



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	01 November 2018
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0025158

About the designated centre

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

The designated centre provides 24- hour nursing care to 36 residents, male and female who require long-term and short-term care (assessment, rehabilitation, convalescence and respite).

The centre is a two storey building. Communal facilities and residents' bedroom accommodation consists of a mixture of 26 single and five twin bedrooms with en-suite facilities. A passenger and platform lift was available between the ground and upper floors where six residents resided. The centre is well laid out around centrally located communal facilities that include a range of day and dining rooms, and a spacious oratory for prayer, reflection and repose. Enclosed outdoor courtyards are accessible from parts of the centre.

The philosophy of care is to provide a good quality service where residents are happy, content, comfortable and safe, and for residents to be treated as unique individuals to experience inner peace.

The following information outlines some additional data on this centre.

Current registration end date:	30/03/2021
Number of residents on the date of inspection:	36

How we inspect

To prepare for this inspection the inspector or 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
01 November 2018	10:30hrs to 16:30hrs	Sonia McCague	Lead

Views of people who use the service

Conversations with residents during the inspection were positive in respect to their view of staff, the provision of the care, facilities available and services provided.

Residents were satisfied with their accommodation, food, arrangements for visitors, the choices they could make, activities and staffing.

Residents were able to identify a person who they would speak with if they were unhappy with something in the centre.

Residents and residents' relatives spoken with during this inspection spoke positively about the service provided and the staff supporting them.

Capacity and capability

Overall this centre has sustained a good level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Good leadership, governance and management arrangements were in place which contributed to residents experiencing a good service. There was a clearly defined management structure which identified the lines of authority and accountability in the centre as set out in the written statement of purpose available. The management team remained unchanged, and with staff, they were striving to provide a person-centred service with plans to further improve aspects of service such as enhancing the facilities within an internal courtyard.

There was a full-time person in charge supported by the registered provider representative, and general manager. All were present and participated in the inspection. There were deputising arrangements in place for the person in charge and the recruitment of staff was on-going.

Those involved in the management of the centre were experienced and suitably qualified. They demonstrated sufficient clinical and operational knowledge and had sufficient knowledge of the legislation and their responsibilities such as consulting residents, completing an annual review of the quality and performance of the service and fulfilling their legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre.

The registered provider representative, those participating in management and the

person in charge demonstrated they were engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Residents, relatives and visitors could identify them.

The centre had sufficient resources and there were system in place to review and monitor the quality and safety of care and the quality of life of residents. There was evidence of consultation with residents and their representatives. Improvements were brought about as a result of the learning from and monitoring events and incidents during the review process.

The staff numbers and skill mix were appropriate to the assessed needs of residents and the size and layout of the centre. There was a robust recruitment process and a programme of training, professional development and appraisal of staff on-going. Suitable arrangements were in place for volunteers involved in the centre.

Records (hard and soft copies) were stored securely and were accessible when required. Residents had an information guide which included details of the services provided and services that incurred additional fees.

There was a policy and procedures displayed for the management of complaints. An electronic complaints log was maintained that included the nature, response and outcomes of complaints. The satisfaction level of the complainant was also reflected. An efficient complaint management arrangement was demonstrated and a record of investigations and learning from complaints and events involving residents was noted. The complaints policy was clear, and information about the process and support groups such as advocacy was available on the notice boards throughout the centre.

Residents who spoke with the inspector said they knew who to raise concerns with and had experienced a positive response by staff when any issue was brought to their attention. Unsolicited information received by the Office of the Chief Inspector since the previous inspection April 2017 in relation to staffing concerns was considered during this inspection and was not substantiated.

Regulation 15: Staffing

Staffing levels and the staff skill mix were sufficient to meet the health and social care needs of residents. Staff confirmed that they had sufficient supervision, direction and time to carry out their duties and responsibilities, and were knowledgeable of residents' abilities and needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a range of mandatory and relevant training suitable to their role and responsibilities in the delivery of care to residents.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed contained the information as required by Schedule 2 of the Regulations.

Other records to be maintained in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were in place and were stored securely on soft or hard copy versions.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place as outlined in the centre's statement of purpose. Lines of authority and accountability were understood by staff. Members of the team were aware of their roles, responsibilities and reporting procedures.

There were systems in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly monitored.

There were sufficient resources provided to ensure the effective delivery of care. An annual review of the quality of care had been completed earlier this year to inform the improvement plan being implemented.

Residents and relatives were consulted with on a regular basis and were familiar with the management structure and arrangements within the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

A written statement of purpose was available. It contained information required by Schedule 1 of the Regulations and described the aims, objectives and range of

services provided in the designated centre.

It was to be reviewed in line with the guidance document published on the Health Information and Quality Authority (HIQA) website.

Judgment: Compliant

Regulation 30: Volunteers

Suitable written agreements and Garda vetting arrangements were in place for volunteers involved in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents and accidents involving residents was maintained and notified to the Chief Inspector, where required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and effective procedures for the receipt and management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written operational policies required by Schedule 5 of the Regulations were available and had been subject to review. The policies were accessible to staff and implemented in practice.

