

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Woodlock Nursing Home
Centre ID:	0305
Centre address:	Portlaw
	Co Waterford
Telephone number:	051-387216
Email address:	Woodlock@Mastergroup.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Tim Kelleher
Person in charge:	Maria Middleton-Spellissy
Date of inspection:	19 October 2010
Time inspection took place:	Start: 10:00hrs Completion: 19:30hrs
Lead inspector:	Noelene Dowling
Support inspector:	Catherine O'Keeffe
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge.
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Woodlock Nursing Home provides residential accommodation to 30 older persons and two persons under the age of 65 on a long-term basis. The premises were originally managed as a nursing home by a congregation of religious sisters. Five members of the religious order live in separate accommodation within the premises and share the entrance to the nursing home.

The building is a large two-storey over basement premises. There is large entrance hallway, and the chapel, parlour, and administration office are located off this hallway. Steps lead to double doors, which give access to a large internal lobby, on which the male five-bedded ward is located. Residents in this ward share one bathroom which has been renovated to include an assisted shower, toilet, and wash-hand basin and there is a separate toilet available. The dining room, living room, and kitchenette, which are used for serving meals, are also located on this floor. Two public toilets and staff shower are situated on this floor, along with access to the religious community accommodation and office.

Accommodation for the residents on the first floor consists of sixteen single bedrooms, and one seven-bedded ward. Residents on this floor share two bathrooms, one with shower, wash-hand basin and toilet and one with a bath, toilet and wash-hand basin. One single bedroom has an adjoining en suite with shower, toilet and wash-hand basin. The sluice room and staff toilets are located on this floor. A large stairway and circular surrounding balcony create a mezzanine floor space; this includes one single bedroom along with the lift and office for the person in charge. The basement contains the main kitchen, boiler room, laundry and various other unused rooms.

The centre is located in its own grounds, with a long driveway and ample car parking spaces. The gardens contain a large lily pond to the rear and various unused outhouses. The drive and surrounds are used as a walking area for local people.

Location

The centre is located in the village of Portlaw, county Waterford.

Date centre was first established:	March 2007
Number of residents on the date of inspection	28
Number of vacancies on the date of inspection	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	15	10	3	0

Management structure

Tim Kelleher is the registered provider. Maria Middleton-Spellissy is the Person in Charge. The care assistants and nursing staff report to the Person in Charge. The catering household and maintenance staff report to the Administrator who reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0	1	4	3	2	1	2*

* Maintenance

Background

The purpose of the inspection was two fold. To follow up on the previous inspection undertaken on 23 August 2010, which was undertaken to ascertain the providers compliance with the issues outlined in the registration inspection undertaken on 18 May 2010 and 19 May 2010. It was also triggered by a number of concerns received by the Authority in relation to medication management, medical care, staffing and governance.

On the first inspection carried out on 18 May 2010 and 19 May 2010 inspectors found that there was a requirement for significant improvement in management and leadership, clinical auditing procedures, risk management, medication management, fire safety, resident's access to allied health services, consent practices, health and safety, staff training and staff numbers. The décor, furnishing, equipment and facilities for residents use in the premises required significant upgrading.

Inspectors found that that the action plan submitted by the provider in response to this report provided insufficient detail as to the intended actions and that the timescales outlined were excessive in some areas. The inspectors consulted with the provider by telephone on 7 July 2010 and sought clarity on the actions to be taken and reviewed timescales were agreed. The provider was then asked to submit a revised action plan. This was received by the Authority on 16 July 2010.

A follow-up inspection carried out on 23 August 2010 inspectors found that of the 16 actions agreed for completion by 31 July 2010 only four actions had been satisfactorily completed.

No training had been made available for staff in this area. While some improvements were found in residents' access to allied health services, referrals to such services remained a concern. Some improvements had been made in maintenance and cleaning but a significant amount of work remained to be done in relation to the upgrading of the furnishings and fittings, accommodation for residents and maintenance of the driveway.

Inspectors found that reviews of medication management and policy on medication management had not taken place and adequate review of care planning processes for residents had not yet commenced. Key policies, such as risk management, medication management, and elder abuse had not been completed within the timescales.

Work had commenced on the priority items outlined by the fire risk assessment report supplied, but many actions remained to be completed by the agreed date of 15 September 2010. The provider was requested to provide further details of his intended actions in relation to the follow-up report.

