



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Woodlands Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	Bishopswood, Dundrum, Tipperary
Type of inspection:	Announced
Date of inspection:	18 September 2019
Centre ID:	OSV-0000304
Fieldwork ID:	MON-0022775

About the designated centre

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

Woodlands Nursing Home is situated in a rural setting on the outskirts of the village of Dundrum and a 10 minutes drive from the town of Cashel, Co Tipperary. The centre is registered to accommodate 43 residents, both male and female. Residents' accommodation comprises single bedrooms with wash-hand basins, single and twin bedrooms with en-suite shower and toilet facilities, a conservatory, two dining rooms, sitting rooms and comfortable seating throughout. Other facilities include assisted toilets, shower wet rooms, an assisted bathroom and a laundry. There were two enclosed courtyards and a secure garden for residents to enjoy. Woodlands caters for people with low to maximum dependency assessed needs requiring long-term residential, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
18 September 2019	10:35hrs to 18:10hrs	Liz Foley	Lead
19 September 2019	08:30hrs to 15:15hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Residents were very positive about the care and support they received in the centre. Some residents who could not express their own opinions were represented by family members.

All staff in the centre were highly complimented by residents and family members. Both residents and families said that all staff were very caring and were responsive to their needs with call bells answered promptly both day and night. Residents felt safe in the centre and were confident in expressing any concerns or any complaints they may have to a member of staff. Visitors were always made welcome in the centre.

Residents enjoyed the social aspects of living in the centre particularly the group activities which were varied, interesting and fun. Residents were offered choice in how they spent their time and they told the inspector their privacy and dignity were always respected. The quality, choice and quantity of food offered was highly rated by all residents. Suggested improvements put forward by residents and family members were to spend more time outdoors and organised card games.

Ten questionnaires were returned as part of this inspection and closely and positively reflected the views above.

Capacity and capability

This was an announced inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. The inspector followed up on actions from the previous inspection which were all found to be completed however one action in relation to directional signage required further improvements.

There were effective governance arrangements in place. The management structure was clear and lines of authority and accountability were clearly defined. The person in charge worked full-time in the centre and reported to the provider representative who divided their time between two centres and was available in the centre 2-3 days per week. Staff feedback and communication was facilitated through regular meetings and twice daily handovers of care issues. There were regular senior management meetings; however, in the absence of meeting action plans it was not always clear how these meetings informed ongoing quality and safety improvements in the centre. Improvements in documentation would support the management team in demonstrating monitoring of the service and sustaining the improvements made. There was a schedule of audits regularly carried out to monitor the safety

and effectiveness of the service and these informed ongoing improvements in the centre. The quality and safety summary 2018 was available for review by the inspector and was prepared in consultation with the residents.

Improvements were found in the management of staff records with the recording of employment history for all staff. The contract for the provision of services had been updated since the last inspection; however, further revision was required to ensure that the bedroom to be occupied was detailed. The provider was also planning on reviewing the contract to ensure it complies with the recent Competition and Consumer Protection Commission guidelines for contracts for care in nursing homes.

There were adequate resources available to ensure that care was provided in accordance with the centre's statement of purpose. Staffing levels were adequate to meet the assessed needs of the residents. Improvements in the centres oversight of staff training had resulted in compliance with regulation 16 and there were ongoing plans for future training to ensure all staff were competent and supported to perform their roles. Over the two days of the inspection staff were observed providing dignified and person centred care. Staff were competent in emergency evacuation procedures, safeguarding procedures and had detailed and person-centred knowledge of resident's needs.

Risks associated with fire containment had not been identified by the provider. Bedrooms and some communal room doors did not have automatic door closers therefore increasing the risk of fire spread in the event of an emergency. Assurances were not provided that magnetic release doors were effectively closing. Evacuation drills were not carried out simulating night time staffing levels and therefore the provider was not assured that all residents and staff could safely evacuate in the event of a fire at night. The provider undertook to address all of these non-compliance's within a reasonable time frame.

Complaints were well managed in the centre and all concerns whether verbal or written were fully investigated however the satisfaction of the complainant was not consistently recorded. Residents, families and staff were fully aware of the complaints procedures and had no hesitation in expressing concerns or complaints if warranted.

Regulation 14: Persons in charge

The person in charge was a registered nurse. Garda vetting was in place and there was evidence of her commitment to continuous professional development. The person in charge worked full time in the centre and was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff were found to be appropriate to the assessed needs of the residents and the design and layout of the centre. There was a minimum of one registered nurse on duty 24hrs per day.

