

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodlands Nursing Home
Centre ID:	OSV-0000304
Centre address:	Bishopswood, Dundrum, Tipperary.
Telephone number:	062 71 335
Email address:	paddy@wnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tipperary Healthcare Limited
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	3

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 June 2018 09:30	26 June 2018 17:00
27 June 2018 09:00	27 June 2018 16:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 04: Complaints procedures	Non Compliant - Moderate	Substantially Compliant
Outcome 05: Suitable Staffing	Non Compliant - Moderate	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on six specific outcomes of dementia care. In addition the inspection incorporated an additional outcome as issues were identified related to health and safety and risk management including infection prevention and control. The inspector also followed up on progress of the action plan from the last inspection.

The centre did not have a dementia specific unit and at the time of the inspection there were six people living in the centre with a formal diagnosis of dementia. The inspector observed that some residents required a high level of support and attention due to their individual communication needs and dependencies. While all care staff

had responsibility to help residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD), observations demonstrated that some staff did not actively engage in a positive connective to enhance their quality of life. The activities coordinator organised and facilitated the activities programme and in her absence all care staff were involved in social activities. The coordinator had introduced a new programme called 'Making a Difference' and residents and relatives gave positive feedback regarding activities.

The inspector observed that the provider and person in charge were committed to providing a quality service for all residents including people with a diagnosis of dementia. The person in charge completed the self-assessment on dementia care and the judgments of the self-assessment and the inspection findings are stated in the table above. The self-assessment questionnaire had highlighted the need for improved oversight of staff training; better information to residents regarding meetings held; further discussions regarding care planning, and monitoring of the quality of the service provided. The inspector concurred that these required attention to enhance the positive findings of the inspection. This oversight would facilitate improvements and further advance positive outcomes for residents. In addition, there were several improvements noted from the last inspection which will be discussed throughout the report.

The inspector met with residents, relatives and staff. She reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observational tool. The inspector also reviewed documentation such as care plans, policies relating to dementia care, medical and nursing records and staff files. While all policies were in place as required in the regulations, they did not reference current regulations and national standards.

The inspector found that residents' healthcare needs were met. Residents had access to general practitioners (GPs) and support services such as psychiatry, physiotherapy, speech and language therapists and community health services were also available. Several issues were identified regarding medication management and these were brought to the attention of the person in charge to address urgently to minimise risk of medication errors and near misses.

The design and layout of the centre met its stated purpose and it was comfortable, pleasant and homely; it was designed in a figure of 8 to enable residents have unrestricted access throughout and provide a safe environment for residents with dementia. While there was some signage to orientate residents, additional signage would enhance the setting and allay the possibility of disorientation and confusion.

Issues identified relating to health and safety and risk management included the necessity to have better oversight of the risk register, and control measures to minimise risks identified. While there were systems in place regarding management of infection prevention and control, effective oversight of practice was necessary to minimise the risk of cross infection.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care such as nutrition, medication management, end-of-life care and management of responsive behaviours. There were systems in place to optimise communication between residents and families, the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant information and appropriate information was readily available and shared between services, and this was observed on inspection.

In general, the inspector observed good, kind care and interactions with residents and visitors. The activities coordinator had introduced 'Making a Difference' programme as part of the cognitive stimulation therapy for residents with a diagnosis of dementia and intended to roll this out to other residents. The activities coordinator explained that this was part of their routine and it gave people the repetitive opportunity to select stimulation activities appropriate to them and she found that it reduce behavioural issues and improved thinking skills and recall for people with dementia.

Pre-admission assessments were completed by the person in charge. Documentary evidence showed that residents and their families were involved in planning care and assessing care needs. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments and care, and these were comprehensively completed. Care plans were person-centred and timely updated.

Following review of healthcare records and residents' feedback, residents had timely access to health care services including GP services, psychiatry, physiotherapy, speech and language, dental, ophthalmology and chiropody.

The inspector reviewed practices and documentation relating to medicines management in the centre. Several issues were identified regarding medication management records including:

- 1) lack of photograph identification for some residents
- 2) computer generated prescriptions with incomplete details such as
 - i) date of birth
 - ii) dual names of transcribing nurses
 - iii) allergy status
- 3) nurses using computer generated prescriptions not signed by a medical doctor
- 4) drug administration records left blank following medication rounds
- 5) instructions given by the medical doctor over the phone not recorded
- 6) discontinued medication given for three days post medicine being discontinued.

There were written policies and procedures relating to matters as set out in Schedule 5 of the regulations. However, they referenced the 2009 regulations and the 2009 best practice national standards rather than the most up-to-date versions. The person in charge updated these on inspection to reflect current legislation.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

Policies were in place for safeguarding vulnerable adults including information relating to responsive behaviours and restrictive practice. They included assessment tools, behavioural support charts and restraint recording charts and these formed part of residents' initial assessments and on-going assessments.

