented and checked by PIC/Deputy PIC on a daily / weekly basis.

Staff working nights are now rotated to days to ensure they receive training as

required.

Proposed Timescale: 20/02/2015