Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Woodlands Nursing Home
Centre ID:	ORG-0000304
Centre address:	Bishopswood, Dundrum, Tipperary.
Telephone number:	062 71 335
Email address:	info@wnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Woodlands Nursing Home (Dundrum) Limited
Provider Nominee:	Paddy Fitzgerald
Person in charge:	Sinead Carberry
Lead inspector:	Catherine O'Keeffe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	40
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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 November 2013 09:30	19 November 2013 21:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, health and safety and risk management records, policies procedures and staff files. The provider had applied for registration under the Health Act 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended). All of the required documentation in relation to the re-registration of the centre had been forwarded to the Authority.

On the day of inspection there were 40 residents living in the centre. Prior to the inspection, questionnaires were forwarded to the centre for completion by residents and relatives; nine questionnaires were completed. On the day of inspection,

relatives and residents spoke to inspectors about life in the centre and the feedback was substantially positive.

Throughout the inspection the provider, the person in charge (PIC) and key senior manager exhibited a commitment to continuous improvement which resulted in positive outcomes for the residents.

This was the fourth inspection and as part of this inspection inspectors reviewed the provider's progress on the implementation of the action plan from the previous inspection of 30 April 2013. The inspectors found that there was improvement in fire safety and ongoing upgrading work's to the building to improve the premises. Inspectors were satisfied that the standard of care and services provided to residents was good however significant improvement was required in medication management practices and access to medical review for all residents admitted to the centre and the provision of adequate staffing levels at all times to meet the needs of residents. The required improvements are discussed in detail in the report and in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The statement of purpose contained all of the required information. The service and facilities outlined in the statement of purpose and the manner in which care was provided reflected the diverse needs of residents and were evidenced in practice.

Outcome 02: Contract for the Provision of Services
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:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
Each resident had an agreed written contract of care which included details of the service and the fees to be charged agreed and signed by the resident or relative within one month of admission.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
The person in charge (PIC) was a registered general nurse. Evidence of her current registration with her regulatory body was in place. She worked full time and was present in the centre Monday to Friday and was available out-of-hours when required. There was evidence that she engaged in continuing professional development to facilitate her in the performance of her role. Certificates were in place indicating that she had successfully completed programmes on clinical audit, records management, infection control, medication management, dementia care, instructing and assessing manual handling, and data protection and information governance basic life support and automatic external defibrillator (AED) instructor training so as to facilitate further training amongst staff. At present the PIC is completing a Further Education and Training Awards Council (FETAC) level 6 management training course.

There was evidence that the PIC held weekly staff information meetings. The PIC demonstrated competence and commitment to the delivery of person-centred care and had a good working knowledge of the Regulations and the Standards.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

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

Findings:
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 2009 (as amended). There was evidence of ongoing review of the centre policies, procedures and practice to ensure the changing needs of residents are met. There was evidence that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Resident's records and general records are kept for no less than 7 years after the resident to whom they relate ceases to be a resident in the centre. Records relating to fire safety and reports of inspections by other statutory authorities were available and maintained in the centre. However, staffing records for all staff working in the centre and medical records for all residents deceased and living in the centre were not maintained in accordance with the Regulations.

Outcome 05: 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:
Leadership, Governance and Management

Judgement:
Compliant

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

Findings:
A staff nurse with experience was the designated key senior manager in the absence of the person in charge. The person in charge told the inspector that she had not been absent from the centre for any period of time that required notification to the Authority.

Outcome 06: 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.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
The inspector was satisfied that measures were in place to protect residents and that the actions emanating from the previous inspection had been substantially but not fully met.

The inspector saw that residents interacted comfortably with staff and residents spoken with said that they had every reason to feel happy in the centre. The inspector also reviewed a sample of surveys completed by staff with residents over the previous twelve months; the feedback recorded was positive with staff described as "kind" and "lovely". The person in charge confirmed that there had been no incidents, allegations or suspicions of abuse in the centre since the last inspection.

Staff training records seen indicated that all staff had attended training on the prevention, detection and management of abuse and further training had been provided in response to the findings of the last inspection. Staff spoken with confirmed their attendance at training and had a good understanding of the issue and their own responsibilities. However, there was a lack of clarity as to the reporting pathway available to staff in the event of an allegation of abuse where the provider or the person in charge was the alleged perpetrator. This gap was also reflected in the failure to fully review the policy and procedures for the reporting and investigation of any alleged, reported or suspected abuse. The inspector saw that it had been reviewed as requested to encompass protective measures for residents and the possible role of other agencies and statutory bodies. However, the policy did not address or provide guidance to staff on responding to any suspected or alleged abuse where the alleged perpetrator was other than a staff member, such as any allegation in relation to a member of the management team.