This second follow-up inspection took place on 19 October 2010 and the outcome is detailed in the following report.

Summary of findings from this inspection

Inspectors did not meet with the person in charge but met with seven residents, three relatives, staff, the registered provider and the general manager of the company. Documents examined included staff rosters, communication logs, resident's medical records and care plans, policy documents, and complaints logs.

Overall inspectors found that while progress had been made in addressing the requirements for healthcare reviews, medication reviews and development of care plans and policies, work remained to be done in the following areas:

- completion of risk management strategies
- fire management
- access to allied health professionals and referrals
- access to fluids for residents
- training for staff in working with residents
- routines and meaningful activity for residents
- premises and facilities upgrade
- recruitment practices.

In addition to these issues, inspectors found that significant improvement was required in relation to quality of life for residents, such as, choice, routine and meaningful activities for residents; and governance, in relation to monitoring of staff, supervision and training, adequate arrangements for when the person in charge is absent and notification of incidents to the authority. The provider was requested to forward details of internal investigations undertaken by the Authority.

Actions reviewed on inspection:

1. Action required from previous inspection:

Comply in full immediately with the fire risk assessment requirements in the following areas:

- provide all staff on duty with keys to the exit doors
- provide the ski pads and evacuation sheets for use in the event of a fire.

Comply with all requirements listed in the fire risk assessment report by the stipulated date of 15 September 2010.

Provide staff with adequate and ongoing training in fire management and evacuation procedures.

Provide the Authority with a detailed plan outlining the steps to be taken and time frames to implement the recommendations of the fire safety consultant.

This action has been partially completed. Inspectors saw that the nurse on duty carries the key to the exit doors and the slide sheets have been purchased. The staff were in the process of installing them on the residents beds. The provider stated that once the ski pads have been delivered a fire safety company have been contracted to undertake training with staff in the procedures to follow in the event of a fire. No date had been set for this training. The timeframes for this action had elapsed.

The works on the premises are continuing under the supervision of the fire safety consultant and the nightly hourly checks of the premises were seen to be continuing. Inspectors were informed that a third care assistant has been allocated for night duty to ensure these checks are carried out although roster examined showed that this was not consistently applied.

The provider stated that a detailed plan for the continuation of these works will be forwarded to the authority following a meeting with the fire consultants in the last week of October.

2. Action required from previous inspection:

(a) Put a risk management policy in place which takes account of both clinical and non clinical risk.

(b) Ensure that the risk management policy covers the identification and assessment of risk throughout the centre.

(c) Put in place a plan for responding to emergencies.

While a risk management policy is in place there are no systems for monitoring either clinical or non clinical risks in use. Inspectors viewed the accident and incident log and resident's files. Incidents such as falls were not followed by interventions or re-evaluation to examine the potential causes and prevent reoccurrences.

In addition, the internal balcony which allows access from both sides of the building upstairs has been partially but not fully secured for safety reasons and remains a risk to resident's safety. The timeframes for this action had elapsed.

The provider had drafted a plan for responding to emergencies which dealt with resident's absconding and fire procedures but they are not centre-specific and do not take account of loss of power or heat. Two policies were given to the inspectors for dealing with fire and both differed in the instructions provided to staff.

3. Action required from previous inspection:

- (a) Put in place adequate policies in regard to the safe administration of medication in line with An Bord Altranais guidelines 2007.
- (b) Ensure that each resident's medication is regularly reviewed as required and at not less than three-monthly intervals.
- (c) Routinely monitor the use of and reactions to medication.
- (d) Accurately document all medications prescribed and discontinued.

This action was partially completed. Inspectors saw documenting where all residents' medication had been reviewed by the general practitioner (GP) and the prescription sheets signed and discontinued medications accurately recorded and dated. Records showed that the GP reviewed residents regularly and as required, by the person in charge. The medication round observed, was carried out in accordance with An Bord Altranais guidance. However, No system for monitoring the effectiveness or adverse affects of medications had been devised.

4. Action required from previous inspection.

- (a) Ensure that residents have access to multidisciplinary services.
- (b) Ensure that all appropriate healthcare is facilitated on an individual basis.
- (c) To Include occupational therapy and speech and language therapy.

This action was not completed. Inspectors could find no evidence on records that referrals to these services had been made for the residents concerned. The timeframe of 30 September 2010 had elapsed.

