

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Woodlands House Nursing Home
<b>Centre ID:</b>	ORG-0000186
<b>Centre address:</b>	Trim Road, Navan, Meath.
<b>Telephone number:</b>	046 902 8617
<b>Email address:</b>	admin@woodlandshouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sandcreek Limited
<b>Provider Nominee:</b>	Susan Walsh
<b>Person in charge:</b>	Susan Walsh
<b>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	22
<b>Number of vacancies on the date of inspection:</b>	0

## **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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 April 2014 09:15 To: 09 April 2014 16:30

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

Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection was unannounced and carried out by one inspector over one day. It was the fifth inspection of the centre. The most recent inspection of this centre took place 12 June 2013. The registration of the centre expires 30 March 2015 and will receive an inspection prior to the renewal of their registration. Not all actions from the previous inspection had been completed, in particular relating to the premises. However there was significant building of the new premises that was taking place on the day of inspection which would address the outstanding actions and to be compliant with Regulations 10, 19 and standard 25 by August 2014. This was been overseen by the company secretary and caused no disruption on the day of the inspection.

The centre was homely and staff welcomed the inspector. The person in charge and provider were both on duty on the day of inspection. There were 22 residents on the day of the inspection, two of which left to attend a local day service. The inspector viewed documentation, policies, individual care plans and spoke with residents, visitors, volunteers and staff throughout the day. Residents spoken with on the day of inspection had positive reflections of the centre, one resident stated it was a 'home from home'. Family members spoken with said they were welcomed when visiting their loved ones and felt their family member was well cared for.

The risk management in the centre was robust and well managed as evidenced by the risk management procedures and accompanying documentation. Staff were familiar with the actions they would take in the instance of a fire, on receipt of a complaint or an allegation of abuse. Documentation was, for the most part, well maintained and reviewed in respect of care plans, policies and risk management. Elements of the documentation that required improvement included the training records, staff files, social care needs of the residents and the end of life care plans for residents. The non compliances will be further outlined in the body of the report and in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was on duty on the day of inspection, this was reflected on the duty roster. She held a full time post and was available to staff for after hour support. Staff confirmed this with the inspector. The duty roster, viewed by the inspector, was planned for the month and had sufficient cover to meet the needs and dependency levels of the residents. The person in charge spoke knowledgeably about the residents and their care needs. She was familiar with the Standards and the Regulations.

The person in charge facilitated the inspection well, had responded appropriately to the most recent action plan and had met most of those actions with the exception of one which was still ongoing. This outstanding action related to the premises which were being addressed at the time of inspection with an expected completion date of August 2014.

The person in charge met with the staff team formally on a regular basis. The most recent full staff team meeting was 27 September 2013, the person in charge stated she will ensure they would happen more regularly.

The documentation and record keeping in the centre was well maintained and updated. Policies viewed by the inspector were reviewed in appropriate time-frames as too were the resident's care plans. There were systems in place should the person in charge be absent, as outlined in outcome five.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had identified a person to act up in her absence. The nurse on duty would assist should this arise. The nurse on duty was aware that they were that person and the inspector, through conversations and interactions with the nurse throughout the day, formed the judgment they were competent and understood the needs of the residents and communicated well with staff. However, their knowledge on the requirements of the Regulations to notify the authority of particular events was lacking as further discussed in outcome 18. The person in charge explained that she had plans to work with the nurses to develop this knowledge. The person in charge had not been absent for more than 28 days.

**Outcome 06: Safeguarding and Safety**

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

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There was a centre specific elder abuse policy, however it required some updating regarding clear procedures for staff on what to do or not to do should they receive an allegation of abuse. The designated officer who deals with allegations of abuse was also not named on the policy.

The inspector spoke to a number of staff throughout the day and all were

knowledgeable on the types of abuse, who to report it to and confirmed they would have no difficulty in reporting witnessed incidents to the designated officer. Elder abuse training records were made available on the day of inspection, according to these 17 staff received training in 2011, two staff received training in 2012 and one staff was trained in 2013. A number of staff therefore required a refresher in line with their own policy which stated staff would receive a refresher every two years. The person in charge stated that some staff had watched elder abuse dvd's in the interim but there was no evidence of this at the time of inspection.