Based on the financial records seen the inspector was satisfied that there were clear, transparent and accountable financial systems in place for the management of residents' finances including monies for their comfort and independence and the invoicing and receipting of all financial transactions.

The provider had also taken action to address the gaps that existed at the time of the last inspection in relation to the appropriate and adequate vetting of staff and this is discussed in Outcome 18.

Residents felt safe in the centre and they would go to the PIC or nurse if they had a concern.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
While all of the actions emanating from the previous inspection had not been met, on balance there was also evidence of actions that had been implemented by the provider to ensure in so far as was reasonably practicable the health and safety of residents, visitors and staff.

A centre-specific health and safety statement was in place signed and dated as implemented by the provider in July 2013.

A well maintained fire register was in place and documentary evidence was provided with the registration renewal application that the centre was in compliance with statutory requirements in relation to fire safety and building control. In the fire register certificates were available which demonstrated that fire fighting equipment, the emergency lighting and the fire detection system were serviced annually and most recently in September 2013 and April 2013 respectively. Staff conducted daily and weekly inspections of escape routes, the fire detection system and the emergency lighting. The inspector saw that escape routes were clearly indicated, free of obstruction and all final fastenings were on electronic release in the event of fire. However, there was no documentary evidence that the fire detection system was inspected and serviced at suitable periodic intervals (quarterly) as required by the regulations and the relevant code/standard (IS 3218 2009).

The inspector saw evidence of fire upgrading works completed in response to the requirements of the local fire authority. Fire action notices and diagrammatic fire evacuation notices were prominently displayed. Staff training records seen indicated that education and training on fire prevention and management had been provided to all staff. Staff spoken with confirmed their attendance at training and articulated adequate knowledge of the actions to be taken in the event of fire. Current detailed personal emergency evacuation plans (PEEPS) for residents were in place and staff were familiar with them; assistive devices to assist in the evacuation of more dependent residents had also been provided. However, while training records indicated that regular fire drills had been undertaken since the last inspection the provider and staff confirmed that these exercises did not include an actual practical simulated fire evacuation exercise including the use of the assistive devices.

The inspector saw that the provider had completed works to enhance the safety of the designated smoking room. A viewing panel to allow for observation had been inserted into the fire door, the room was serviced by the fire detection system, residents had access to a call bell, and staff had ready access to fire fighting equipment. The inspector saw and the person in charge confirmed that five of the residents were currently smokers. However, the person in charge confirmed that a risk assessment had not been completed for each of these residents so as to identify the level of risk and the controls required to reduce the risk of fire and injury posed.

A concise and regularly updated register of residents assessed as of high clinical risk such as falls, wound development or nutritional risk was maintained by the person in charge. A record was maintained of accidents and incidents occurring in the centre and a sample of records seen by the inspector satisfied the requirements of the Regulations. The person in charge completed a falls audit on a quarterly basis and there was evidence in practice of the implementation of the falls prevention care plan including, falls alert identifiers, hip-protectors and movement alarm mats; staff were familiar with the care plan and the required interventions.

Staff reported that there had been no further incidents of vulnerable residents attempting to leave the centre in an unplanned and unsafe manner. There was evidence of preventative interventions including electronically secured exits and diversional strategies such as supervised walks. However, the inspector saw that several windows were not adequately restricted.

The premises was visibly clean; designated environmental hygiene staff were employed. The inspector saw that staff had access to and utilised personal protective equipment. The clinical risk waste receptacle was locked and road transportation documentation was in place confirming its removal by a licensed contractor. However, while infection prevention and control practice was guided by a suite of policies and staff had the appropriate equipment available to them, there was evidence to support that staff did not apply evidence-based practice to the management of soiled linen. Therefore, staff placed themselves at risk due to the practice of manual sluicing.

An emergency plan was available that included interim arrangements for the accommodation of residents if necessary. A generator was in place that had capacity to maintain all essential services.

Documentation was in place indicating that hoists used in manual handling techniques were inspected and tested in July 2013. Training records indicated that manual handling training for staff was within mandatory requirements. The inspector saw that each resident had a manual handling assessment and plan.

Circulation areas and bathrooms were adequately equipped with handrails and grab-rails. Access to high risk areas such as the kitchen and laundry was restricted and staff showed the inspector that secure storage was available and utilised for the storage of chemicals.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

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

Findings:
The medication management policy was updated in line with all current guidelines and legislation and actions from the previous inspection implemented. The medication audit was reviewed to include the practice of transcription. The times of administration were clearly written on the medication administration records. On the day of inspection, the prescription records seen were signed and dated by the GP. The administration of controlled drugs (CD) was witnessed and checked by a second nurse. However, inspectors also found poor medication management practices that were not in line with legislative and regulatory requirements or the centre's own policy and procedure.

The inspector saw while checking the medication procedures with the nurse on duty that CD's prescribed for three residents were not administered as prescribed by the GP. On checking and counting the CD's stored in the safe the inspector found the amounts did not balance with the written records. This was not observed by nursing staff while checking the controlled drugs as per the Regulations and Standards.

One resident was administered a CD from another residents prescription pack.

There was no labels on the CD packaging for two residents to identify the correct resident and ensure correct procedure was used.

The register used to record the controlled drugs in use was a single record sheet for each resident kept in a folder which may lead to records being misplaced.

Administration records seen indicated that three residents on antibiotic treatment were not administered their medication as prescribed.

Medication prescribed as requiring morning administration had still not been administered at 12:00 hrs. The blister pack containing the medication was stored in the treatment room and not in the medication trolley.

Not all of the discontinued medications were signed and dated as such on the prescription sheet.

The medication fridge was clean and a daily record of the temperature was recorded and signed. The inspector saw out of date prescribed eye drops stored in the fridge.

The findings were brought to the attention of the PIC and the key senior manager to ensure that with immediate effect safe and effective management systems were implemented by all nursing staff on duty in the centre.

Outcome 09: 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

Judgement:
Compliant

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

Findings:
The inspector was satisfied that the PIC had exercised her legal responsibility in relation to the submission of details of notifiable events to the Authority in a timely manner. Records of all incidents pertaining to the residents were maintained.

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Compliant

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

Findings:
The inspector saw that the person in charge continued to implement a comprehensive and timely system for reviewing and monitoring the quality and safety of care and services provided to residents and the quality of life of residents in the centre; including consultation with the residents.

A comprehensive range of audits had been completed. Reviews of key clinical performance indicators such as falls, wound management, resident assessments and body weights were completed on a more frequent monthly basis. When compared with the findings of the last inspection there was more substantive evidence of learning and of improvements brought about as a result of the monitoring review as evidenced in the completeness of staff files and the monitoring of staff training requirements. Referrals and access to support health services for residents in response to any findings of concern was also evidenced. The inspector was again satisfied that the completed audits indicated a sound understanding of a quality assurance process.

The inspector reviewed surveys completed with 34 residents in 2012-2013 in relation to their views of living in the centre, their care plan, their end-of-life wishes and preferences and any areas identified as requiring improvement. The responses seen by the inspector were positive and indicated that residents had choice and control over their daily routine. Inspectors saw that on a daily basis residents had ready access to the provider, the person in charge and all staff.

Based on the sample of audits reviewed by the inspector and these inspection findings the only potential deficit identified in the system was the quarterly monitoring and review of medication management practices. This is a similar finding to the findings of the last inspection and the inspector saw that staff had completed medication management training in line with the action plan issued for the most recent medication management audit in October 2013. However, given the medication management findings it may be necessary to adopt a different audit tool and conduct a root cause analysis on the identified deficits. The deficits in medication management are discussed in detail in Outcome 8.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:
Non Compliant - Moderate

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

Findings:
Based on a sample of records reviewed inspectors were satisfied that residents appeared to be well cared for individual needs were set out in a care plan and evidenced-based assessment tools were used to assess dependency levels, cognitive impairment risks of falls, pressure sores and nutritional status. There was evidence of a person-centred approach to care as individual needs were promoted and encouraged to maintain and improve the best outcome for residents. For example, residents at risk of falling had the appropriate monitoring and equipment in place to reduce the number of falls.