Staff were observed providing dignified, person-centred care throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The centre had made improvements in the monitoring of staff training and all staff were up to date with mandatory training. There was an extensive list of mandatory training which included manual handling, fire training, safeguarding, infection control, dementia care, medication management and food hygiene. Staff had received training in restrictive practices and further training in this was scheduled for the end of September 2019. Staff were appropriately supervised and supported in their respective roles.

Training is regularly reviewed and planned according to the needs of the service.

Judgment: Compliant

Regulation 19: Directory of residents

An up to date directory of residents was maintained in the centre. Information specified in paragraph (3) of schedule 3 was recorded.

Judgment: Compliant

Regulation 21: Records

Improvements were found in the staff records, all staff now had a full employment history recorded. All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and

records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and all staff were aware of their respective roles and responsibilities. The person in charge was an experienced nurse manager, who worked full time in the centre and was supported by an assistant person in charge and a care team. The registered provider representative divided their time between two designated centres and was actively involved in the operation of the centre.

Management systems were in place to monitor and evaluate the effectiveness of the service. Clinical and operational audits were routinely carried out and informed ongoing quality improvements in the centre. There were monthly management meetings and regular staff meetings. Action plans were not generated from these meetings and it was not always evident how this communication and feedback informed ongoing quality and safety in the centre. Staff told inspectors that the management team were always available and supportive with any concern or suggestion. The annual review of the quality and safety of care for 2018 was viewed by the inspector and found to have been prepared in consultation with the residents' and/or their families'.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The contract for the provision of services had been revised and updated since the last inspection and contained most of the items as set out in regulation 24. Details of the bedroom in which the resident will reside is required and the registered provider had plans in place to review this contract to bring it in line with new

Competition and Consumer Protection Commission guidelines.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in the centre; this was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The centre considered all feedback received both verbal and written and there was evidence of effective management of the complaints viewed. Improvements were found in the recording of complaints; however, the satisfaction of the complainant was not consistently recorded. Residents and family members told the inspector they would know how to make a complaint if warranted and felt supported by all staff to do so.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.
Judgment: Compliant
Regulation 31: Notification of incidents
On inspection there were residents who had pressure ulcers. There had not been any notifications of pressure ulcer category 2 or higher, made by the centre

since the end of quarter one 2018.

All other quarterly and three day notifications had been submitted.

Judgment: Not compliant

Quality and safety

Overall a good standard of safe care was being provided to residents. The service promoted a person-centred approach to care; however, care plans did not always support staff to provide the individualised and dignified care observed and opportunities were lost to provide evidence-based care. Improvement was required to ensure consistent and comprehensive assessment of need with validated tools preceded care planning in all areas of care. Healthcare was good and residents were supported to access GP and allied health services as required. Some residents with specialised needs would benefit from updated review by specialist allied health services, particularly speech and language and occupational therapy. Residents and families told the inspector they were regularly consulted with about their care, however this was not supported in the nursing documentation viewed. Physiotherapy was provided on site on a weekly basis. Residents were supported to access national screening programmes and services entitled to them under the general medical services scheme.

Residents with dementia who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well cared for in the centre. Staff knew the residents very well and there were few occasions of responsive behaviours reported. However, improvements were required to ensure episodes of responsive behaviours were assessed in order to provide the best outcomes for residents. Currently staff were administering medications for responsive behaviours without assessing each behavioural episode. It was not always clear that other de-escalation and distraction techniques were used or that physical causes for the behaviour were ruled out prior to administering these medicines. In the absence of a consistent approach there was a risk that these medicines were administered when they were not necessary.

The use of restrictive practices was high in the centre with 38% of residents using bed-rails and residents freedom of movement restricted by key-coded door locks. Use of these restrictive practices was not always in line with the national restraint policy or standards and required review. Less restrictive options were not trialled before using bed rails and safety checks were not consistently done. Door access in the centre required review to ensure that doors were not unnecessarily restricted to safe or enclosed garden spaces.

Residents felt safe in the centre and all staff had received training in the prevention detection and response to abuse. All staff in the centre had a valid Garda Vetting

disclosure in place. The centre managed pensions for some residents and this was done in line with the department of social protection guidelines.

The centre was homely, suitably furnished and bedrooms were personalised. Improvements were found in the storage of equipment. There was a choice of communal spaces for residents to use for visiting, recreation or quiet time and adequate space for residents to mobilise inside and outside of the centre. Residents artwork and photos of special events were seen throughout the building. Pictorial directional signs would assist residents with sensory impairment to navigate the centre and the provider had undertaken to review this. Bathrooms access in two areas of the centre also required review to ensure they were easily accessible and in close proximity to the bedrooms of every 8 residents (SI No. 293 2016).

