

**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>	OSV-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>Lead inspector:</b>	Ciara McShane
<b>Support inspector(s):</b>	Sonia McCague
<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 judgments 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 16 July 2014 08:00 To: 16 July 2014 12:50

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs

**Summary of findings from this inspection**

This report outlines the findings of an unannounced morning inspection, which was carried out, in response to information received by the Authority in respect of staffing, medication management, health and safety and to care and welfare of residents.

Significant non compliances were identified in the centre in relation to the practices and procedures of medication management. Non compliances to the legislation were also identified in resident's care plans, infection control policy and procedures in addition to record keeping at the centre. These non compliances were discussed with the registered nurse and staff on duty throughout the inspection and also reported to two company directors who were present at feedback.

The findings will be further outlined in the body of the report and in the Action Plan at the end of this report that identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 05: Documentation to be kept at a designated centre***

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Governance, Leadership and Management

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

**Findings:**

Inspectors reviewed documentation relating to staffing rosters, medication management policies and procedures and care plans. Major non compliances were identified in the reviewed documentation, in particular pertaining to the implementation of the medication management policy.

Staffing rosters were inaccurate and required further detail. The details of the person in charge were not fully outlined in the roster. Periods where the person in charge was absent was identified by a blank space and was inconsistent with the recording of annual leave which was used for all other rosters. All persons working at the centre on the day of inspection were not noted on the roster. There were two kitchen rosters, one of which was inaccurate. Professional registration details for two nursing staff were not readily available and accessible in the centre at the time of inspection. The general manager contacted two nurses to forward their registration details; the inspectors received and reviewed this information. Some staff nurses were not referred to by their full name, on the roster, as per their professional registration details. The general manager said this would be rectified.

Records, practices and procedures regarding medication management were not in compliance as per Schedule Three of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Records, practices and procedures were also not in line with the centres own medication policy or with An Bórd Altranais professional guidelines. Significant risks were identified in the administration, prescribing and dispensing of medications. These practices required immediate review. Medication management detailed is further Outcome nine.

Administration of Medication:

- Health care assistants were administering medication in the absence of medication management training which was in contradiction of the centres policy and professional guidelines.
- Health care assistants were observed administering medication to residents which the nurse on night duty had signed prior to their shift ending.
- Health care assistants did not stay with the residents to ensure the administered medication was consumed.

#### Dispensing of medication:

- Inspectors saw medication for one resident, that had previously been prepared and removed from their blister pack, stored in the medication trolley in advance of the medication being ready for administration.
- Inspectors saw medication dispensed and left on breakfast trays in the kitchen. These medications had also been signed for by the night nurse and later administered by the health care assistants.
- The nurse on duty was unsure if medication had been dispensed for some residents. On further inspection, it was apparent that medication had been dispensed by the night nurse however; the administration recorded was not updated to reflect this. This information had not been handed over from the night nurse to the nurse coming on duty.

#### Recording of Medication:

- Medication was recorded as being administered for one resident but seen not to be given as it was in a container stored in the medication trolley.
- An omission was seen, by the inspectors and the nurse on duty, in the medication administration record, for the previous day for a resident.

Immediate action was required regarding the medication management procedures, as outlined, to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland and professional regulatory guidelines.

Improvements were also identified in the sample of one reviewed care plan. The reviewed care plan, as per the requirements of Schedule 3 was not in place to meet all the necessary healthcare needs for that resident. As discussed further in Outcome 11, a resident had an Antecedent Behaviour Consequence (ABC) chart in their file in the absence of a behavioural support plan. It was unclear as to why the information was being recorded in the first instance and why staff ceased recording the information in May 2014.

**Judgment:**  
Non Compliant - Major

**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**

Safe care and support

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

Inspectors spoke to staff regarding infection control. Staff spoken with were knowledgeable with regards to use of personal protective equipment such as aprons and gloves and the importance of colour coding. A staff member told the inspectors and training records confirmed that they had received training on infection control. A policy on infection control was in place but it was not sufficiently comprehensive to guide staff.

The inspectors entered the bedroom of one resident. The bedroom had a strong odour, inspectors observed urine pooled on the floor in addition to a waste bin, lined with a black bag, placed beside the bed with a urinal resting on top of it. A staff nurse and a health care assistant were observed entering the room, walking through the urine pooled on the floor and later leave the bedroom without addressing their soiled footwear or consider the potential risk of contaminating other areas of the centre.

Staff told the inspectors there was a specific bucket and mop for cleaning spillages in the bedroom. Inspectors saw this stored in a communal toilet adjacent to the bedroom. The bucket or mop was not identified as being specifically for that resident. Approximately one hour later, the inspectors returned to the same bedroom and observed that the pool of urine had not been cleaned. A member of the domestic team was informed by an inspector and subsequently proceeded to clean the bedroom. The guidelines in this resident's care plan documented that two hourly checks were required. There was no checklist in place to confirm the two hourly checks were completed or that spillages had been cleaned up. Inspectors also read in the progress notes that spillages were at times dried up with paper towels. It was not documented if the floor was mopped following the use of the paper towels.