Judgment: Compliant

Quality and safety

Overall the quality of the care and support provided to residents was found to be of a high standard. The atmosphere was relaxed, friendly and engaging, staff were welcoming and respectful.

Residents' needs were being met through good access to health care services and opportunities for social engagement within a warm homely environment. Residents said they felt safe in the centre and well cared for. Residents' nutritional and hydration needs were met and residents confirmed that meals were enjoyable. Residents' individual nutritional and dietary needs were met. There were systems in place to ensure residents do not experience poor nutrition and hydration. There were no pressure ulcers and a low rate of falls and accidents reported.

Residents meetings were held to evaluate the service and residents confirmed that they were consulted with in a range of matters for example the daily routines and day-to-day matters in the centre. They were offered opportunities to exercise their choice which was respected. Prayer and religious services were an important aspect of daily life and activities available to residents. A mass service held by the local priest was well attended by residents on a fortnightly basis in the centre. A daily mass in the local chapel was also streamed live for residents to view.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. Residents, relatives and visitors had good access to information about activities and events occurring within the centre.

Residents had good opportunities for occupation and recreation, and were supported with social engagement and opportunities to link with the wider community. A weekly activity programme was scheduled in advance and advertised in prominent places. External groups were incorporated in to the activity programme such as music and other entertainers. Earlier this year a variety of farm animals visited the centre that residents engaged with. A community group, residents and staff held a fund raising event and coffee morning in the centre. A plan to integrate residents with local school children was also underway.

The rights and diversity of residents were respected and safeguarded. There was evidence that residents and their representatives were facilitated to make informed decisions about treatment plans and civil affairs. Residents had voted in the recent presidential election and access to an independent advocacy service and other supportive agencies was advertised.

There was evidence that residents' care and support was of a high standard. Resident records were available in both hard and soft copy formats. A range of validated assessment tools were available and used to assess each resident's abilities and needs. Care plans were subsequently developed to identify how the

resident's care and support needs were to be met.

Involvement by residents, relatives, GP and allied health care professionals in the care planning and decision making processes was evident, and was subject to regular reviews. Advanced care directives were maintained to guide care at the end of a resident's life.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Staff had received safeguarding training to enable them to identify and respond to elder abuse. There was a comprehensive policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The staff who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and were clear on reporting procedures. There were systems in place to safeguard residents' property. The inspector was told by management they did not have responsibilities associated with being a pension agent for any of the existing residents.

The management and staff team were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. There were procedures and assessments to use when considering if a restriction would result in a positive outcome for residents. Where restraint was used there was a clear record of the assessment and decision making process including consideration of other less restrictive measures trialled. Decisions were also reviewed regularly to ensure they remained the least restrictive option available. The inspector was told that no current residents displayed responsive behaviour and none were receiving psychotropic medications on a PRN (a medicine only taken as the need arises) basis.

Responsibility for infection prevention and control was clearly understood. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, management of laundry and waste.

Regulation 11: Visits

Suitable communal and private facilities were made available for residents to receive their visitors.

Judgment: Compliant

Regulation 13: End of life

Appropriate care and comfort decisions were recorded in care plans supplemented by advance care directive records completed to guide the individual needs and

preferences of residents when approaching their end of life.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' nutrition and hydration needs were met. Residents confirmed that meals were varied and enjoyable with snacks and drinks available as desired.
Judgment: Compliant
Regulation 20: Information for residents
A Residents' Guide was available in the centre. The guide was available to residents and contained relevant information, as did the notice boards seen throughout.
Judgment: Compliant
Regulation 27: Infection control
Staff were observed implementing safe procedures for the prevention and control of health care associated infections. Hand sanitisers were available throughout and used by staff between residents. The cleanliness of the centre was excellent.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Adequate arrangements were in place to assess and plan residents' needs and to evaluate treatment plans.
Judgment: Compliant
Regulation 6: Health care

Appropriate medical and health care was provided and or accessible on a referral basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies and procedures in place to inform restraint use. A restraint register was maintained in the centre. Bedrails were used by eight residents (five at the resident's request). Each resident had a risk assessment completed to ensure their safety needs were considered. There was evidence that these decisions were being reviewed frequently by staff and alternatives to bedrails, such as low level beds, mats and grab rails were trialled in consultation with residents and those involved in the decision making process.

The inspector was informed that none of the current residents displayed responsive behaviours and psychotropic PRN (a medicine only taken as the need arises) medicines were not being administered by staff or required by residents at this time.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to safeguard and protect all residents from abuse. A policy was in place to inform prevention, detection, reporting and responding to allegations or suspicions of abuse. Staff attended training on protection of vulnerable adults and staff spoken with by the inspector could describe the types of abuse and were aware of their responsibility to report any incidents, allegations or suspicions of abuse.

Residents spoken with on the day of the inspection told the inspector that they felt safe in the centre and spoke positively about the staff looking after them. All interactions by staff with residents as observed by the inspector were respectful, supportive and kind.

Judgment: Compliant

Regulation 9: Residents' rights

The rights, privacy and dignity of residents were respected. There was choices

within the daily routine and adequate recreational arrangements and appropriate means of communication.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant