

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Woodlands House Nursing Home
Centre ID:	0186
Centre address:	Trim Road
	Navan
	Co Meath
Telephone number:	046-9028617
Email address:	robwalsh@ireland.com / susan393@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sandcreek Ltd.
Person authorised to act on behalf of the provider:	Susan Walsh
Person in charge:	Susan Walsh
Date of inspection:	12 June 2013
Time inspection took place:	Start: 10:45 hrs Completion: 18:00 hrs
Lead inspector:	Siobhan Kennedy
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records and documentation in relation to the management of the centre.

The matters arising (23 actions) from the previous inspection were found to be satisfactory addressed with the exception of those relating to the environment. The provider has made substantial progress in finalising the plans and preparing the site where a new building will be erected. In due course, the existing building will be

incorporated and this will form the new premises which will address the shortfalls in relation to the existing centre and meet the requirements of the legislation.

From discussions with residents and staff it was evident that the person in charge who works full-time at the centre provides leadership and training to the staff team to deliver person-centred care to residents. The inspector found that the staff team had good knowledge of 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* in relation to the residential care setting. Staff members confirmed that good relationships exist with the management team.

Residents and staff confirmed that measures were in place to ensure residents' safety. For example, a resident considered it a safe place because visitors were admitted to the centre by staff and staff demonstrated to the inspector that they were knowledgeable regarding the implementation of the policy and procedure in respect of keeping residents safe from abuse.

Some residents described how their well-being and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare. One resident talked about the exercises that the physiotherapist had outlined and a number of other residents described the assistance given by the general practitioner (GP) to improve their conditions. During different periods of the day the inspector observed residents participating in meaningful activities appropriate to their interests and preferences. These were organised and delivered by the activity coordinator in conjunction with the staff team. Some activities were organised on a group basis while others were tailored to meet the individual needs of residents.

In general, residents willingly shared their views and opinions regarding the provision of facilities and services. However, some residents due to their condition were unable to communicate with the inspector. Those who did expressed satisfaction with the routines of daily living, meals provided, information received and were complimentary of management and the staff team. Two residents highlighted a couple of issues which would further improve their care. These were shared with the provider and person in charge.

While there was evidence that the risk management policy/procedure was implemented, and the risks identified during the previous inspection were addressed some additional risks were highlighted by the inspector.

The environment was clean bright and warm. Residents were encouraged to personalise their bedroom space. One resident commented on how "homely" the centre was and chose it above other centres for this reason.

The Action Plan at the end of this report outlines improvements required in order meet the legislative requirements of the Regulations.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

Compile a written statement of purpose, which shall consist of the matters listed in Schedule 1 of the Regulations including the qualifications of persons participating in the management of the centre.

Inspection findings

This matter was satisfactorily actioned.

The person in charge informed the inspector that the statement of purpose had been updated following the last inspection. Amendments made to the document were shown to the inspector. These were found to be satisfactory. The person in charge agreed to forward a copy to the Authority.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is a registered nurse with experience of nursing older persons and has experience of managing the centre since it opened. She works full-time in the centre and demonstrated that she was knowledgeable about individual residents' health care conditions, likes, dislikes and preferences. She showed her commitment to the delivery of good quality person-centred care to residents when describing the arrangements put in place for a resident to have the services of an advocate. Some residents informed the inspector that they knew her and if they had any problems they would communicate with her or the staff nurse on duty. Some residents expressed their confidence in her clinical judgements and staff members confirmed that she was available in the centre working in dual roles as a practitioner and manager for example assessing residents' conditions, supervising staff, liaising with professionals providing training and carrying out audits. A staff member informed the inspector that good relationships exist with the management team.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Action required from previous inspection:

Residents' Guide

Produce a Residents' Guide, which includes the terms and conditions in respect of accommodation to be provided for residents.

Inspection findings:

The person in charge confirmed that the Residents' Guide had been amended following the previous inspection and a copy was shown to the inspector. It contained all of the items in the regulation as follows:

- a summary of the statement of purpose
- the terms and conditions in respect of accommodation to be provided for residents

- a standard form of contract for the provision of services and facilities by the registered provider to residents
- the most recent inspection report
- summary of the complaints procedure
- the address and telephone number of the Chief Inspector.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

- Regulation 6: General Welfare and Protection
- Standard 8: Protection
- Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents and staff confirmed that measures were in place to ensure residents' safety. One resident considered the use of bedrails to be a good safety measure and the fact that a staff member opened the front door to admit visitors.

