<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Woodlands House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0186</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Trim Road</td>
</tr>
<tr>
<td></td>
<td>Navan</td>
</tr>
<tr>
<td></td>
<td>County Meath</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046-9028617</td>
</tr>
<tr>
<td>Fax number:</td>
<td>046-9028784</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:robpwalsh@ireland.com">robpwalsh@ireland.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:susan393@gmail.com">susan393@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Private, Voluntary, Public</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>Sandcreek Ltd. (Robert Walsh, Susan Walsh and Fintan O'Connor)</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Susan Walsh</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28 September 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 10.30hrs <strong>Completion:</strong> 16.15hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Florence Farrelly</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced, Unannounced</td>
</tr>
<tr>
<td>Purpose of this inspection visit:</td>
<td>Application to vary registration conditions, Notification of a significant incident or event, Notification of a change in circumstance, Information received in relation to a complaint or concern, <strong>Regulatory Monitoring Visit Report</strong></td>
</tr>
</tbody>
</table>
About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
**About the centre**

**Description of services and premises**

Woodlands House is a three-storey domestic style listed building providing care for up to 22 residents. At the time of inspection, there were 21 residents with one in hospital. All residents were over 65 years, 19 requiring long-term residential care and one resident was receiving respite care.

Facilities on the ground floor include a dining room, sitting room, kitchen, nurses’ office, laundry area that incorporated the sluice room, five single and three twin rooms with en suite shower, wash-hand basin and toilet facilities, one single and one twin room with hand-washing facilities. Two assisted showers and one staff toilet. The designated smoking area is an alcove on the corridor leading to residents’ bedrooms.

Residents can access the first floor via the stairs or chair lift and a further four steps or chair lift to residents’ accommodation. The attic space, which accommodates the person in charge / administrators office, can be accessed via a staircase.

On the first floor residents’ accommodation consists of six single and one twin room with hand-washing facilities, two assisted baths and two toilets neither of which are wheelchair accessible however, this does not impinge on residents as all residents on this floor can mobilise independently.

The centre is set in a secluded area with well-maintained secure gardens for residents’ use.

There is adequate car parking provided to the front of the building for staff and visitors.

**Location**

Woodlands House is located on the Trim road on the outskirts of Navan town. It is within easy walking distance of all local amenities.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1987</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>20 (1 in Hospital)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>
Woodlands House is owned by Sandcreek Ltd. and has three partners Robert Walsh, Susan Walsh and Fintan O’Connor. Robert Walsh is present in the centre on a daily basis and is responsible for administration and financial management. Susan Walsh know in the centre as the Director of Nursing is the nominated contact person for the providers and is the Person in Charge. Two Assistant Directors of Nursing support her in her role. Care assistants and the activities co-ordinator report to the nurse on duty who reports to the Person in Charge. The housekeeping and maintenance staff report to the Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>*1</td>
</tr>
</tbody>
</table>

*Activities coordinator*
Summary of findings from this inspection

This was the first inspection carried out by the Health Information and Quality Authority (the Authority) and it was an unannounced regulatory monitoring inspection. The inspector focussed on key regulatory requirements relating to governance, resident care and the environment to assess the extent to which the management of care ensured positive and safe outcomes for residents.

The inspector met with four residents, a relative, the provider and person in charge, staff nurses and other members of staff. Records were examined including staff rotas, register of residents, written policies on health and safety as well as fire safety records and accident/ incident report forms.

Inspectors were satisfied that residents were well cared for and their nursing and healthcare needs were being met. The inspectors found that there was sufficient staff to meet residents’ needs on the day of inspection and staff rotas confirmed these staffing levels to be the norm. There was a programme of recreational activities in place which included trips down memory lane, bingo, live music, gentle games and exercises, Eucharistic ministers visiting and dog therapy.

Inspectors identified improvements that were required to the statement of purpose, emergency plan, complaints policy, risk management structure and audit process.

Improvements were also required in staff mandatory training, policies and procedures, staff files and appraisal systems and the premises.

These areas for improvement are addressed in the action plan at the end of the report.
The inspector spoke with four residents. All were satisfied with the care provided. A number of the residents said that if they had a worry they could talk to the providers or the person in charge. All residents could identify the provider/person in charge by name.

One resident spoken with said he was very happy in the centre, he could see his general practitioner (GP) whenever he wanted. This man had remained in bed as he was not feeling well and he said he could have “a day in bed” if he felt like it. He complimented the standard of food provided and said he could have choice if he did not like what was on the menu. He was encouraged to maintain links with the community and went home for weekends on occasion.