5. Action required from previous inspection:

Set out each residents need in an individual care plan and review this plan as the residents needs change and no less frequently than three monthly intervals.

All assessments undertaken must be reflective of the residents needs, dated and reviewed.

This action was partially completed.

A new care planning system has commenced but has not been completed for all residents. The senior nurse has taken primary responsibility for implementing this process and the plans were seen to be more person-centred in their format and will when complete provide an integrated system for care planning and evaluation of residents. However, the details of the plans were not reflected in the resident's daily life and inspectors found that resident's routines had not altered as a result of this process.

Inspectors found that assessment tools utilised have not been reviewed regularly and some not since 2009. Monitoring systems such as weight and fluid intake for residents were not consistently applied. For instance, a weight monitoring chart was set up for one resident who was losing weight and experiencing difficulty with swallowing. Records showed that the resident's weight had not been recorded since July 2010 despite the weight loss and there was no evidence of referral to speech and language therapist. The timeframe for review of the assessments has elapsed.

6. Action required from previous Inspection:

Put in place a policy on the use of restraint, which aims for a restraint free environment.

Undertake a full assessment of the need for the use of any method of restraint.

Ensure that residents or relatives are consulted in regard to the use of any methods of restraint, give their informed consent and that the usage of such methods is regularly reviewed.

This action was partially completed.

A policy on the use of methods of restraint had been drafted. However, no evidence based assessments have been undertaken on the safety of such methods or alternative measures which had been taken. While consents were in place for the use of bedrails, this was not based on an informed and agreed decision between practitioners, residents and relatives. There was no system implemented for a review of their usage.

7. Action required from previous inspection

Ensure that drinks, collations and refreshments are available to residents outside of routine meal times.

This issue has not been addressed satisfactorily. Inspectors observed that the residents' midday meal was still being cooked early and kept hot until lunchtime. Inspectors also observed that a jug of juice and four glasses were placed on a table to one side of the day room in the afternoon. None of the residents could access this table and during the course of the afternoon inspectors did not observe any staff assisting residents to access drinks.

8. Action required from previous inspection

Increase the numbers of nursing staff employed to ensure the consistent care of residents when taking account of periods of leave or illness.

This issue has not been addressed satisfactorily. The provider had increased the nursing staff quota by one at the time of the inspection. The provider informed the inspector that another suitably qualified nurse was due to commence work at the end of October. However, as one nursing staff had left the providers employment the day before the inspection this does not provide adequate nursing staff cover for periods of leave, illness or emergency. The timeframe of 30 September 2010 had elapsed.

Interviews with staff and residents records confirmed that on occasions one nurse on duty was insufficient to care for the number of residents with high dependency needs, for example, the medication round can take up to one hour which does not leave the nurse with time for resident care or observation. In addition, relatives spoken to stated that it takes considerable time to access the premises for evening visits and to access staff to let them out again.

9. Actions Require from previous inspections.

The provider must satisfy himself that all staff employed to work at the designated centre are fit to do so by securing all of the documents required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Put a procedure in place for the safe recruitment, selection and vetting of staff.

This issue has not been addressed satisfactorily.

A policy on the recruitment, selection and vetting of staff was drafted. However, recruitment practices remain inadequate. Inspectors viewed the personnel files of the most recently recruited staff and found that the provider had not obtained the

required three references, Garda Síochána vetting, evidence of medical and physical fitness or verification of references. The interview process utilised, was poor in that the person in charge had undertaken the interviews single-handedly which did not support good decision making. The timeframe of 30 September 2010 had elapsed.

10. Action required from previous inspection:

Develop a statement of purpose, which includes all of the information listed in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 1.

This action had been completed. The statement of purpose has been developed and contains all of the information required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 1.

11. Action required from previous inspection:

Put in place a policy on the prevention, detection and response to abuse.

This action was partially completed and the required policy had been drafted. Staff have undertaken training in adult protection. The provider informed the inspector that the person in charge has since undergone the "train the trainer" course in this subject but the second planned training session scheduled for the remaining staff was cancelled and no date has been set for it take place.

Prior to the inspection the Authority was informed of a reported incident which, following investigation, the provider concluded was vexatious. Details of this incident and subsequent investigation were not made available to the inspector as the provider stated that he was in the process of documenting the findings and investigation.