There had been no allegations of abuse in the centre and residents told the inspector they felt safe and would speak to the nurse, provider or person in charge if they had any concerns. Financial management was not inspected against on this inspection.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

The previous inspection identified three actions, two of which had been completed with the third action, lack of storage for hoists and wheelchairs was still outstanding. The person in charge told the inspector this would be actioned in August 2014 when the ongoing building work was completed as outlined in outcome twelve. The centres risk assessments, viewed by the inspector, identified storage as a risk and stated this would be addressed in the new build. On the day of inspection the inspector was brought around the new build and four storage rooms had been identified. During the inspection it was noted that all equipment was safely stored, as an interim measure, imposing no risk to staff or residents.

The centre had a robust risk management system in place that was regularly reviewed and updated as changes were identified. The inspector viewed centre specific and relevant audits that including, but not limited to, monthly cleaning audits, monthly audits of falls and an audit of the three monthly reviews by the general practitioners (GP's) used by the centre. There was documentation to reflect that equipment was decontaminated weekly and a staff member spoken with confirmed this.

The fire register, viewed by the inspector, was up to date. Regular fire drills were executed. Staff received updated instruction on fire drills and evacuation as a result of the building that was taking place. Daily checks of escape routes were carried out, the

most recent 8 April 2014. Any obstructions identified were marked on the report and actioned. Weekly checks of the door releases were also carried out and recorded. Staff spoken with told the inspector how to react should the fire alarm sound. The inspector viewed a record of the maintenance for the emergency lighting and fire extinguishers. The certificate correlated with the records stating the aforementioned was serviced 13 March 2014. The safety statement was centre specific and had been reviewed and updated January 2014. The safety statement identified the health and safety representative along with two safety officers. One of the safety officers was on duty at the time of inspection and was aware that they were a safety officer. Health and safety meetings were held quarterly, The most recent was 6 January 2014. Minutes were available for this on the day of inspection.

Risk assessments were consistently used to identify risk within the centre. A risk assessment folder had been developed to cover and highlight all potential risks from when the building work commenced September 2013 to its proposed completion date August 2014. Potential risks, along with controls, that were identified included, but not limited to, legionnaires' disease as the water could be potentially contaminated, resting for the residents as the noise of the building works may interfere with their routine. This will be further discussed in Outcome 16. Individual risk assessments were also viewed in the residents care plans such as the potential of developing pressure sores, weight loss and falling.

## **Outcome 08: Medication Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

The action from the previous inspection had been addressed, staff signed the medication administration sheet after dispensing the medication to the resident as observed by the inspector while lunchtime medications were being administered.

There was a centre specific medication policy in place and it complied with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Monthly medication audits were carried out by the pharmacy who supplied their blister pack medication, the most recent of which was carried out 11 March 2014. No problems had been identified at that audit. The person in charge also carried out an internal annual audit of medication. There have been no medication errors since the last inspection.

The inspector viewed the medication administration folder which was prefaced with a sheet called the 'medication change sheet' that alerted nurses to any change that may have occurred while they were off duty. The prescription sheet failed to meet all elements as, it did not identify the route of medication or the maximum dosage for as required (PRN) medication.

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector viewed five resident's care plans. The individual care plans viewed by the inspector were reviewed at a minimum every three months or more frequently if required. Residents had additional specific care plans developed as a result of problem identification. The care plans included audits such as falls assessments, pressure sore assessments and assessed activities of daily living. Three monthly reviews of care plans, were signed by the resident and if that was not possible the next of kin was involved and they signed off on the review on their behalf. Where restraints were used, mostly in the form of bed rails, this was documented in their file and a consent form signed. For those that were not in a position to do so their family were involved. The person in charge had developed a restraint register as viewed by the inspector. The person in charge reviewed restraints every three months and had documented evidence of periods where residents were trialled without the use of a restraint. For six residents this had been successful and they no longer required a bed rail. The inspector observed a bed rail that was being used, the bed rail was secure and was an appropriate size for the bed. The bed rail also had a protective cover on it.

There was evidence that many aspects of the resident's health and well being had been addressed, there was evident links with a nutritionist, dietician, GP, palliative care and ophthalmology. The inspector viewed a recent report on optical eye-care for the centre. On the afternoon of the inspection the inspector observed an ophthalmologist assessing a number of residents.



There was little evidence that the social care needs of the residents were addressed in their individual care plans. There was no detailed life history and no assessment of their preferences on how they would like to spend their time. After speaking with the activities co-coordinator it was clear that aspects of this had taken place however it had not been documented in their individual care plan. The activities person worked two hours a day, five days a week, at the centre and engaged with residents through a number of activities such as reading old news papers for reminiscence purposes, play bingo, watch dvd's, arts and crafts and for those that were unable to join in time was spent with them. A priest attended the centre weekly as too an advocate and 'friends of Woodlands' who spend time with the residents. On the day of inspection the inspector spoke with one of the 'friends of Woodlands' who was spending time speaking and reminiscing with a few of the residents in the lounge room.