The centre was cleaned to a high standard and improvements required following the last inspection were all made and sustained. However further improvements were required in order to minimise the risk of cross infection.

Medication management was generally good and in the centre. Review was required of the centre's medication transcribing policy to enable nurses to safely perform this task. Prescription kardex's also required review to ensure the reason for administering as required medications was clearly documented on the kardex. Safe practices were observed around medication storage and the administration of medications to residents.

Residents rights and choice were respected. There was a variety of group and one-to-one recreational and occupational activities offered to residents. It was not clear that the recreational needs of residents with cognitive problems were being met as there were no social needs assessments completed for these residents, this required review. Residents were involved in the organisation of the service and could access independent advocacy services if desired. Residents told the inspector their choice was respected and staff always treated them with dignity and respect.

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents. Improvements were found in the storage of equipment with large items stored in a designated room. There were adequate communal spaces and bedroom configurations were 15 single bedrooms and 14 twin bedrooms. In two areas of the centre there was one accessible bathroom available to 12 residents. This required review to ensure that toilets were easily accessible and in close proximity to the bedrooms of every 8 residents (SI No. 293 2016).

The centre was clean and suitably decorated. Some areas of the centre had been refurbished. One twin bedroom was reconfigured to two single rooms; one of these single rooms was now a large self-contained suite suitable for respite and palliative care residents. Directional signage was required to assist residents with cognitive and sensory deficits to navigate this large centre. There were adequate spaces

inside and outside of the centre for residents to mobilize.

Judgment: Substantially compliant

Regulation 26: Risk management

Improvements were found following the last inspection including; secured doors to sluice rooms, correct storage of cleaning solutions and the storage of disposable gloves.

Good practices were seen around the identification and management of risks. The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Risks associated with fire containment had not been identified; these will be discussed under regulation 28 fire precautions.

There were ongoing risks associated with the storage of cleaning solutions on open-top cleaning trolleys. Review of this practice was required to ensure that cleaning solutions were securely stored when housekeeping staff were working.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. Improvements were found in the maintenance of shower heads, storage of urinals, access to hand washing sinks in the sluice rooms and general storage of equipment was prohibited in sluice rooms.

The centre was clean and the cleaning schedule outlined deep cleaning of high risk areas and equipment. Housekeeping staff were knowledgeable of procedures to be used when cleaning including high risk areas, and were aware of residents who had needs associated with multi-drug resistance.

Further improvements were required in order to reduce and eliminate the risk of cross infection in the following areas;

- Work systems in the laundry. Current systems posed a risk of cross contamination from dirty laundry to clean laundry. Clean linen was stored beside dirty laundry and staff were crossing through the dirty area to store

the clean linen.

- Storage of commodes in twin bedrooms. Commodes were stored in twin bedrooms at the request of residents. These bedrooms did not have en-suite facilities and the commodes were posing a risk of cross infection to the other resident.
- One high dependency chair was worn; the inner foam was visible and the arm was taped with industrial insulating tape. There was no safe method to clean and disinfect this chair.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not have adequate arrangements in place to contain the spread of fire. All bedrooms and some communal room doors did not have automatic closing devices. These are important as they can delay the spread of fire and allow time to evacuate the centre. Bedroom doors were found to be open or ajar throughout the centre. The inspector was told that bedroom doors were open at night at the request of the residents. This was discussed with the provider representative during the inspection who undertook to manage the risk and come into compliance. An immediate action plan was issued following the inspection and the provider submitted a time bound plan to address the non-compliance.

The centre had records of several simulated fire drills completed during the previous year and staff were aware of the centre's procedures, which included manually closing doors during the evacuation. Simulated fire drills had not been completed with night time staffing levels. This was particularly important to provide assurances that all residents and staff could be safely evacuated at night considering the increased risk of fire spread in the absence of automatic door closers. The inspector was not assured that all residents could be safely evacuated in the event of an emergency when staffing levels were at their lowest. Learning points from the drills required action plans and follow up.

No risk assessment had been prepared for the decision not to fit or to remove door closers from bedroom doors, nor were the risks associated with fire containment identified.

Annual fire training was provided for staff working in the centre and all staff were up to date. Daily fire safety checks of emergency exits and the fire panel were completed. Quarterly servicing of the fire detection and alarm system and the emergency lighting were completed. Weekly checks of magnetic door releases in response to the fire alarm were not being done and therefore the provider was unable to provide assurances of the performance of compartment doors.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a centre specific policy in place to guide nurses on the safe management of medications. This required review to ensure that sufficient guidance was in place for nurses when transcribing medication kardex's in line with guidance set out by the nursing and midwifery board of Ireland and HIQA. This high risk activity had not been risk assessed and the current policy was not addressing the risks associated with the practice. Transcribing was not subject to audit and therefore this high risk activity was not effectively monitored to ensure safety and quality improvement. The risk of medication errors was therefore increased and likely to go unnoticed.