However, rosters and interviews confirmed that the person in charge had not acted in a proper and timely manner to ensure the safety of residents while this was being investigated and clarified, for example, the staff member concerned was allowed to continue normal duty, unsupervised by a senior staff. The provider was requested to forward all relevant documents in relation to this matter to the Authority.

12. Action required from previous inspection:

The operational policies and procedures as stipulated by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) Schedule 5 were not in place.

Continue to develop all of the outstanding policies and procedures as outlined in Schedule 5.

This action had been partially completed. Policies required are in draft form and the provider stated that this process will continue. These policies have not been introduced to the staff team as yet. The timeframe of 15 October 2010 had elapsed.

13. Actions Required from previous inspections.

Put in place an adequate programme of routine and suitable maintenance of the building and a plan for renewal of fabric, decoration and furnishings and facilities. Submit this plan to the Authority.

- (a) Provide each resident with adequate lockable storage space.
- (c) Put in place a system for the routine cleaning of all bedrooms.
- (d) Provide adequate sluice facilities.
- (e) Make provision for the garden and driveway to be made safe and accessible for residents.

The actions outlined above were not attended to. The provider stated that funding had now been secured and the Authority would be provided with a plan to undertake the refurbishment of the premises and facilities within the next two weeks.

The lack of an adequate and suitably equipped sluice room remains a serious issue for the management of infection and while the timeframe had not expired no work had commenced on this action. Additionally, the wash-hand basin in the female ward was not working, necessitating staff leaving the ward to wash their hands or dispose of water. Inspectors observed that staff were not supporting residents to use either of the toilets nearest the ward upstairs. Staff stated that they found these were too small for residents who required support and the number of dependant residents is increasing.

No lockable storage for resident had been sourced and no adequate works on the drive was evident.

14. Action required from previous inspection.

Establish and maintain a system for reviewing and improving the quality and safety of care of residents and the quality of life of residents.

No action had been taken in relation to this requirement. Two relatives spoken to stated that they were not aware of any forums for residents or relatives involvement and had not been consulted in relation to practices in the centre. Audits and reviews of incidents have not yet taken place.

Other issues identified during this inspection:

Governance and Staffing:

Prior to the inspection, inspectors had been made aware of a number of incidents involving staff, which were detrimental to residents wellbeing. This included a row between two staff members which took place in view of residents, arguments with the person in charge, and between nursing and care assistant staff. No record of these or any actions taken by the provider was available at the time of the inspection. The provider was requested to submit all such documents to the Authority.

Inspectors interviewed staff and observed interactions during the inspection. This confirmed that suggested changes to the routines, in order to promote a better quality of life, such as walks for residents or one to one activities, and choice for when personal care such as showers took place, changes to rosters to support better resident care and meet the legal requirements in relation to working times were being resisted.

Changes had not been implemented as a result of this resistance by members of the staff group despite the obvious benefit to residents. The provider stated that it had been decided to take such changes slowly to avoid disputes. While a number of disciplinary measures were taking place as result of these developments the management structures and lines of accountability were not clearly implemented.

Notification of Incidents:

The accident and incident log contained records of three falls which had not been notified to the Chief Inspector.

Arrangements for the absence of the person in charge:

The provider had supplied details to the Authority of a named person who would take charge of the centre during periods when the person in charge was absent. Inspectors found that this information was not accurate and another staff, titled senior nurse would in fact be undertaking this task. No arrangements for how this would operate in practice had been made and the person appointed was not aware of what her duties or roster would be in relation to such periods. The inspector found that no adequate arrangements had been made for the forthcoming absence of the person in charge, in terms of roster, access to the office and documentation or on call duties and requested that this be remedied.

Quality of Life for Residents:

No changes have been made to the routines or variety of the residents' day. As on previous inspections, the activities available are limited to bingo twice weekly, one weekly exercise session and occasional art sessions.

Residents were observed seated in the same position in the day room from 13:00hrs with no stimulation or interaction from staff other than when undertaking personal

care. There was very little conversation, no books, or magazines were available. Six residents were observed seated in wheel chairs during the entire day. Two relatives spoken to confirmed that this takes place each day.

One resident who has dementia was observed becoming agitated in the late afternoon. There were no evidenced based or best practice guidelines available as to how to support this resident and other residents who have dementia. Appropriate training for care assistant staff supporting resident's staff remains poor. Another resident stated that she does like to walk around and if she was at home she would do so. Inspectors observed that this residents walking frame was not left within her reach and therefore she could not mobilise unless staff offered to help her.