The element of the care plan that required significant development was the area of end of life care. This will be further discussed in Outcome 14.

### **Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Major

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

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

**Findings:**

There were a number of outstanding actions from the most recent inspection relating to the design and layout of the centre. Storage of wheelchairs and hoists continued to be an issue in the centre, on the day of inspection wheelchairs and hoists were stored, in an opening, at the end of a hall. The person in charge stated this would be addressed as part of the new build. The inspector saw four rooms, which were allocated for storage, in the new build. The following actions were also outstanding:

- The provision of suitable premises for the purposed of achieving aims and objectives set out in the statement of purpose and ensure the location of the premises is appropriate to the needs of the 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 resident's 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.
- Provide necessary sluicing facilities.

Provisions have been made for the aforementioned in the new build and will be further inspected against once the new build is completed.

#### **Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

##### **Theme:**

Person-centred care and support

##### **Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

##### **Findings:**

Although this outcome was not thoroughly inspected against on the day of inspection it was noted that there was little evidence that conversations had taken place with residents regarding end of life and their preferences around this time. For the most recent resident that moved in there was evidence that this had been addressed however more information and detail was required. The person in charge told the inspector that staff had recently attended a day's training that focused on this and development would commence in this area.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

On the day of inspection the inspector spoke with a number of residents. They conveyed their happiness at the centre, they enjoyed the food and said staff were helpful. One resident who was on respite said it was like a 'home from home'. The staff and residents were familiar with each other and this was reflective of their friendly and warm interactions as observed by the inspector. The inspector seen a number of visitors come and go through the day and visitors spoken with said they felt welcomed and visited frequently. Residents had access to an advocate and also the 'friends of Woodlands' who visited weekly advocating on their behalf if required. The activities coordinator knew the residents well. She met with new residents to decipher their preferences as too did the cook in relation to their meals and snacks. The activities person celebrated the resident's birthdays, the inspector observed photographs on the walls marking key celebrations such as recent birthdays and Christmas. Easter was also being prepared for with the residents, eggs had been painted and one resident was working on an Easter basket.

Residents in the centre received individualised care and risk assessments were person centred. One risk assessment viewed by the inspector took into consideration the noise as a result of the construction work nearby. The builders had been allocated certain times when they could carry out their work as not to disturb the residents and give them rest time.

Restrictive practices were at a minimum and the restraint register reflected the method of restraint, the duration of the restraint, the review of the restraint and the trials without the restraint. This was successful for a number of residents.

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that at the time of inspection there was adequate staff on duty. Nursing staff in addition to health care assistants, catering, and cleaning staff were all on duty on the day of inspection as too was the provider and person in charge. An activities staff was also on duty later in the afternoon. All were detailed on the roster. From conversations with staff, throughout the day, the inspector found them to be knowledgeable and person centered. Staff spoke about residents respectfully and were aware of their needs. Staff were aware of the reporting structure within the centre and were able to identify the person in charge. As discussed in outcome five, a person to act up in the absence of the person in charge had been identified. The inspector based on conversations with the staff member throughout the day demonstrated their knowledge and skills required for their role. However, they were unaware of with their responsibilities, as outlined in the regulations, to communicate with the authority regarding notifiable events.

Training records were made available to the inspector, 2014 training had not been completely updated at the time of inspection. It was difficult to decipher at a glance the training that staff had received and when they were due a refresher. The person in charge said that she would address this and collate the information. The inspector noted that staff had received training across different areas in 2014, for example hygienic food handling, nutrition and dysphagia and end of life care amongst other areas of training.

The inspector viewed four staff files. Not all were in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There were gaps in the employment history for some staff, not all staff files viewed had three references or certification to state they were medically and physically fit. In addition the four files viewed did not have a copy of their birth certificate as outlined in Schedule 2 of the Regulations or photographic identification.

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Woodlands House Nursing Home
<b>Centre ID:</b>	ORG-0000186
<b>Date of inspection:</b>	09/04/2014
<b>Date of response:</b>	19/06/2014

### Requirements

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

### Outcome 06: Safeguarding and Safety

**Theme:** Safe Care and Support

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

While there was an elder abuse policy in place it did not clearly identify the role of a staff member should they witness or receive an allegation of abuse.  
The elder abuse policy did not name the designated officer for the centre.

**Action Required:**

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

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

The policy has been amended.

