



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:	22 June 2022
Centre ID:	OSV-0000186
Fieldwork ID:	MON-0037209

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:	35
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How we inspect

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 22 June 2022	09:00hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector met with a number of residents and spoke with many residents who were willing and able to converse. The feedback from residents was that they were well looked after by staff and felt that the staff knew them well. One resident said she would love to go home but this is 'the next best thing to home'. Another resident said 'they couldn't pick one better staff over another' They said they had enjoyed two barbeques (BBQs) over the last few weeks where all the residents and staff got to have fun and enjoy nice food and drinks. One resident told the inspector how it was their choice to come to the centre and it was the best choice they had made. They had the comfort of their own room and decorated with their own pieces from home. They had an iPad in their room and used the in-house Internet access.

Other residents' rooms were nicely decorated and were personalised with possessions that were meaningful to the residents and reflected their life experiences. Each resident had adequate storage space with two lockable facilities in each room. Each room had a personal evacuation plan for each resident that was updated regularly.

Interaction between staff and residents was observed to be in a calm and kind manner. Staff were seen to be patient and gentle with the resident on approach. Staff were seen assisting residents to the dining room where positive interaction which was cheerful was observed.

Call bells were answered promptly and assistance was offered when required. Residents spoken with knew who they could approach if they had any concerns and spoke very positively about the person in charge being 'so approachable and always here'.

There was a residents committee in place in the centre, this was lead out by a member of the community. Minutes of these meetings were available. There was signs around the centre to indicate the availability of an external advocacy group and their contact details were made available.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section

Capacity and capability

The current management systems in place at the time of the inspection assured the inspector that there was a strong robust governance of the service in place. There were systems in place to monitor the quality, safety and oversight of service delivery that ensured compliance with most of the regulations. This centre had a good history of compliance. There was an effective person in charge of the centre who was supported by a clinical nurse manager.

The register provider of Woodlands House Nursing home is Sandcreek Limited. The person in charge is supported in their role by a quality and safety manager and the provider. Information was provided to the inspector about meetings that were held to ensure that a safe and effective service is delivered to the residents in the centre.

There was a training matrix in place in the centre which indicated the statutory, mandatory and other courses the centre deemed required to support staff in safe and effective care delivery. While the majority of staff had attended the mandatory training, the inspector noted that a staff member had not participated in fire training to include the safe evacuation of residents. However this was addressed by the person in charge, on the day of the inspection.

There was a strong auditing system in place in the centre and this had identified areas for improvements. The provider and the person in charge had action plans in place to implement these improvements in a timely manner. The provider had made good progress in the upgrading of the centre with regards to paint work and overall general refurbishment. The centre was seen to be visibly clean with no clutter found.

There was no open complaints in the centre on the day of the inspection. The inspector viewed previous complaints and found that they appropriately investigated and well managed in line with the centre's policy. The complaints procedure were clearly displayed around the centre with a nominated person to contact with any concerns.

The annual review was available to view. This was completed in consultation with residents following a survey that was carried out.

Regulation 15: Staffing

The centre had the sufficient number and skill-mix of staff to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had access to the appropriate training required for their roles and most of the staff had attended this training however, one new staff member had not attended fire training since they started in their post. The person in charge informed the inspector that this staff was booked to attend the training within two weeks. There was an adequate amount of senior nursing staff to supervise the care delivered to residents.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

The annual review of the centre was made available to the inspector which was developed in consultation with the residents. Residents had completed and submitted questionnaires relating to the service that was being provided to them and any suggested changes were welcomed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts for the provision of service to residents were made available to the inspector. These included all the requirements under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted the notifications of incidents in most cases, however, there was no notification submitted for the use of restrictive practice in relation to alarm mats.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure which included an appeals process in place. There was a nominated person to oversee the process, who is not involved in the matter to deal with the complaints. This procedure was displayed on notice boards around the centre. Residents spoken with were aware of the procedure and knew who to go to if they had any concerns.

Judgment: Compliant

Quality and safety

Overall, this was a good centre and the registered provider ensured that residents' quality and safety was promoted and maximised.

Dedicated staff working in the centre were committed to providing quality care to residents. Throughout the inspection the inspector observed that staff treated residents with respect and kindness.

There was good access to health care services including; dietitian, tissue viability, speech and language, dental and chiropody services. Referrals were made and residents were seen in a timely manner. There were two general practitioners (G.P.'s) that visited the residents in the centre.

Residents were seen to have been assessed before their admission, assessed again on admission and a person centred care plan was developed. These care plans were seen being put into practice. Staff demonstrated good knowledge of the residents and followed through on advice from professionals such as speech and language therapists with regards to the consistency of food and drinks.

The inspector reviewed the systems in place to manage the ongoing risk to the quality of care and the safety of the residents. Residents were provided with good standards of nursing and health care. The centre appeared clean and pleasant on the day of the inspection, and there was evidence of good oversight of cleaning within the centre. The homely decor was calming and relaxing for residents and visitors. There was access to a safe enclosed garden area which had adequate seating available.

Activity plans for the centre were displayed for everyone to see in a word format but also displayed in picture format. On the day of the inspection live music was on in the main sitting room. The residents could be seen enjoying the sing along and other residents danced with staff and their visitors.

The provider was proactive in identifying and managing risks in the centre and the inspector acknowledged that any issues that could be addressed on the day were promptly rectified.

Regulation 11: Visits

Visitors were seen calling to the centre on the day of the inspection. They were met by a receptionist who always asked the visitor if the resident was expecting them. Visitors were seen sitting in the enclosed gardens and in private areas such as residents bedrooms.

Judgment: Compliant

Regulation 17: Premises

The premises had undergone a programme of refurbishment since the last inspection. Some bathrooms were seen to have new decor and the other parts of the centre were in a programme of works that is continuing.

Overall the premises was suitable for its stated purpose and met the needs of the residents' individual needs in a homely and comfortable way.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were managed and administered in accordance with the directions of the prescriber.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was a comprehensive assessment and care plan developed for residents that were resident specific and guided practice. These care plans were reviewed in line with the regulations and updated sooner if required.

Judgment: Compliant

Regulation 6: Health care

There were two visiting general practitioners (GP's) for the residents in the centre. Referrals made for residents to other health care professionals were made in a timely manner and such treatment plans as advised were clearly documented.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was made available to all staff. The training matrix viewed by the Inspector showed that all staff had attended this training in line with the centres policy. Staff spoken with on the day of the inspection were aware of what abuse is and what they would do if they witnessed or suspected such an incident.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had a good selection of activities for the residents. The activities board was displayed with both written and photographic description of events happening in the centre. All residents had access to a television in their bedroom and also in the sitting room. Wi-Fi was available for residents to access free of charge. The residents had access to the residents committee and also an external advocacy service.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlands House Nursing Home OSV-0000186

Inspection ID: MON-0037209

Date of inspection: 22/06/2022

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Alarm mats included in the restraint register. NF39A submitted for the second quarter has included the use of alarm mat with numbers And will be continued to submit the use of alarm mat in the quarterly notifications.	

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 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	22/07/2022