Residents' privacy was respected when carrying out personal care by the use of screening curtains or closed doors. However, residents' dignity was compromised when on two occasion's inspector's overheard staff asking loudly and publicly who was next for toileting.

A relative informed inspectors that an arrangement had been agreed with the person in charge to ensure that his relative could stay in bed late in the morning as was her wish. On two occasions the relative arrived at the nursing home early to find staff telling his relative that she had to get up earlier. Inspectors saw this instruction in the communication log but it had not been monitored to ensure this was being adhered to.

Report compiled by

Noelene Dowling
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

19 October 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
18 May 2010 and 19 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
23 August 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to additional inspection report

Centre Name :	Woodlock Nursing Home
Centre ID:	0305
Date of inspection:	19 October 2010
Date of response:	5 November 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Failure to provide written confirmation from a suitably qualified person that all requirements of the statutory fire authority have been complied with.

Action required:

Provide written confirmation from a suitably qualified person that all requirements of the statutory fire authority have been complied with.

Action required:

Provide staff with adequate and ongoing training in fire management and evacuation procedures.

Action required:

Comply with all requirements listed in the fire risk assessment report.

Reference: Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have now finalised the order for 38 new fire doors, having agreed all the individual details between the fire consultant and the supplier. These are now in production and the first batch of doors should be delivered to the centre ready for installation in about five or six weeks. It is therefore our target to have all of the new fire doors fully fitted prior to the Christmas holidays. We appreciate that this is longer than originally envisaged but we have encountered problems and delays caused by the irregular sizes and the existing variations in the frames and supports. A plan had to be agreed with the fire consultant to address the requirements regarding the frame and the differing sealing requirements at each individual doorway. Fire Training for staff has been scheduled in different sessions for the week beginning 22 November 2010. We are organising a fire training course which is centre-specific (rather than off the shelf training). Work on the remaining items in the fire risk assessment report is continuing.	24 December 2010 30 November 2010 24 December 2010

2. The provider has failed to comply with a regulatory requirement in the following respect: They did not make adequate arrangements for when the person in charge was absent from the centre.
Action required: Provide written details outlining the specific arrangements for periods when the person in charge is absent from the centre.
Reference: Health Act 2007 Regulation 15: Person in Charge Standard 27: Operational Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Arrangements have been put in place with the senior staff nurse to cover for any periods of absence of the person in charge. She has been provided with access to the office and documentation and is always on call and available, if not in the nursing home. The person in charge even in any period of absence is always on call.</p>	Completed

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks:</p> <ul style="list-style-type: none"> ▪ the unexplained absence of a resident ▪ assault ▪ accidental injury to residents or staff ▪ aggression and violence ▪ self-harm.
<p>Action required:</p> <p>Adequately assess the risk to residents of the use of any methods of restraint and ensure that such use is regularly reviewed.</p>
<p>Action required:</p> <p>Put measures in place to prevent injury to residents from the internal balcony.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>

Reference: Health Act 2007 Regulation 31: Risk Management Procedures: Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The risk management policy will be completed in the next two weeks and will include what is required. We have considered the best way of addressing the internal balcony without compromising the character and appearance of the house and have decided to discretely raise the height of the balcony with additional rails.	19 November 2010 19 November 2010

4. The provider has failed to comply with a regulatory requirement in the following respect: Practice in regard to monitoring effectiveness, reviewing and documentation of medication reactions are inadequate.	
Action required: Routinely monitor the use of and reactions to medication.	
Reference: Health Act 2007 Regulation 9: Health Care Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The use of and reactions to medication is done on a daily basis and monitored by the nurse on duty, noted in the resident's record, which is routinely reviewed by the person in charge. The GP is notified immediately of any reactions to medication.	Ongoing

<p>5. The provider and person in charge have failed to comply with a regulatory requirement in the following respect:</p> <p>Resident's access to physiotherapy, chiropody, occupational therapy, or any other services has not been facilitated.</p>	
<p>Action required:</p> <p>Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, speech and language therapy or any other services as required by each resident.</p>	
<p>Action required:</p> <p>Maintain records of all healthcare referrals and follow-up appointments.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 9: Health Care Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Referrals for allied services are normally made by the GP and we are dependent on the HSE to provide this service and their timing and response time is completely outside our control.</p> <p>The chiropodist is in the centre once a month, the optician and speech and language assessment is as the need arises. The person in charge will ensure that all records are maintained.</p> <p>The person in charge has sourced a local company to come and assess residents for exercises, chairs, falls assessments etc. This is to be done in the next two weeks.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>19 November 2010</p>