Some staff members explained to the inspector that there was a policy and procedure regarding protection of residents from abuse and they described the training they had participated in to protect residents. They were knowledgeable regarding types of abuse, their duty to report any form of abuse and knew that it should be investigated by line management. The person in charge informed the inspector that there were no ongoing investigations.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Actions required from previous inspection:

Implement the risk management policy throughout the centre by addressing the following risks:

- at the commencement of the inspection the designated open access smoking area where a resident was sitting was congested with a linen trolley, laundry basket, wheelchair containing a bucket and black bag, wet floor sign and the double doors to the linen/towels cupboard were open
- liquids including residents' toiletries were stored in unlocked, cupboards in bath/shower rooms
- on a number of occasions during the morning of the inspection a vacuum cleaner was left unattended on the corridor, which posed a trip hazard and obstructed use of the handrails
- a hoist was plugged into an electric socket on the corridor obstructing a handrail
- eight wheelchairs and a hoist were stored obstructing a handrail at the lower end of a corridor where residents' bedrooms were located
- there was no signage on the door to a boiler room which could be opened and inside the door there was a step down to a lower level which was covered in water
- the key pad on the clinical room was not operating
- there was no staff supervision of nine residents in the sitting room from approximately 11.25am to 11.45am
- The hot water in the wash-hand basins of the staff toilet and residents' shower/toilet facility was excessively hot at approximately 5.15pm (the provider explained to the inspector the reason for this was that the immersion heater had not been switched off).

Inspection findings

The following matters were satisfactorily actioned:

- the smoking area was free from obstacles
- liquids including residents' toiletries were stored in locked cupboards
- the vacuum cleaner was not left unattended at any time throughout the day
- there was signage on the door to the boiler room which was bolted and a covering on the floor
- the key pad on the clinical room door was replaced and was operating
- residents were supervised throughout the day

- the hot water in the wash-hand basin of the staff toilet and residents' shower/toilet facility was not excessively hot and suitable for hand-washing.

Outstanding Actions

Wheelchairs and a hoist were stored obstructing a handrail at the lower end of a corridor where residents' bedrooms were located and in the main this is the area where the hoist is recharged. However, the provider and person in charge confirmed that this will be addressed on completion of the new building.

Further Inspection Findings

In the main, the health and safety of residents, visitors and staff was promoted and protected, however, some risks were noted during the inspection and are outlined below.

There was evidence that potential/actual risks had been identified, assessed, analysed and monitored with a view to eradicating or minimising them. For example, on the day of the inspection one of the double doors leading from the designated smoking area to the external patio area was unlocked and a further gate was held back making the area potentially unsafe for residents. However, the person in charge informed the inspector that this risk had been assessed and measures put in place to control the risk such as alerting work men on-site to be vigilant and alert staff in the event that a resident was seen outside and assigning a staff member to a particular resident who was prone to wandering.

Records were maintained by the provider regarding the fire alarm system, fire panel, escape routes, and fire fighting equipment. Fire exit signage was in place to indicate the location of fire exit doors and escape routes from the building. The inspector observed that the fire plan was displayed in various parts of the building and there were hold open devices linked to the fire alarm system on some internal doors. Some staff members who had participated in fire safety training had satisfactorily explained the procedure to the inspector. The designated smoking area is an open space located in a corridor in close proximity to bedrooms and not far away from the kitchen and laundry area. Two residents used this area periodically during the inspection. At times there was a strong smell of smoke in this area. Staff were seen to open the windows in the corridor. The provider and person in charge informed the inspector that the fire and clean air hazards associated with this area will be fully addressed by the development of the new premises. Following the inspection in a telephone conversation with the person in charge the inspector heard that further controls/measures had been put in place to protect residents and staff. These included the installation of additional extraction, providing residents with smoking aprons and carrying out audits of the area.

There were a range of measures in place to prevent accidents and facilitate residents' mobility, including, exercise programmes and liaison with the physiotherapist.

Training on moving and handling was ongoing to ensure that staff involved in the care of residents were up-to-date in their knowledge. The inspector observed staff assisting residents to mobilise and this was carried out in accordance with good practice guidance and using appropriate moving and handling equipment.

The environment was clean and measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste.

However, a number of risks were identified on inspection, including:

- A rubber wedge was placed under the sitting room preventing the magnetic hold open devices attached to the fire alarm system from closing in the event of an emergency
- Freestanding radiators were observed in a couple of areas including a resident's bedroom.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action required from previous inspection:

Administer medications in accordance with the time on the prescription sheet.

Further Inspection findings

The action required from the previous inspection was actioned. The person in charge informed the inspector that systems and practices were put in place to ensure that medicines were administered in accordance with the time of the prescription sheet.