The second element of this outcome stated that the Elder Abuse Policy did not name the designated officer for the centre, this has now been rectified.

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

**Proposed Timescale:** 30/05/2014

**Theme:** Safe Care and Support

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

On the day of inspection it was unclear if all staff had up-to-date elder abuse training.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Any gaps in elder abuse training amongst staff will be rectified. Any required training will take place in the week of the 23rd June 2014 and be completed by the 30th June.

All staff receive training in relation to implementing the elder abuse policy. It is a particular element of the induction process and given by the PIC directly.

We believe that all staff are knowledgeable on the types of abuse and who to report it to and the planned training will re-emphasise the importance of same.

**Proposed Timescale:** 30/06/2014

### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The prescription sheet failed to identify the route of administration and the maximum dose for PRN medication.

**Action Required:**

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

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

All attending GP's will be reminded of their responsibility to complete prescriptions comprehensively by the PIC.

This action has been completed.

**Proposed Timescale:** 30/05/2014

## Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

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

There was evidence, on speaking with the staff, that aspects of resident's social care needs were met but their assessment of social care needs was not clearly defined or integrated with their individual care plan.

**Action Required:**

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

A new system whereby a notation regarding individually assessed social care needs will be made in the individual's care plan by the activities coordinator will be implemented with immediate effect.

**Proposed Timescale:** 30/05/2014

## Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

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

The premises provided are not suitable for the purpose of achieving the aims and objectives as set out in the statement of purpose.

**Action Required:**

Under Regulation 19 (1) you are required to: 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.

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

The new building, which is already weatherproof and is being finished internally has been constructed, this will address all the issues repeated from the previous inspection report and will ensure the building is suited for the purpose of achieving the aims set out in the statement of purpose.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Care and Support

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

The physical design and layout of the premises does not meet the needs of each resident, having regard to the number and needs of the residents.



**Action Required:**

Under Regulation 19 (3) (a) you are required to: 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.

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

The new development is already weatherproof and is being finished internally, when completed will ensure the premises meets the needs of each resident having regard to the number and needs of individual residents and will address all the issues repeated from the previous inspection report. A range of additional facilities such as oratory, music room, quiet room, hairdressers, sun lounge, new rest areas, multipurpose activities room, treatment room and enhanced outdoor secure areas will all contribute to meeting the needs of individual residents.

**Proposed Timescale:** 30/07/2014**Theme:** Effective Care and Support**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There is inadequate private and communal accommodation for residents.

**Action Required:**

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

The new building is already weatherproof and is being finished internally has been constructed will undoubtedly address this issue fully. Whilst residents to date have been very happy with Woodlands the new development will facilitate the majority of residents in having their own private room and en-suite bathroom. Additionally there is a new private meeting room for meetings with relatives or advisors. A new oratory will allow for private contemplation, new seating areas will allow for residents to sit down on their own or with a companion for quiet time together. A new smoking room will allow those who enjoy a cigar or cigarette or pipe time and safe and secure space in which to relax. Our new quiet room will allow for family celebration of special events such as birthdays etc. if required. For communal time residents will have access to a range of rooms such as the new lounge, new sun room, new music room, or activities room should they wish and can also avail of secure outdoor courtyard areas in which to sit on their own or with companions. New garden arrangements will allow for residents to participate in gardening activities either on their own or with companions if they wish.

**Proposed Timescale:** 30/07/2014**Theme:** Effective Care and Support**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The size and layout of all rooms occupied or used by residents are suitable for all of

their needs.

**Action Required:**

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

Within the new development all rooms will be adequate for residents needs and purposes. From a majority of individual private rooms and ensuites to other rooms such as new oratory, music room, sun lounge, multi purpose activities room, quiet room residents will enjoy access to a wide range of rooms which will address their individual needs.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Care and Support

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

There are insufficient facilities available for residents to meet visitors in communal accommodation and a suitable private area which is separate from the resident's own private rooms.

**Action Required:**

Under Regulation 19 (3) (i) you are required to: 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.

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

The new building, which is already weatherproof and is being finished internally has been constructed, this will address all the issues repeated from the previous inspection report and will incorporate a new room designed specifically for residents to meet with visitors apart from their own private rooms. In addition private family events can be catered for in specific rooms and there will be additional seating available in particular areas for residents and their visitors. In total there will be 12 rooms / spaces (including 3 outdoors) in which residents and their guests can meet.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Care and Support

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

There are insufficient numbers of toilets, and wash-hand basins, baths and showers provided.

**Action Required:**

Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-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.