<p>6. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The care plans do not reflect the residents' needs and are not reviewed to reflect the resident's changing needs.</p>
<p>Action required:</p> <p>Continue the process of setting out each resident's needs in an individual care plan developed and agreed with the resident.</p>

Reference: Health Act 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The care plans will be continued and completed within the next two weeks.	19 November 2010

7. The person in charge has failed to comply with a regulatory requirement in the following respect: All appropriate healthcare has not been facilitated.	
Action required: All assessments/ monitoring tools including weight and fluid intake necessary must be consistently applied and adequately reviewed.	
Reference: Health Act 2007 Regulation 9: Health Care Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Weights are monitored on a weekly basis and fluid intake is monitored on a daily basis and both noted on the resident record sheet as well as on their care plans. These will be reviewed and monitored regularly by the senior staff nurse.	Ongoing

8. The person in charge has failed to comply with a regulatory requirement in the following respect: Not ensuring that residents are provided with food and drink adequate to their needs.	
Action required: Provider each resident with access to a safe supply of fresh drinking water at all times.	

Action required:	
Ensure that drinks, collations and refreshments are available to residents outside of routine meal times.	
Reference:	
Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The safe supply of fresh drinking water will be monitored by the nurse on duty.	Ongoing
Drinks and refreshments are available to residents in the day room each day and the resident can request same anytime they wish as is their choice. This will be monitored by the nurse on duty to ensure that residents have access to drinking water and staff assist when necessary.	Ongoing

9. The person in charge has failed to comply with a regulatory requirement in the following respect:	
They did not 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.	
Action required:	
Increase the numbers of nursing staff employed.	
Reference:	
Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We are actively recruiting additional nursing staff and this process is continuing, using the services of two recruitment agencies, as well as internet job sites.	Ongoing

10. The provider has failed to comply with a regulatory requirement in the following respect:

There is no adequate procedure for the recruitment, selection and vetting of staff.

Action required:

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.

Action required:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they have qualifications suitable to the work that they are to perform.

Action required:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Reference:

Health Act 2007
Regulation 18: Recruitment
Standard 22: Recruitment

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

Timescale:

Provider's response:

A recruitment policy is in place. As outlined in the policy, all interviews will be conducted by a minimum of two and must include the provider, person in charge and/or a senior staff nurse. A checklist of the information required under Schedule 2 will be prepared and no new employee will commence unless all information is received and reviewed by the provider.

12 November 2010

11. The person in charge has failed to comply with a regulatory requirement in the following respect:

Staff members have not had access to education and training.

Action required:	
Review the competency and skill of long standing care staff to determine their need for further training and make suitable arrangements to meet their identified training needs.	
Action required:	
Supervise all staff members on an appropriate basis pertinent to their role.	
Action required:	
Implement a staff training programme that ensures staff:	
<ul style="list-style-type: none"> ▪ meet the changing needs of residents ▪ understand and adhere to the policies and procedures of the resident care setting. 	
Reference:	
Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All staff will be reviewed for their competency and training needs over the next four to six weeks by the person in charge.	24 December 2010
A training programme will be put in place for all staff over the next few weeks, including but not limited to end-of-life care, dementia care, manual handling, elder abuse etc.	24 December 2010
The elder abuse training for the remaining staff will be held on 17 November 2010 and 24 November 2010 and be conducted by the person in charge.	24 November 2010
As part of their daily duties, staff will be allocated time to understand the policies and procedures of the centre and the person in charge and/or senior staff nurse will be available for assistance if required.	12 November 2010

<p>12. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>They did not provide suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs has not been provided.</p>	
<p>Action required:</p> <p>Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.</p>	
<p>Action required:</p> <p>Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.</p>	
<p>Reference:</p> <ul style="list-style-type: none"> Health Act 2007 Regulation 6: General Welfare and Protection Regulation 10: Residents' Rights, Dignity and Consultation Standard 13: Healthcare Standard 2: Consultation and Participation Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence Standard 18: Routines and Expectations 	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The person in charge has been reviewing activities. The person in charge has consulted with each resident and the residents have requested a number of activities that they would like to see take place on a regular basis, such as a card school, cross stitch, painting (watercolours), old films in the afternoons, jigsaws, newspapers/magazines and staff reading same to them if required and the reading of a novel over a period of time by staff. Residents will always have the choice as to what they can participate in. These activities will be implemented over a period of time appropriate to each resident's care.</p>	<p>24 December 2010</p>

13. The provider has failed to comply with a regulatory requirement in the following respect:

They did not provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose.