The staff nurse on duty informed the inspector that there were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. The medication trolley was stored in a locked office. The inspector observed the administration of medicines at lunchtime. The staff nurse in charge of medicines took a tray and container of prepared/allocated blister packs to the dining room. In the main, medicines were administered in accordance with good practice guidance and standards, however, the staff nurse signed the administration sheet prior to administering medicines to some residents. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and legible.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked facility and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector with staff nurses examined some medicines available and this corresponded to the register.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

Notify each resident of any review of his/her care plan.

Ensure that the documentation held in respect of restraint of a resident identifies any other measures used prior to the use of the restraint as a last resort and detail the effectiveness of the restraint or other interventions used.

Ensure that opportunities for residents to participate in activities appropriate to his/her interests and capacities are available.

Inspection findings

The actions required from the previous inspection were implemented. In respect of notifying each resident of any review of his/her care plan the person in charge provided a written response to the action plan confirming the following:

“Residents are consulted with regard to their individual care plan and any changes required. If the resident is unable to participate the relative's input is sought and a formal review occurs on a three-monthly basis. Relatives are notified by telephone on the day if there is any change in their relative's condition and this is documented.”

The person in charge provided a written response to the action plan in respect of restraint confirming the following:

“Documentation regarding alternative measures to the current use of restraint had been filed as the care plan had been updated. The current practice was considered the most effective as there had been no accidents/injuries. Restraint measures were put in place following discussion/consultation with relatives, GP, geriatrician and physiotherapist. Since the previous inspection the person in charge had further communicated with the resident's relatives who were satisfied with the current practice.”

The inspector met the recently appointed activity coordinator who works five days a week - two hours per day. She informed the inspector that she had received training in this area of work and has assessed residents social care needs to determine their preferences and choices. She maintains a record of residents' participation in activities. The inspector observed her leading a group of residents in an exercise programme, and engaging with residents on an individual basis so as to meet their needs. In communicating with the inspector she was able to describe residents' preferred activities and had an understanding of residents' concentration spans. Residents who had participated in the group activities offered during the day told the inspector that they were very enjoyable and entertaining. Not all of the residents who communicated with the inspector were satisfied with the variety and extent of stimulating activities provided, however, the person in charge informed the inspector that there were mitigating personal circumstances which prevented residents participating in the scheduled activity programme.

An examination of residents' medical and healthcare records showed that residents received the specialist services of GPs and Allied health professionals, for example physiotherapy. Each resident had a file containing care planning documentation. There was evidence of residents' and/or family representatives being involved in the care planning process as some had provided relevant information and in some instances, residents/relatives had signed some of the documents in the care plans. Validated, risk assessments tools were used to assess residents' needs in relation to a number of aspects of care, for example, falls, moving and handling, dependency, and restraint. Treatment plans and interventions were devised with regard to a number of healthcare issues, for example, hygiene, mobility and nutrition and daily progress notes reflected the residents' condition in relation to these matters. A

review of residents' care was denoted in the documentation by the date it occurred and this was on a three-monthly basis as a minimum.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Actions required from previous inspection:

Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Provide adequate private and communal accommodation for residents.

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms.

Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

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.

Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

Provide suitable changing and storage facilities for staff.

Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

Provide necessary sluicing facilities.

Provide suitable storage facilities.

Inspection findings

The actions required from the previous inspection were outstanding. However, the provider and person in charge have informed the inspector that a new building is underway and this will address the above shortfalls in relation to the premises. A member of the management team has discussed the plans with a staff member from the Authority. It is the intention of the provider and the person in charge to proceed with the building as soon as is possible. At present, the following actions are still outstanding:

- provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents
- ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents
- provide adequate private and communal accommodation for residents
- ensure the size and layout of rooms occupied or used by residents are suitable for their needs
- provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms
- provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises
- 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
- provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre
- provide suitable changing and storage facilities for staff
- make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required
- provide necessary sluicing facilities
- provide suitable storage facilities.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector observed the lunchtime meal, which was served to residents either in the dining room, communal sitting room or in the residents' bedrooms. Residents were offered choices of food and drinks. The meal time was an unhurried social occasion providing an opportunity for residents to meet one another and chat. Residents who communicated with the inspector were complimentary of the food and meals provided. One resident informed the inspector of his wishes regarding sauces and this was shared with the person in charge and provider so as to further improve the services to this resident. The person in charge acknowledged that she was aware of this matter. Care and catering staff were knowledgeable regarding residents' likes, dislikes, quantity of food and whether it required to be liquidised or of soft consistency. Care staff members who assisted residents did so appropriately. The cook informed the inspector that she had just completed a management course and is awaiting her certification.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action required from previous inspection:

Ensure that a copy of the duty roster of persons working at the designated centre contains all the necessary information including the following:

- the catering staff rota did not identify the hours of working nor the full names of staff
- the care staff rota did not highlight that a care staff member carried out domestic/catering duties between 13 and 14 hours
- the code used to distinguish that a staff member was on holiday was not identified
- the hours worked by the provider and person in charge were not detailed.