A record completed by the person in charge in the daily routine notes for one resident described a practice of encouraging the resident to place their faecal human waste into a bucket beside that resident's bed as an appropriate practice to guide staff in the management of elimination needs. However inspectors were not satisfied that this was adequate disposal or appropriate practice. As confirmed in conversation with nursing and care staff, and a review of documentation associated with this resident, there was no evidence to reflect any input by a continence advisor or infection control referral/consultation to respond to the resident's needs and unpredictability. In addition there was no behavioural support plan in place.

While staff told inspectors that urinal holders were used for the resident; there was no evidence of a urinal holder in the bedroom or in the sluice room. Inspectors were told that the urinal from the first floor was transported to the sluice room on the ground

floor. There were inconsistencies in the practice which required clarification and a review. Inspectors formed the view that infection control practices required improvement and did not meet evidenced based practice.

The cleaning procedures for the resident's room also required review; staff told inspectors they used hot water and bleach when cleaning the room. Staff told the inspectors the room was cleaned in this manner a number of times during the day. Personal Protective Equipment such as safety masks were not worn by staff while using these chemicals as recommended by the Health and Safety Authority (HSA). The resident was also exposed to the use of bleach which posed risks. Safer alternative cleaning products required consideration.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**

Safe care and support

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

**Findings:**

The medication management practices in relation to the administering, recording, dispensing and storing of medication, was non compliant with the centres medication management policy and with professional regulatory guidelines. The non compliances posed a significant risk to residents as there was insufficient clarity of what was administered, by whom and when. These non compliances were brought to the attention of the nurse on duty at the time of inspection and relayed at feedback. These risks are further reported under outcome 5.

In addition to the risks identified in outcome 5, prescribed medications were not stored securely. Some prescribed medications were stored in an unlocked refrigerator in the nurse's office. Health care assistants had access to this room, via a keypad, where the unlocked prescribed medications were stored.

Medication was not administered as prescribed. The inspectors saw the nurse crush medication for a resident that had not been prescribed for crushing by the general practitioner. Only one of the medications had been prescribed and signed by the General Practitioner to be crushed.

Immediate action was required regarding the medication management procedures, as outlined, to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality

Standards for Residential Care Settings for Older People in Ireland and professional regulatory guidelines.

**Judgment:**

Non Compliant - Major

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

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

**Theme:**

Effective care and support

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

**Findings:**

Inspectors reviewed a sample care plan of one resident. The admissions documentation was accurate and complete and daily progress notes were in-situ. However, improvements were identified to comply with the Regulations and Standards.

The resident had an Antecedent Behaviour Consequence (ABC) chart in their file. It was unclear why the information was being recorded and how it was informing practice such as positive behavioural support plans or care support requirements. Recommendations from health professional were not sufficiently incorporated to the sample care plan reviewed. The resident did not have an adequate or sufficiently evaluated behavioural support plan in place although a consultant psychiatrist, who assessed them June 2013, recommended a behavioural approach be taken. Staff ceased using the ABC chart in May 2014, but it was unclear as to why it had ceased as there was no documentation to reflect same in their file. The care plan, outlining the necessity to use an ABC chart, had been reviewed July 2014, however it was not updated to reflect the ABC chart was no longer used.

There was not always a link between resident's care plans and care that was delivered to them. There was no manual handling plan in a resident's care plan, however the inspectors saw one inside their wardrobe. The manual handling plan, last reviewed February 2012, did not accurately reflect their actual needs or requirements and the care provided to them. The manual handling plan stated the resident independently mobilized. Staff told the inspectors the resident had poor mobility and required support of two to three staff at times where care was given.

Although the care plan was signed and dated as being reviewed at regular and appropriate intervals, the information within individual care plans was not always accurate or amended as a result of a change in resident's needs for example the manual



handling plan.

Not all medical and allied healthcare was facilitated. The resident, who was assessed as having continence difficulties, had not been referred to a continence specialist, this was confirmed with the nurse on duty. Continence and elimination management was described as an ongoing difficulty for this resident. The practices used to support the individual with elimination needs and associated difficulties were inappropriately managed and did not ensure the care welfare and support of the resident. This needed urgent and immediate review.

**Judgment:**  
Non Compliant - Major

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

#### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

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

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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>	OSV-0000186
<b>Date of inspection:</b>	16/07/2014
<b>Date of response:</b>	11/09/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 05: Documentation to be kept at a designated centre

**Theme:**

Governance, Leadership and Management

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

Although there was a medication management policy in the centre staff failed to implement the policy and procedure. Significant risks were identified in the administration, dispensing and recording of medication as outlined in the body of the report.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Policies and procedures outlined in Schedule 5 are in place in writing .

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

All staff and in particular nursing staff have been instructed to adhere to Woodlands House medication management policy and to comply with ABA 'Guidelines for nurses and midwives on medication and management'.