Action required:

Provide sufficient numbers of toilets, and wash-hand basins, baths and showers at appropriate places in the premises.

Action required:

Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

Action required:

Provide adequate sluice facilities.

Action required:

Make the driveway safe and suitable for use by residents and relatives.

Action required:

Review the usage of the shared wards to ensure that they numbers do not exceed the standard of no more than two residents per room except in high dependency room within the required time frame.

Action required:

Put in place a system to ensure that relatives and visitors can access the premises after office hours.

Action required:

Put in place an adequate program of routine and suitable maintenance of the building and a plan for renewal of fabric, decoration, furnishings and facilities for resident use.

Action required:

Submit a plan to the Authority detailing how these issues will be addressed.

Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>As the building is a listed building, the maintenance/upgrading of the building is tackled on a systematic basis, bearing in mind the constraints imposed by its listed status which restrict the options in carrying out the upgrading work as well as adding substantially to the cost.</p> <p>A program detailing the schedule of works to be completed is being finalised at present and will be forwarded to the Authority. The upgrading of the sluice room is a priority item in the program as well as the maintenance to the driveway and the provision of lockable storage space.</p> <p>As said before, the company is fully committed to the total upgrade and renewal of furnishings but can only carry this out within a reasonable timeframe due to budgetary constraints and the current revenue capacity from only 30 beds.</p> <p>We are currently carrying out a restructuring of operations which will enable the front office/reception to be manned from 09:00hrs to 21:00hrs each day therefore ensuring timely access for relatives and visitors. We have identified two persons who would be suitable for the role and interviews will be held during week commencing 8 November 2010 with the intention of a start date of 1 December 2010, subject to references, Garda Síochána vetting etc.</p>	<p>12 November 2010</p> <p>30 April 2011</p> <p>1 December 2010</p>

14. The person in charge has failed to comply with a regulatory requirement in the following respect:

Notifications of significant events were not submitted to the Chief Inspector.

Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of: <ul style="list-style-type: none"> ▪ any allegation of misconduct by any person who works at the centre ▪ any serious injury to a resident. 	
Reference:	
Health Act 2007 Regulation 36: Notification of Incidents Standard 8: Protection Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will ensure that all notifications are submitted on a timely basis.	Immediate

15. The provider has failed to comply with a regulatory requirement in the following respect:
There is no system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Action required:
Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.
Reference:
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our system to review and maintain the quality of life and safety of care is by consultation with residents and relatives, generating feedback and any suggestions etc. The person in charge held regular meetings with residents, most recently on 29 October 2010, in relation to their care and needs and what they would like to see improved. A number of suggestions were made by the residents, including changes to food, drinks, activities etc. The next meeting with relatives will be held in December 2010 for any feedback or suggestions from them.</p>	<p>15 December 2010 and ongoing</p>

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 18: Routines and Expectations	Meaningful self expression is facilitated by occupational recreational and sensory stimulation.
Standard 17: Autonomy and independence	There is a policy that promotes, maintains and maximises independence.

Any comments the provider may wish to make:

Provider's response:

We are totally committed to bringing both the physical environment and the operating standards in Woodlock Nursing Home up to the highest possible level. However, both the size of the building and its listed status impose a large financial cost on this. With the limited income available with only 30 beds, this requires a substantial capital investment. To date, almost €525,000 has been invested and the company is committed to spending a further €225,000 over the next six to nine months.

It is the intention of the person in charge to complete as quickly as possible a full and comprehensive set of policies and documentation. However taking into account the limited administrative staff in a home of 30 residents and also taking into account annual leave of nursing and care staff, her time for policy development has been somewhat limited due to the needs of the residents. It is in this context that the original timescales proved difficult to achieve and hence the extra time required completing these tasks fully and comprehensively.

Provider's name: Timothy Kelleher, Woodlock Residential Care Limited

Date: 5 November 2010