There was evidence that residents were involved in some aspects of the care plan and feedback from relatives stated that staff are available at all times to discuss and review. Care staff were also able to record the personal care delivered to each resident daily. Overall, the care plans were individualised and detailed individual care needs and choices. However, inspectors found specific assessments were not in all the care plans seen. A resident admitted with a wound did not have a wound care assessment in place. Pain management was not assessed and another resident with a regime of treatment in place had no ongoing assessment to monitor the efficacy of treatment. Wound assessments seen were not fully completed as measurements were not recorded.

There was access to multidisciplinary team services such as speech and language therapy, occupational therapy, dietician, chiropody, dental and optical reviews. However, the PIC informed inspectors that there was no access to public tissue viability services at present and she was in the process of sourcing the service elsewhere to attend the centre when required. Records were available of all referrals and follow-up appointments. Physiotherapy was provided to residents as required without any extra charge to the resident. Some residents attended day care services and the PIC actively encouraged residents to maintain their independence and access other outside interest where possible. There was evidence that the centre had an increased number of short term residents admitted. Inspectors were not satisfied that the appropriate procedures and supports were in place and found there was no pre admission assessment carried out and residents were not reviewed by the GP in a timely manner to establish their needs and that all appropriate healthcare was provided. The PIC agreed with the findings and told inspectors that she was reviewing the policy and procedure for short term admissions.

The residents wishes to refuse treatment was respected but was not recorded in the care plan.

The management of restraint was in line with the national policy. Inspectors saw risk assessments completed and signed for residents using bedrails and lapbelts. There was evidence of discussion and ongoing monitoring of residents safety while bedrails were in position or while wearing a lapbelt which was in use following the appropriate assessment.

There was an activities coordinator with responsibility for the delivery of activities she worked approximately 30 hrs per week and inspectors were informed that care staff plan and deliver residents weekend activities. Inspectors were satisfied that the programme was meaningful, therapeutic and person-centred. Hairdressing manicures

and hand massage were part of the activities provided. On the day of inspection a music session was held for the residents. The activities coordinator when spoken with was familiar with individual resident's preferences and abilities and was seen to interact with residents on a group and individualised basis. Residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs interests and capacities. Fit-for-life exercise programme was in place each Wednesday for group's and one to one sessions. Residents were also seen to have access to the external grounds.

Inspectors saw that residents had good access to a range of books, daily and weekly local newspapers, radio, televisions and the internet. The PIC informed the inspector that if a resident requests a telephone it will be provided in their room; a portable telephone was also available to residents. Civil and religious rights were facilitated. Mass takes place monthly in the centre and other religious affiliations' were supported and facilitated. Where additional social or personal supports were identified as necessary for residents the PIC sought avenues for acquiring these.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Compliant

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

Findings:
While part of the structure dates from 1906 Woodlands Nursing Home is ostensibly a purpose-built centre that has been in operation since 1976. The building is primarily a single-storey structure and all of the accommodation and facilities for residents are on the ground floor. The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The main entrance was wheelchair accessible and led to a welcoming entrance area with a designated visitors' room and sanitary facilities for visitors. Access to the main resident accommodation area was secure and electronically controlled as were all of the exits/entrances; signage was in place advising visitors of the controls in place to ensure the safety of more vulnerable residents.

The inspector saw that the centre was adequately heated, lighted and ventilated and in good decorative order. The provider has on a phased basis completed a series of upgrading works to enhance compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Evidence was provided with the application for registration renewal that the premises was in compliance with the relevant planning and development acts and building bye-laws.

Resident private accommodation consisted of 13 single bedrooms, six of which had en suite sanitary facilities and 15 twin bedded rooms one of which had en suite sanitary facilities. Based on the dimensions provided in the statement of purpose, room sizes were substantially compliant with the recommendations of the National Quality Standards for Residential Care Settings for Older People in Ireland. Bed spaces in shared bedrooms were adequately screened and rooms without en suite facilities were equipped with a wash-hand basin.

With due regard to the numbers and dependencies of residents accommodated adequate universally accessible sanitary facilities were provided and conveniently located to communal facilities and residents bedrooms.

Residents had access to two dining areas, one spacious and bright communal area which was the main hub of activity and a smaller, comfortable and quiet communal room.

Residents had access to a spacious, reasonably secure mature garden and two secure courtyard areas.