The person in charge and provider were well known to residents and residents reported that they could raise any concerns or issues with management. In general, practices observed by the inspector demonstrated respect and kindness. Training records indicated that all staff had up-to-date training related to protection, but not all staff had training in managing behaviour that was challenging. Observations during the inspection demonstrated that some staff would benefit from this training to promote a better quality of life for residents, especially people with a diagnosis of dementia.

A risk assessment was completed prior to using bedrails. Signed consent was obtained from the resident and there was documentary evidence in the restraint register to show that the person in charge and GP discussed restraint with relatives in the event that the resident was unable to discuss it. At the time of inspection there were nine residents with bedrails in place. There was evidence of trialling alternatives prior to using bedrails.

Records were maintained of checks when bedrails were in use.

On the previous inspection, it was identified that restrictions were in place regarding residents' access to secure outdoor spaces. This was remedied whereby all keypads were removed from these doors and residents had free access to the secure courtyards and garden areas.

Residents' finances (both pensions and petty cash) were maintained in line with best practice guidelines.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

There were no restrictive visiting arrangements. Residents' privacy and dignity was respected, including receiving visitors in private. The inspector observed guests visiting in the lounges, residents' bedroom and relaxing in the seating area at the reception.

There was a daily programme of activities as well as special events, outings and celebrations. Residents reported that activities were based on their request and choice, and this was evidenced in resident's committee meetings also. People participate if they wished and their right to not participate was respected and this was observed on inspection.

The residents' committee met monthly and it was facilitated by the activities coordinator. Minutes of meetings demonstrated that it was well attended and residents were vocal in their feedback. Issues raised were documented and followed up in subsequent meetings. Issues such as complaints and how to raise worries and troubles were discussed; end of life care wishes and resuscitation decisions were discussed and people gave their preferences; care plans were subsequently updated by the person in charge to reflect peoples' wishes. Staff, residents and relatives gave very positive feedback regarding the approach and relationship the activities coordinator had with people.

Since the last inspection the provider and person in charge reviewed the layout and purpose of two rooms. One twin room was reduced down to single occupancy and the other large area was in the process of being upgraded to a single bedroom with shower

and toilet en-suite and a small sitting room. It was proposed that this could be used for end-of-life care and people availing of short-term care such as respite or convalescence care so the room could be freed-up quickly if it was needed.

The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observational tool was the quality of interaction schedule (QUIS). These observations took place in day rooms and the dining room. Each observation lasted 30 minutes. Most interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each residents. However, the inspector observed that there were occasions that staff did not avail of opportunities to socially engage with residents.

While some staff demonstrated good practice and positive engagement with residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD), the inspector observed that all staff did not engage to this high standard. Consequently, opportunities to prevent residents becoming anxious or annoyed were missed.

Arrangements were in place to meet the nutritional and hydration needs of residents including people with a diagnosis of dementia. The inspector observed snack and lunch times on both days of inspection. Positive engagement and appropriate assistance was noted on both days of inspection, nonetheless, lack of engagement and poor positioning while giving assistance to residents meant that some residents were not afforded a pleasant dining experience.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

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

Findings:

Discussion regarding complaints and how to raise an issue was a recurring item on the agenda for residents' committee meetings. The minutes showed that activities coordinator explained how to make a complaint and to whom they could raise issues. Residents spoken with were aware of their ability to raise concerns and relayed they had no barriers to reporting any issues to the person in charge. This was observed during the inspection. While most complaints were recorded and resolved in a timely manner, all complaints were not recorded in line with the regulations.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

Adequate resources were in place with the appropriate skill mix to meet the assessed needs of residents. Residents and relatives spoken with gave positive feedback about staff, their kindness and thoughtfulness and the enthusiasm they bring. The person in charge worked full time and the provider was based in the centre as well. The inspector observed that residents and relatives were familiar with the provider and person in charge and conversed freely with them.

The inspector observed that appropriate supervision of staff would enhance the quality of life for residents as issues could be readily identified and remedied immediately, for example, assisting residents with mobilisation, at meal and snack times.

A sample of staff files were reviewed and while considerable work was done since the previous inspection to ensure compliance, comprehensive employment histories were not available for all staff; documentary evidence of relevant qualifications or accredited training was not on file. Verification of references was completed but the records of such were not comprehensive. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for staff including three new staff members. There were no volunteers attending the centre.

Staff training matrix showed that while most staff training was up-to-date, all staff did not have their mandatory training current.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:

The design and layout of the centre was suitable for its stated purpose and appeared to meet the needs of residents. The provider discussed the premises who outlined the on-going updating and refurbishment works in the centre. For example, keypad were removed from all the internal doors to enable residents free access to the enclosed courtyards and garden; the entrance and reception were refurbished and the new suite was almost completed to accommodate end-of-life care; one of the enclosed courtyards was completely upgraded and could be accessed from several aspects of the centre and residents were delighted with it; bathrooms were upgraded. However, suitable storage for assistive equipment as described in Schedule 6 of the regulations was not available to adequately store equipment discretely.

