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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Woodlands House Nursing Home
Name of provider:	Sandcreek Limited
Address of centre:	Trim Road, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0040252

## About the designated centre

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

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

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 31 May 2023	09:00hrs to 18:00hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living at Woodlands House Nursing Home was positive. The residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

The inspector completed a tour of the designated centre with the person in charge and observed that the entrance hall and adjacent reception rooms were tastefully decorated with period furniture, paintings, and period style decoration in keeping with the original Georgian building. The lived in environment was clean, bright and met residents' needs. There were a number of spaces for residents to relax in, such as pleasantly decorated sun rooms and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants.

The inspector spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff. A resident informed the inspector that they were 'very happy here' and 'it's lovely to have someone to talk to and have fun with'. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

The inspector observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. Staff were discreet and unhurried in their work and residents were able to enjoy their meal in a relaxed and dignified manner. The inspector observed that tables in the dining room were laid out with table cloths, flower arrangements, cutlery and condiments for the residents to access with ease. The lunch was served hot and looked and smelled appetising. A number of residents told the inspector that they liked the food, there was always a choice at mealtimes and plenty of food available to them. Snacks and drinks were also available to residents when they requested them.

Resident bedrooms were seen to be bright homely spaces and most residents had chosen to personalise their rooms with photographs, soft furnishings and souvenirs from resident's homes which reflected their life and interests. Residents informed the inspector that a laundry service was provided for them and they got their clothing back clean and fresh every few days. Some residents opted to send some clothing home with their families for washing but were aware that they could have it done on site.

Residents had easy access to an enclosed outdoor paved courtyard. Lupin flowers in raised planters provided cheerful summer colour. There were empty pots and potting compost in the courtyard and one resident told the inspector that they used to love gardening at home and they planned to get to work in the coming days saying they 'enjoy planting a few pots in summer and take pride in watching them

bloom'. A barbeque was stored in the corner and one resident informed the inspector that they 'look forward to the summer barbeque, and family comes too'.

Residents who spoke with the inspector expressed high levels of satisfaction with the quality of life they experienced in the centre. There was a schedule of activities available to the residents posted on notice boards. On the day of inspection, the inspector observed the activity coordinator engaged with a group activity in the day room and there was a genuine sense of community during the lively session, with spontaneous laughter and friendly conversation between staff and residents. Other residents did not wish to partake in the activity and enjoyed spending time reading or relaxing in the sun room. Others informed the inspector how they enjoyed watching and listening to the children play in the adjoining school playground. There was 'nothing better than the sound of children's laughter' and evoked memories of their own childhood. Mass was celebrated in the centre every Friday, and mass from the local church was live-streamed every morning and some residents informed the inspector that this was very important to them.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

No complaints or concerns were raised by any resident on the day of inspection, and residents confirmed that they would not hesitate to speak with a staff member if they had any issues. Advocacy services were available to all residents that requested them.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were happy with that arrangement.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## **Capacity and capability**

The inspector found that residents living in Woodlands House Nursing Home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. The management team was proactive in responses to

issues as they arose, and used regular audits to improve practices and services.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider of Woodlands House Nursing Home is Sandcreek Limited. The person in charge was supported by the registered provider representative, director of operations, clinical nurse manager, a team of nurses, healthcare assistants, catering, housekeeping, activity, reception and maintenance staff.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

The centre had a directory of residents in accordance with Schedule 3 which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in an electronic format and was appropriately maintained, safe and accessible.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

## Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

### Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

### Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

### Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure in place which specified the management team's authority and accountability. There were management systems in place to ensure that services provided in the centre were safe and consistently monitored. These included spot checks of staff practices, clinical and environmental audits and reviews of care provision.



Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life in the centre. While good levels of compliance were found in most of the regulations, there was opportunity for further improvement in end-of-life care planning in the designated centre and will be detailed further in the report under the relevant regulation.

There were a number of residents in the centre that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that

was person-centred in nature. Such residents were appropriately assessed and well-managed.

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a safeguarding concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. Residents had adequate lockable space to store and maintain personal possessions in their own bedrooms. A safe was available for the safekeeping of valuables and monies submitted by the residents and/or representatives. Records of all transactions (deposits and withdrawals) were maintained. Access to the safe was limited to designated persons and was accessible at all times including weekends. Laundry was carried out internally and residents confirmed they had no complaints regarding laundry.

Following appropriate assessment, residents' resuscitation status was clearly documented and further reviewed at six months intervals. However, while the inspector observed detailed end-of-life care assessments for some residents, other residents' end-of-life care plans did not include adequate detail to guide care in line with residents' wishes and will be discussed further in Regulation 13. This gap appeared to occur after the introduction of a new system in the centre.

The inspector noted that the dining experience was a sociable time for residents. The food appeared appetising, wholesome and nutritious. Residents who spoke with the inspector expressed great satisfaction with the food. The inspector observed a meal time service to be well managed, unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

## Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and

that of other residents.
Judgment: Compliant
<b>Regulation 12: Personal possessions</b>
Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.
Judgment: Compliant
<b>Regulation 13: End of life</b>
Each resident did not receive end-of-life care based on their assessed needs. The inspector found that a small number of end-of-life care plans were not sufficiently detailed to include the religious and cultural needs of the resident or indicated a preference for location. This meant that in the event of sudden deterioration residents' end of life wishes were not known to staff and therefore the care provided would fail to meet their physical, emotional and social needs or respect residents' dignity and autonomy.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
The person in charge appeared to ensure that where a resident was discharged

from the designated centre this was done in a planned and safe manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including an up-to-date safeguarding policy. The provider did not act as pension agent for any residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0040252

Date of inspection: 31/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life:</p> <p>Regulation 13(1)(a)            When a resident is approaching end of life , an end of life care plan will be in place which addresses the physical, emotional, psychological, social and spiritual needs of the resident.</p> <p>Regulation 13(1)(b)            When a resident is approaching the end of his/her life, a care plan and other arrangements will be in place to meet the religious and cultural needs of the resident(For example, Arrangements for sacrament of the sick/last sacrament )</p> <p>Regulation 13(1)(d)            An “End of life Wishes” form will be completed for each resident indicating the preferences as to the location etc and will be attached to their advance directive .The staff will refer to these forms at the appropriate time and ensure the resident’s wishes are followed.            The end of life wishes will also be added to the appropriate care plan.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	12/09/2023
Regulation 13(1)(b)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that the religious and cultural needs of the resident concerned are, in so far as is reasonably practicable, met.	Substantially Compliant	Yellow	12/09/2023
Regulation 13(1)(d)	Where a resident is approaching the end of his or her	Substantially Compliant	Yellow	12/09/2023



	life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.			
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