Residents were seen to be supplied with the equipment and assistive devices necessary for their comfort and wellbeing. The inspector saw that residents mobile with the assistance of mobility aids or wheelchair dependent negotiated the premises freely and records seen indicated that preventative and maintenance checks of equipment were undertaken most recently in July 2013.

Residents were seen and heard to have access to a functioning call bell system. Records seen indicated that it was serviced in June 2013.

Adequate provision was made for storage with no difficulties observed.

Adequate provision was made for the storage of adequate stocks of linen.

A dedicated clinical room was provided for clinical examinations and treatments.

The spacious nurses' station and administration offices facilitated management and staff in the performance of their duties.

Spacious facilities including dining, changing and sanitary facilities and storage for personal possessions were provided for staff.

Catering facilities were adequate, visibly clean and organised and inspected by the relevant Environmental Health Officer; the most recent inspection report available for inspection was dated February 2013.

Since the last inspection, segregated sluicing facilities and environmental hygiene facilities had been provided. The provider acknowledged that remedial works to the environmental hygiene facilities were not yet complete and these should be completed with due reference to the National Quality Standards for Residential Care Settings for Older People in Ireland. Plans were also in place to provide a second sluice room as part of the overall development plan for the centre.

The use of CCTV was restricted to entrances/exits and corridors. Clear signage was in place and its use and the provider's obligations under the relevant legislation were guided by a policy implemented in August 2013.

A generator was in place and was seen to be operational on the day of inspection in response to a loss of power.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
There was a complaints management policy in place which now outlined the provider's role and responsibility in overseeing complaints and the appeals process. Inspectors were satisfied that complaints were listened to, recorded, investigated and corrective actions were taken as necessary in a timely and transparent way. A computerised complaints log was maintained. The records seen by the inspector were detailed as to the nature of the complaint and the actions taken to investigate the complaint; records indicated that feedback was provided to the complainant and their satisfaction with the management and resolution of the complaint was ascertained. The residents also had access to the advocate should they wish to discuss any issues. The complaints procedure was displayed in the reception area.

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

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

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

Findings:
There was a detailed policy on end-of-life care. There was evidence of discussion with residents and relatives on end-of life-care and resuscitation decisions supported by the GP and nurse with signed and dated records. However, medical records were incomplete.

Family members were facilitated to stay with the resident and overnight facilities provided. Residents where possible have the option of a single room. Access to specialist palliative care services was available as required.

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

Judgement:
Non Compliant - Minor

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

Findings:
A comprehensive policy and guidelines for the monitoring and documentation of nutritional intake was available. Inspectors saw that the quality of food served at lunch time was nutritious adequate varied and freshly prepared and cooked. Home baking was evident with freshly baked scones and desserts available on the day. The meals provided were as displayed on the Autumn menu. There was a menu placed on a notice board in one dining room and behind the door in a second dining room which was not accessible for all residents to view. All residents spoken with said the enjoyed their

meals and the choices available.

Support and assistance was provided as required in a discreet and sensitive unhurried manner the food provided was appropriate to residents needs. Inspectors also noted that independence was encouraged.

The catering staff had access to a folder provided by the PIC of each residents likes and dislikes supervision required and if the resident was at risk due to diminished swallow and their specific dietary requirements. There was evidence of staff knowledge on residents special dietary requirements. However, not all staff spoken with were knowledgeable as to the consistency of fluids required following assessment. There was no record or instructions available to staff of the residents requiring specific modified fluids.

Snacks and fluids were readily available to residents with tea served after their lunch and again in the afternoon around 15:00 hrs. Fresh fruit was available to the residents and also used in cooking.

A relative said that "staff are very good at anticipating when my relative wants a snack and also that fresh fruit is available".

Residents' weights were monitored monthly and Malnutrition Universal Screening Tool (MUST) assessment reviewed three monthly or as required. There was evidence of referral to the speech and language therapist and dietician services.

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
Resident's forum meetings were now held monthly by the activities coordinator. The most recent meeting had taken place on the 4 October 2013. Ten residents attended. The minutes of the meeting were reviewed and the inspector found that residents were communicated with and encouraged to give their views and opinions in the running of the centre. Residents were encouraged to make choices about how they live their lives in a way that reflects their individual preferences and diverse needs. The minutes of the

meeting are communicated to the PIC and feedback is given as required to residents.

The PIC informed inspectors about meetings she arranges with the residents to discuss end-of-life issues/worries/concerns, daily routine and activities. These are discussed in Outcome 10.