Medication prescription kardex's did not contain the reason for administration or the maximum daily dose of 'as required' medications.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. Medication fridge temperatures were recorded but not consistently.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A care plan had been developed for each resident within 48 hours of their admission. Validated nursing assessment tools were used, for example, to assess nutrition, risk of pressure sore development, dependence, cognitive ability and risk of falling. However there were no validated tools used to assess the needs of residents with regard to their social need, use of bed rails, smoking or responsive behaviours. Opportunities were lost to identify risks, behavioural triggers and provide a comprehensive person centred schedule of activities based on need. Care plans therefore lacked sufficient detail to guide staff to care for individuals.

Care plans had been reviewed on a three monthly basis; however, there was no evidence of consultation with the resident or their family where appropriate. Families told the inspector they were always informed about changes to the resident's needs.

Judgment: Not compliant

Regulation 6: Health care

There were good access to healthcare services in this centre. The majority of residents were supported to retain the services of their own GP where possible. Residents were supported to access national screening programmes and other allied health care services as required, for example, dietician, chiropodist, specialist wound care, dentist, audiology and optician services.

Review of residents with specialist seating was required, as several residents who were using specialist chairs had no documented occupational therapy review or seating assessment to indicate the suitability of these chairs. Residents with swallowing difficulties had care plans in place; however, some of these care plans were over a year old and some residents had not been assessed for changes or deterioration in that time.

There was good support from psychiatry of old age and palliative care services when required. Good practices were found around the assessment and care of residents with needs relating to wound care, pressure area care and mobility. Residents would benefit from a more consistent approach to the provision of care based on the use of validated assessment tools and evidence-based nursing practice; particularly regarding responsive behaviours, smoking, use of restrictive practices and social needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were several residents living in the centre who were identified as having responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural assessments were completed to determine the underlying emotion or unmet need and therefore triggers to the behaviours were identified. This resulted in opportunities to support staff to work therapeutically with residents and improve the quality of life for these residents through a reduction in the number and intensity of episodes of responsive behaviours.

Psychotropic medication which has a sedating effect was used as required and as prescribed for the management of responsive behaviours. While there was monitoring of the use of psychotropic medication, it was not done in conjunction with a behavioural assessment. It was not evident from the care plans that non-pharmaceutical interventions were used as a first line of response to support residents who experienced responsive behaviours.

Restrictive practices were in use in the centre and included key-coded doors, bed rails and lap belts in some chairs. 38% of residents used bed rails. Risk assessments were completed for residents who used bed rails; however, less restrictive options were not trialled or offered before bed rails were put up. Safety checks were completed but not done every two hours in line with the centre's policy and the

national guidelines on restraint. Equipment was available to reduce the use of restrictive practices for example, low beds. The centre had developed a committee to review the use of restrictive practices; however, this had not resulted in a reduction in the use of bed rails.

External doors at the front of the centre were locked with key-pads. Residents who could remember the code and their visitors were given the code, so they could freely leave and re-enter the centre. Doors to internal courtyards and enclosed gardens were open and residents told the inspector they were supported to freely access all communal areas within and outside of the centre.

Judgment: Not compliant

Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff had completed up-to-date training in the safeguarding of residents and were familiar with the signs of abuse and with the procedures for reporting suspected abuse.

The centre was a pension agent for some residents and arrangements were in place to safely manage these monies in accordance with the Department of Employment Affairs and Social Protection guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were respected in the centre and the ethos of care was person-centred. Observations made throughout the inspection were person-centred, dignified, discreet and kind. Improvements were observed in staff engagement with residents; staff were observed positively engaging with residents during routine care, activities and at opportunistic times throughout the day.

There were facilities and opportunities for residents to participate in activities however it was not evident that this was in accordance with their interests and capacities. There was no assessment of social needs and therefore activity provision was not always based on resident's needs. This was particularly important for residents with dementia who could not tell staff what activities they enjoyed or were interested in. Residents who could participate in group activities told the inspector they enjoyed the activities and were satisfied with the variety of activities offered. A full time activities coordinator was employed and offered activities over five days of the week.

Residents attended regular meetings and contributed to the organisation of the service. Family members were welcomed and encouraged to attend these meetings also. There was access to independent advocacy through the national advocacy service.