Inspection findings

The action required from the previous inspection was implemented. The staff duty roster had been amended to take account of the above matters.

Residents who communicated with the inspector considered that there were adequate staff on duty to meet their needs. However, staff considered the morning routine to be busy in terms of providing personal care to residents and carrying out tasks such as laundry as currently there is no designated laundry staff member employed. The provider informed the inspector that a review of staffing levels will take place when the new building has been completed. It is anticipated that this will include the recruitment of a laundry staff member. The person in charge explained to the inspector that she determines the staffing levels by assessing the residents' dependency levels, care needs and lay out of the building.

Staff members told the inspector that they had opportunities to participate in education and training pertinent to their job descriptions/role within the centre. From discussions with staff, the inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that staff and handover meetings take place to inform and keep the staff group up-to-date with relevant matters.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the co-operation and assistance of the residents, provider, person in charge and staff during the inspection.

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

14 June 2013

Provider's response to inspection report *

Centre Name:	Woodlands House Nursing Home
Centre ID:	0186
Date of inspection:	12 June 2013
Date of response:	28/06/2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

Implementing the written risk management policy throughout the centre as the following risks were noted on inspection:

- A handrail at the lower end of a corridor where residents' bedrooms were located was obstructed by the storage of wheelchairs/hoist
- A rubber wedge was placed under the sitting-room door to keep it in the open position preventing the door from automatically closing in an emergency situation
- Freestanding radiators were available in a couple of areas including a resident's bedroom.

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

Action required:	
Implement the written risk management policy throughout the designated centre.	
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:
<p>Provider's response:</p> <p>The rubber wedge has been removed from under the door.</p> <p>Freestanding radiators have been placed in appropriate storage.</p> <p>Additional storage for hoists and wheelchairs will be available when the extension is completed which will provide comprehensive storage solutions for such items. In the meantime we will continue to monitor and manage the storage of same.</p>	<p>Completed</p> <p>Completed</p> <p>In progress. June 2014.</p>

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect:	
Suitable practices relating to the administration of medicines to residents were not in place as the staff nurse signed the administration sheet prior to administering medicines to some residents.	
Action required:	
Put in place appropriate and suitable practices relating to the administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference: Health Act, 2007 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:

<p>Provider's response:</p> <p>All nurses undergo medical management training on induction and through annual refresher training courses. All attended a certificate course on "medical management and the older adult".</p> <p>Nurses have been reminded of their responsibilities with regard to medical management and have been instructed to reread the "Guidance to nurse on medication management" issued by "An Bord Altranais" and also to review our comprehensive policy and procedures manual relating to need management.</p> <p>As part of our ongoing training programmes the Pharmacist was in the nursing home on June 11th, the day before the inspection, giving a presentation on medication management.</p>	<p>Completed</p>
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Outcome 15: Food and nutrition

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>Providing each resident with food which is consistent with their individual needs with regard to the provision of tasty sauces for the lunchtime meals.</p>	
<p>Action required:</p> <p>Provide each resident with food which is consistent with each resident's individual needs.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</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>We offer a very individualised food plan for each resident which is managed by our catering staff in conjunction with nursing staff.</p> <p>On admission each resident's dietary needs and food likes and dislikes are noted fully by our catering staff on a detailed dietary sheet.</p>	

<p>On a daily basis. Catering staff visit each resident to ascertain their menu choices for that day. Individual preferences and any specials are noted in detail and acted on accordingly. Catering staff have been asked to pay special attention to the sauces being offered to residents to ensure that they are especially appetising.</p> <p>It is worth also noting that the standard of cooking and the quality of menu offerings in Woodlands has been commented on very favourably before.</p>	<p>Completed</p>
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Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The design and layout was not entirely suitable for the stated purpose and function.</p>
<p>Action required:</p> <p>Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.</p>
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p>Action required:</p> <p>Provide adequate private and communal accommodation for residents.</p>
<p>Action required:</p> <p>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.</p>
<p>Action required:</p> <p>Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents' own private rooms.</p>
<p>Action required:</p> <p>Provide sufficient numbers of toilets, and wash-hand basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>

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 a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.	
Action required:	
Provide suitable changing and storage facilities for staff.	
Action required:	
Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.	
Action required:	
Provide necessary sluicing facilities.	
Action required:	
Provide suitable storage facilities.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As the inspector noted considerable progress has been made in the development of a new extension to the building. This will, when completed, fully address all of the above items.	June 2014