There are adequate facilities in place for recreation and for residents to receive visitors' in private. There are no restrictions on visiting times unless requested by a resident. A record of all visitors to the centre was maintained.

Inspectors observed that the privacy and dignity of residents was respected by staff with bedroom doors closed when attending to a resident. Staff were observed knocking and waiting for a reply before entering residents rooms.

Staff are aware of the different communication needs of residents and there are systems in place to meet the diverse needs of all residents. There is transport arranged for residents to attend day care services and clinic appointments. However, there is no access to local transport for local outings.

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
Practice was guided by policies and procedures on the security of residents' personal property. The inspector was satisfied that the policy was implemented in practice. The policy did not include a disclaimer and there was evidence that the provider had appropriate insurance in place for loss or damage to the property of residents as required by Article 26 (2) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

A laundry service was provided onsite Monday to Friday and at the time of inspection staff reported that the majority of residents availed of the service. Staff spoken with demonstrated responsibility and accountability for the management of residents' personal clothing and were seen to return and assist residents in the storage of freshly laundered items.

Thirty of the residents were accommodated in shared (twin) bedrooms and the inspector was satisfied that adequate segregated storage space was provided for each resident. Residents were also provided with if requested, a personal locked storage space.

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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

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

Findings:
Though not fully and satisfactorily resolved the inspector saw that the provider had taking action in response to the deficits found on the previous inspection in four areas of Regulation namely recruitment, training, volunteers and staffing.

The inspector reviewed four staff files and found that their content was substantially compliant with regulatory requirements with the exception of a full employment history which was not evident in two of the files reviewed.

There were improved vetting systems in place with evidence that Garda Síochána vetting had been sought for all employees and references of a testimonial nature were verified by the provider. However, during inspection and at verbal feedback it was discussed with the provider as to how vetting systems should be consolidated by the procurement of police clearance from other jurisdictions as appropriate.

While some action had been taken the contracts/service level agreements between agencies and persons providing services to residents that were in place did not adequately set out respective roles and responsibilities, vetting, supervision, liability and arrangements for responding to any concerns or complaints. This was particularly evident in relation to the current utilisation of agency staff in response to staffing contingencies. The provider was advised to refer to Standard 22: Recruitment, for further guidance.

There was a planned and actual monthly staff rota in place. However, the inspector saw and the provider confirmed that it was not an accurate record of the staff on duty at any time during the day or night and the roster worked by each person working in the

designated centre.

Inspectors were not satisfied that the skill-mix of staff was at all times adequate to meet the needs of the residents, the layout of the building and other factors such as the adequate supervision of staff. Nor were inspectors satisfied that the matter had been satisfactorily addressed by the provider as outlined in his response to the previous action plan. Overall, while inspectors were satisfied that the standard of care and services provided to residents was good, there was some evidence of negative outcomes for residents, as discussed in Outcome 8: Medication Management. The provider and person in charge told inspectors that they had encountered significant difficulties in recruiting staff.

The centre employed eight staff nurses including the person in charge and evidence of the current registration with their regulatory body was in place.

A staff training matrix was maintained on each individual staff member and certificates of completion were also seen in individual files. Based on records reviewed, an audit completed by the provider and staff spoken with, the inspector were satisfied that the deficits identified in mandatory training at the time of the last inspection had been addressed.

The inspector also saw that staff had completed training in areas such as food hygiene, infection prevention and control, medication management, nutrition, basic life support and AED, the principles of correct wheelchair seating and positioning and wound prevention and management. Individual staff spoken with had undertaken modules specific to care of the older person to FETAC level 5.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Woodlands Nursing Home
Centre ID:	ORG-0000304
Date of inspection:	19/11/2013
Date of response:	16/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the records listed under Schedule 3 and Schedule 4 were not maintained and up-to-date.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

Please state the actions you have taken or are planning to take:
As noted by the inspectors our record keeping has improved substantially since their last visit. We will continue this improvement to ensure full compliance with the regulations.

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

Proposed Timescale: 16/12/2013

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Review the policy to include the reporting pathway available to staff.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
We shall review our policies in regard to reporting abuse and clarify with all our staff the correct procedures.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy did not address or provide guidance to staff on responding to any suspected or alleged abuse where the alleged perpetrator was other than a staff member, such as any allegation in relation to a member of the management team.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
We shall review our policies in regard to reporting abuse and clarify with all our staff the correct procedures.