There was access to daily papers, television and radio. Mass was facilitated monthly by the local parish priest. Ministers from other faith denominations were welcome and facilitated as per resident's wishes. Residents were supported to exercise their civil, political and religious rights.

Various methods of encouraging community participation were in place, recent examples included, some residents attended daily prayers in the local abbey, occasional group outings to areas of interest and a visit from the Tipperary hurling team.

Residents choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Residents had a choice of meals and had the use of private communal rooms to entertain visitors or spend time alone. Residents in shared accommodation had their privacy and dignity protected by the use of screens.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Inspection ID: MON-0022775

Date of inspection: 12/07/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have instigated a new master action plan framework. This system allows us to fill in actions directly onto this masterplan during meetings which is then presented to the relevant personnel who are responsible for implementing change. The action plan is reviewed at each weekly management meeting to ensure the actions are completed in the timeframe required.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We have changed our contracts of care to include specific allocated room numbers and the facility to resign if a change occurs in accommodation. We have also included detailed information in regard to charges for external treatments such as hairdressing, chiropody etc outlining exact costs to the resident.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We will immediately review our practice of complaint recording to ensure that we include satisfaction of complainant. And amend our complaints policy to reflect this practice. Staff will be notified of the importance of this change.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We shall immediately review our practice of Quarterly notifications to include pressure ulcers that have healed in the interim period. All staff who have responsibility for notifications will be instructed as to the correct procedures and responsibilities.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will research suitable directional signage to assist residents with cognitive and sensory deficits and when we find something that is appropriate, we will install them. We feel that the shower and toilet facilities work well in Woodlands and have had no complaints in regard to availability and accessibility, however in future planning we take this into consideration if changes are to be made to the fabric of the building to improve this ratio</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Risk assessments in regard to fire containment shall be completed and added to our organizational risk assessment register. Locked storage containers will be installed on the cleaning trolleys to mitigate risk of access to chemicals.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have changed our systems in the Laundry to ensure that areas are defined and that clean and dirty linen are more separated. Laundry staff have been informed of the importance of the process.</p> <p>We encourage residents in shared rooms to look for a commode but many insist on having a commode beside them in the room. Where possible we offer these residents single space accommodation.</p> <p>We have disposed of the worn chair.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Free swing closing devices have been ordered and the installation has commenced.</p> <p>Since the inspection, Fire drills for all night staff which included a simulation of evacuation of a whole fire zone have been completed. These drills will be carried out regularly to ensure all staff have the required training. Whole zonal evacuations in regard to day staff are also carried out. Any findings or shortcomings as a result of fire drills will be added to our master action plan to ensure mistakes or problem areas are rectified.</p> <p>A weekly check of all hold opening devices on door has commenced with a log of the same being kept.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We are instigating a new policy on transcription. We have consulted the guidance laid out by NMBI & HIQA, and also consulted with our Pharmacist, G.P.'S and the NHI.</p> <p>We have completed a risk assessment of Transcription</p> <p>We have added Transcription to our Medication Audit to improve associated risks</p> <p>We are in the process of changing our methods of generating a medication Prescription Kardex in line with best practice guidelines.</p>	

We have amended our PRN administration charts to include Reasons for administration and maximum doses	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We have a risk assessment for use of bed-rails for all residents necessary.</p> <p>Our activities assessment has now been changed to " A Key to me "</p> <p>We will improve our smoking assessments to ensure they are personalized to each resident.</p> <p>We have instructed staff to use the ABC assessment if distraction and de-escalation methods fail and they are considering using a P.R.N. Medication.</p> <p>Although we discuss all care plans during our resident discussion. (Held with all residents) We are in the process of adding this fact to each careplan.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>As discussed- our access to O.T. services in the community are very limited as the waiting lists are very long. We have sent referrals for residents who require seating assessment and the only way to get them assessed in an appropriate timeframe is for the resident to travel to the O.T. department in Waterford which is not often suitable or convenient for the resident. We will contact the manager for older persons services in our area to see if the service can be improved.</p> <p>We will have all residents who have been prescribed a modified diet reviewed by the Speech and Language therapist.</p> <p>All care plans will be reviewed</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

We have instructed staff to use the ABC assessment if distraction and de-escalation methods fail and they are considering using a P.R.N. Medication.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/01/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/10/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	18/10/2019

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/11/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/01/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	18/10/2019

	staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	18/10/2019
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	18/10/2019
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/12/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Not Compliant	Yellow	01/01/2020

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Yellow	18/10/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	18/10/2019
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Not Compliant	Orange	18/10/2019

	appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	18/11/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	18/11/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	31/01/2020

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/01/2020
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Yellow	18/10/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Not Compliant	Yellow	18/11/2019

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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