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

The new building, which is already weatherproof and is being finished internally has been constructed and this incorporates private rooms all with full ensuites so all bedrooms in Woodlands will be en suite. In addition new wheelchair accessible disabled toilets have been developed in appropriate locations near the dining room, lounge, hairdressers and smoking room. Existing toilets will be revamped to provide additional spaces near other relevant rooms such as activities room, treatment room, quiet room and oratory. A new assisted bathroom has been developed which will facilitate residents who do not wish to or cannot use the shower facilities in their private ensuite. All hot water outlets have the required anti scald thermostatic valves.

**Proposed Timescale:** July30th 2014 and September 30th for existing

**Theme:** Effective Care and Support

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

There are insufficient numbers of toilets which are designed to provide access for residents in wheelchairs

**Action Required:**

Under Regulation 19 (7) (b) part 2 you are required to: 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.

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

The new building, which is already weatherproof and is being finished internally has been constructed and incorporates new disabled and wheelchair accessible toilets in relevant areas and existing toilet facilities will be revamped to provide additional spaces. All private ensuites are fully wheelchair accessible.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Care and Support

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

There are insufficient numbers of assisted baths and showers, having regard to the dependency of residents in the designated centre.

**Action Required:**

Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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

The new building, which is already weatherproof and is being finished internally has been constructed and this incorporates full private ensembles with showers to all bedrooms, In addition a new assisted bathroom has been constructed.

**Proposed Timescale:** 27 rooms by July 30th 2014 and 5 by September 30th 2014

**Theme:** Effective Care and Support

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

There are insufficient sluicing facilities at the centre.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

The new building, which is already weatherproof and is being finished internally has been constructed this will incorporate two new sluice rooms.

**Proposed Timescale:** 30/07/2014

**Theme:** Effective Care and Support

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

There are unsuitable changing and storage facilities for staff.

**Action Required:**

Under Regulation 19 (4) (a) you are required to: Provide suitable changing and storage facilities for staff.

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

The new building, which is already weatherproof and is being finished internally has been constructed and this incorporates three new staff changing rooms which will be fitted out with adequate storage for staff.

**Proposed Timescale:** 30/09/2014

**Outcome 14: End of Life Care**

**Theme:** Person-centred care and support

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

Although some resident's files had some elements of end of life care addressed this was insufficient and in some instances there was no detail in resident's files regarding their preferences at this time in their life.

Ongoing and completed wherever possible.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

All residents have the option to return home at any time of their choosing even when not close to death.. As the bulk of residents in Woodlands will be accommodated in single rooms already this will not be a major issue. If a resident approaching the end of their life expresses a wish to die in a single room or their next of kin do so on their behalf every effort will be made to accommodate same without undue disturbance to other residents.

Any gaps in information will be addressed on an ongoing basis noting that the legislation requires same "wherever possible".

All residents were written to by the PIC in conjunction with the resident's GP, and asked for their preference. Only some replied - these were duly noted. The regulation requires identifying the place of death. If the time of death is predictable (i.e. isn't sudden) then every action possible to facilitate the resident's and the next of kin's wishes as to place of death are facilitated – even if these only become known late in the day.

**Proposed Timescale:** 18/06/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

There was no training needs analysis in the centre therefore it was difficult to decipher if training and education needs of staff, pertinent to their role, were met.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

The analysis of training needs and the record keeping of training undertaken by staff will be reviewed, amended and upgraded appropriately.

Staff members are currently provided with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

We provide a different area of training monthly , so far in 2014, 15 staff attended MUST

training, 1 Staff attended Food Hygiene training, 15 Staff attended Nutrition and Dysphagia Training and 8 staff attended EOLC training. Our records clearly show that many of our employees have undertaken extensive training in a range of different areas.”

We believe in an educated workforce.

**Proposed Timescale:** 30/06/2014

**Theme:** Workforce

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

The person who would act up in the absence of the person in charge was unfamiliar with their responsibilities, as outlined in the regulations, to communicate with the authority regarding notifiable events.

**Action Required:**

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

Staff members including the deputy acting PIC are aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents

The particular issue relating to the reporting of a notifiable event, should one occur, will be discussed with the deputy acting PIC who will be made fully aware of the process.

**Proposed Timescale:** Immediate

**Theme:** Workforce

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

Not all files, viewed by inspectors, contained all information and documentation as outlined in Schedule 2.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

We have requested staff to provide documentation and information specified in Schedule 2 where any is lacking.

We do not employ any person without appropriate Garda Vetting and appropriate certification and references.

**Proposed Timescale:** 30/05/2014