Proposed Timescale: 31/01/2014

Outcome 07: 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:
Risk assessment for each resident who currently were consumers of tobacco had not been completed so as to identify the level of risk and the controls required to reduce the risk of fire and injury posed.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
We have completed a risk assessment on all residents that smoke and developed a care plan for each individual. All staff are aware of control measures used to reduce the risks involved.

Proposed Timescale: 30/11/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Windows were not adequately restricted.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
Window restrictors will be placed on all windows with access to the internal courtyard as has been done previously to all external windows.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was systems in place for the management of soiled linen. However, staff placed themselves at risk due to the practice of manual sluicing.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
We will develop an infection control training to clarify our procedure in regard to soiled linen.

Proposed Timescale: 31/03/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence that the fire detection system was inspected and serviced at suitable periodic intervals (quarterly) as required by the regulations and the relevant code/standard (IS 3218 2009).

Action Required:
Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

Please state the actions you have taken or are planning to take:
What is deemed "suitable intervals" was discussed with the inspectors and they were to speak with the South Tipperary Fire officer and agree on a time scale. When this is done we will commence with the testing. There was clear evidence of annual testing which the fire officer has agreed with.

Proposed Timescale: 30/11/2013

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Training records indicated that regular fire drills had been undertaken since the last inspection the provider and staff confirmed that these exercises did not include an actual practical simulated fire evacuation exercise including the use of the assistive devices.

Action Required:
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:
Fire evacuation drills have been changed to include a simulated evacuation using all assisted devices.

Proposed Timescale: 30/11/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedure on administration and the recording of controlled drugs was not guided

by legislative and regulatory requirements.

Medication was not administered as prescribed by the GP.

Ensure that all staff are familiar with the medication management policies.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
We have reviewed all medication management policies and procedures. All staff nurses will undergo training in medication management immediately. Two extra staff nurses have been employed to improve our medication management practice.

Proposed Timescale: 30/11/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Specific assessments were not in all of the care plans reviewed.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
Care plans will be reviewed to ensure that all residents have care plans specific to their needs.

Proposed Timescale: 30/11/2013

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no record in the care plan.

Action Required:
Under Regulation 9 (2) (c) you are required to: Respect and document each residents right to refuse treatment and bring the matter to the attention of the residents medical

practitioner.

Please state the actions you have taken or are planning to take:
We will ensure that all residents records are recorded.

Proposed Timescale: 31/12/2013

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents admitted for short term care has no pre admission assessment and not reviewed by the GP.

Action Required:
Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Please state the actions you have taken or are planning to take:
Woodlands have decided not to accept short term admissions of residents whose GPs are unwilling to visit them in Woodlands. A pre admission assessment shall be also carried out before ALL admissions

Proposed Timescale: 30/11/2013

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not know the correct consistency of modified fluids for each resident.

Action Required:
Under Regulation 20 (2) part 6 you are required to: Provide each resident with food and drink that takes account of any special dietary requirements and is consistent with each residents individual needs.

Please state the actions you have taken or are planning to take:
Training on use of modified diets including fluids shall be undertaken by all relevant staff.

Proposed Timescale: 31/03/2014

Outcome 18: Suitable Staffing
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Review the skill-mix of staff to meet the needs of the residents, the layout of the building and other factors such as the adequate supervision of staff. **Action Required:** Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre. **Please state the actions you have taken or are planning to take:** Two extra staff nurses have been employed. They are currently awaiting their PIN Numbers and are working as care assistants. This will bring the number of Staff Nurses to 10.
Proposed Timescale: 31/12/2014
Theme: Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The provider confirmed that the roster was not an accurate record of the staff on duty at any time during the day or night and the roster worked by each person working in the designated centre. **Action Required:** Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night. **Please state the actions you have taken or are planning to take:** The staff rota has been changed to show an accurate reflection including the PIC and any agency nurses.
Proposed Timescale: 30/11/2014
Theme: Workforce **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Ensure all persons working in the centre have information and documentation specified in Schedule 2. **Action Required:** Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment

procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:
All staff will be vetted to ensure their suitability by the relevant police force of the country of their last residence. All relevant documentation must be in place before recruitment. Our recruitment procedure has been altered to reflect these changes.

Proposed Timescale: 30/11/2013