Residents had access to adequate private storage space including secure storage. Bedrooms were personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Overall, the premises was homely, warm and bright and pleasantly decorated.

The external garden by the front of the centre had seating areas and lots of space for walking about and the external secure garden to the rear had raised flower and vegetable beds, walkways, seating and a large sheltered gazebo where residents were observed taking refuge from the sunshine. Following feedback from the residents meeting, the smoking room was moved and redecorated where one wall was completed decorated with a mural of a city skyline and residents commented that it looked 'fantastic'.

The statement of purpose was discussed on inspection and the provider updated it to reflect the organisational structure and primary function of each bedroom as per requirements set out in the regulations.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

Several issues were identified regarding health and safety and risk management and these included:

- a) sluice room was not secure to prevent unauthorised entry
- b) other rooms such as sluice and treatment rooms had ineffective security to prevent unauthorised entry
- c) shower heads left dangling and not placed in their holders; some shower-head holders were broken
- d) cleaning solutions stored inappropriately in sluice rooms
- e) urinals not stored in line with infection control best practice guidelines
- f) hand wash sinks in sluice rooms not identified as such; one hand wash sink was inaccessible due to storage of trolleys in the room
- g) boxes of disposable gloves placed on hand rails rather than in the discrete holder provided.

While there was a risk register in place it did not contain such items as the difficult wheelchair access from the lounge through the double swing doors to the dining room and then out to the enclosed garden. This was discussed with the provider who initiated work to enable the doors to be maintained open to enable people with wheelchairs to independently access the dining room and garden.

The provider described the weekly checks and audits completed regarding health and safety and risk management of the premises and acknowledged that this required further attention to ensure issues were identified and remedied in a timely manner.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Woodlands Nursing Home
Centre ID:	OSV-0000304
Date of inspection:	26/06/2018 and 27/06/2018
Date of response:	

Requirements

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

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

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Not all staff had training in managing behaviour that was challenging.

1. Action Required:

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

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

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

Proposed Timescale: 01/11/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Positive engagement and appropriate assistance was noted on both days of inspection, nonetheless, lack of engagement and poor positioning while giving assistance to residents meant that some residents were not afforded a pleasant dining experience.

2. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

Proposed Timescale: 01/08/2018

Theme:

Person-centred care and support

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

The inspector observed that there were occasions that staff did not avail of opportunities to socially engage with residents.

While some staff demonstrated good practice and positive engagement with residents with communication needs and residents exhibiting behavioural and psychological symptoms of dementia (BPSD), the inspector observed that all staff did not engage to this high standard. Consequently, opportunities to prevent residents becoming anxious or annoyed.

3. Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

Proposed Timescale: 01/08/2018

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

While most complaints were recorded and resolved in a timely manner, all complaints were not recorded in line with the regulations.

4. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

Proposed Timescale: 01/08/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Mandatory training was not up to date for all staff.

5. Action Required:

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

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

Proposed Timescale: 01/11/2018

Theme:

Workforce

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

Staff were not appropriately supervised.

6. Action Required:

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

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

Proposed Timescale: 01/08/2018

Theme:

Workforce

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

Comprehensive employment histories were not available for all staff; documentary evidence of relevant qualifications or accredited training was not on file.

Verification of references was completed but the records of such were not comprehensive.

7. Action Required:

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

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

Proposed Timescale: 01/01/2019

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Suitable storage for assistive equipment as described in Schedule 6 of the regulations was not available to adequately store equipment discretely.

8. Action Required:

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

designated centre.

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

Proposed Timescale: 01/08/2018

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

Several issues were identified regarding health and safety and risk management and these included:

- a) sluice room was not secure to prevent unauthorised entry
- b) other rooms such as sluice and treatment rooms had ineffective security to prevent unauthorised entry
- c) cleaning solutions stored inappropriately in sluice rooms
- d) boxes of disposable gloves placed on hand rails rather than in the discrete holder provided.

While there was a risk register in place it did not contain identifiable items highlighted on inspection.

The provider described the weekly checks and audits completed regarding health and safety and risk management of the premises and acknowledged that this required further attention to ensure issues were identified and remedied in a timely manner.

9. Action Required:

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

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

Proposed Timescale: 01/12/2018

Theme:

Safe care and support

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

Several issues were identified regarding infection prevention and control that included:

- 1) shower heads left dangling and not placed in their holders
- 2) some shower-head holders were broken
- 3) urinals not stored in line with infection control best practice guidelines
- 4) hand wash sinks in sluice rooms not identified as such
- 5) one hand wash sink was inaccessible due to storage of trolleys in the room.

10. Action Required:

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

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

Proposed Timescale: 01/10/2018