Proposed Timescale: Immediate

**Proposed Timescale:**

**Theme:**

Governance, Leadership and Management

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

As per Schedule 3 (4) (b) appropriate plans were not in place to meet the required needs of the resident.

As per Schedule 3 (4) (d) the records of medicine administered was signed by a nurse but administered by a health care assistant and therefore not in accordance with professional guidelines.

An omission in medication had not previously been noted as per the requirements of Schedule 3 (4) (i).

As per Schedule 4, the rosters were not accurate or reflective of the actual staff working in the centre, the shifts they worked and their correct name as per their professional regulatory body

The professional registration details of two nurses working within the centre were not readily available or accessible, in the centre, on the day of inspection as per the requirements of Schedule 2.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

1. The manual handling plan for one resident has been updated and replaced.
2. The medication in question was dispensed accurately by the nurse and given to the healthcare assistant to administer. This practice has now ceased.
3. The nurse working the previous day had omitted to sign her initials in one place on the medication administration sheet. This has been rectified. The correct medication was administered at the correct time.
4. One person not employed by the centre but undergoing supervised work experience was not denoted on the roster. This has been rectified.
5. The roster has been changed to include the married names of two nurses whose maiden names appeared on their registration.

6. Two nurses whose 2013 registration numbers were on file have since submitted their 2014 registration number. One of these was obtained on the day of inspection and shown to the inspector.

7. Records set out in Schedule 2,3 and 4 are maintained in the centre. These records will be reviewed and any omissions will be identified and updated.

Proposed Timescale: Immediate

**Proposed Timescale:**

### **Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

While there are policies, procedures and practices in place, some gaps are evident in practice and the maintenance of the documentation that may be attributed to the policy on infection control not being specific to this centre to sufficiently guide staff. The management and transporting of human waste products was not in accordance with evidence based practice in the following areas namely;

- The procedure for transporting urinal and commode content, used by residents, on the first floor, to the sluice room located on the ground floor was not clear or consistently described by staff.
- The inspectors were told that the bucket and mop, locked in one communal toilet, was for the use of one resident. However this was not sufficiently labelled to identify this purpose.
- Human waste was not cleaned up in a timely manner for example urine spillages were noted for up to one hour unattended.
- As a result of staff standing in human waste there was a potential risk of contaminating areas throughout the centre.
- Urine spillages were cleaned inappropriately at times using paper towels.
- Systems to promote elimination and continence management were inadequate.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- 1 . The procedure for transporting waste has been clarified.
2. The bucket and mop (type of mophead changed) have been relabelled.
3. Two hourly checking of the room has always been part of the care plan. However this room could be soiled again within minutes of cleaning.
4. Overshoes have been obtained for use if necessary.
5. Excess urine is removed with paper towels as per best infection control practice. The floor is mopped after each spillage as documented frequently in the progress notes by the nurses.
6. A consultation with a continence adviser, post inspection, yielded no solution

Meetings have been held with the staff to reinforce best practice in infection control.

Proposed Timescale: Immediate

**Proposed Timescale:**

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

All medications are not safely stored in the centre. Prescribed medications were kept in an unlocked refrigerator which care assistants could access and therefore the contents of the unlocked fridge were also accessible.

**Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

A lock has been placed on the fridge.

Proposed Timescale: Immediate

**Proposed Timescale:**

**Theme:**

Safe care and support

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

Medication was not dispensed as prescribed; tablets that were not prescribed for crushing were crushed by the nurse. Only one tablet had been prescribed and signed by the General Practitioner for crushing.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All attending GPs have been reminded of their responsibilities when completing a prescription.

Proposed Timescale: Immediate

**Proposed Timescale:****Outcome 11: Health and Social Care Needs****Theme:**

Effective care and support

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

Care plans were not appropriately reviewed to reflect that actual or current needs of a resident.

A sample care plan reviewed had not been reviewed sufficiently or updated to reflect changes described.

**Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans are formally reviewed at least four monthly with the resident or the resident's family and changed accordingly.

The one care plan referred to has been updated.

Proposed Timescale: Immediate

**Proposed Timescale:****Theme:**

Effective care and support

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

Referrals were not made to specialist consultants who had the expertise to assist the resident with their specific and ongoing needs.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Actions taken to date include :

- Implementation of an agreed behavioural approach, which is non-restrictive and non-pharmacological. This included positive reinforcement, regular prompting to use toilet, the provision of bedside disposal and daily reminders to the resident.
- Adaptations to the room include repositioning of the bed, changing the floor covering, two hourly checking of the room, installation of features to interest and distract.
- The activities coordinator who is trained in the management of residents with Dementia from a social care aspect has closely worked with this resident to establish and form a positive relationship, but has met with opposition at the attempted introduction of new pursuits.
- Consultations with infection control specialist and continence adviser post inspection. Suggestions of the infection control specialist have been implemented. There was no solution offered by the continence adviser.

Actions to be taken:

Further GP consultation to explore other available options within the realm of the HSE.

Proposed Timescale: Immediate

**Proposed Timescale:**