The inspectors spoke with two residents on the corridor prior to them going to the dining room for lunch. Both expressed satisfaction with meals, choices of food and portion sizes. They stated that the food was always very good, and that they could have whatever they wanted.

All residents spoken with were complimentary about the staff stating that they were very kind and caring. Comments included “All staff are very good to me” and “Everything is done for me that could be done”.

Inspectors spoke with one relative who was happy with the standard of care provided. She stated that the atmosphere was very good and that it was the nearest thing to her mother being at home. She visited at different times every day and was always made feel welcome. Her mother always looked well, there was always plenty of staff on-duty, and they were always attentive to her mother’s needs. She was always consulted regarding changes in her mother’s condition or care. She went on to say that, if she had any concerns she would bring them to the attention of the nurse on duty or the person in charge without hesitation.
Governance

Article 5: Statement of purpose

Inspectors reviewed the statement of purpose and found that, while it was informative, a number of items required in schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were not included.

For example the current professional registration, relevant qualifications and experience of the registered provider and the person in charge, the range of needs the centre intended to meet, the type of nursing care to be provided, the admission criteria had not been specified and the complaints procedure was not included.

Article 15: Person in charge

The person in charge is also the owner and nominated provider for the centre, she had been the person in charge for the previous 11 years. She is a qualified nurse with the required geriatric nursing experience.

The roster reviewed showed she worked full-time and was on-duty from Monday to Friday. The roster also identifies two assistant directors of nursing who deputised in her absence.

The person in charge discussed the regulations and standards with inspectors. She demonstrated a clear knowledge of the legislation and her legal responsibilities.

The centre was well organised and staff spoken with were aware of the reporting structures in place and said they would speak with the person in charge if they had any concerns.

Article 16: Staffing

The inspectors noted that there was sufficient staff on duty to meet the needs of the residents. The inspector reviewed the roster and it showed that the usually complement of staff included the person in charge on duty Monday to Friday, one nurse on duty over the 24 hour period, three care assistants on-duty up until 14.00hrs, one care assistant from 14.30 to 16.30hrs, and two care assistant from 16.30 to 20.00 hrs. One nurse and one care assistant were on duty at night-time.

One of the providers had financial management and administrative functions in the centre and worked there on a daily basis. There were separate catering and cleaning staff and a maintenance person was employed on a part time basis. Staff said that there was sufficient staff on duty to meet the needs of residents. Residents and the relative spoken with told the inspectors that they were satisfied with the staffing levels.

The inspectors reviewed a number of staff files and found that, while the provider and person in charge had made efforts to ensure all items outlined in Schedule 2 of the Health
Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were included in each staff file, not all items were included. For example, not all employees had the required three references or evidence of physical and mental fitness.

The inspectors reviewed the training records, which showed that not all staff had received up-to-date training in fire safety, manual handling or elder abuse training. For example whilst the provider has shown a new member of the cleaning staff the principles of fire safety, the location of the fire exits and fire extinguishers this member of staff had not received formal training in this area neither had she received manual handling or elder abuse training.

The person in charge told the inspector that all nursing staff were currently registered with An Bord Altranais. Documents reviewed confirmed that up-to-date registration numbers were in place for nursing staff.

Although all new staff received induction and training, there was a need to develop a policy and practice in this area for longer serving staff to include an appraisal process.

### Article 23: Directory of Residents

Inspectors examined the directory of residents. It was up-to-date and contained almost all of the required information. However, one resident who had recently been transferred to the local acute hospital did not have the transfer information included in the directory.

### Article 31: Risk Management Procedures

The person in charge used a number of tools to assess and mitigate clinical risk. This included Barthel dependency assessment, Malnutrition Universal Screening Tool (MUST), the Waterlow scale that assesses the risk of pressure ulcers and a falls risk assessment carried out to prevent falls. An associated care plan was then put in place for each identified risk. For example, one resident was identified as losing weight and her care plan referred to regular weight monitoring and supplements being offered. Where bedrails were used, each resident was clinically assessed and consent requested from residents wherever possible.

Not all policies as outlined in legislation were in place, for example a policy on assault and the management of aggression and violence.

The inspector reviewed the accident and incident records and found the recording process documented all accidents and incidents. It included comprehensive details, such as a clear description of the accident, the medical or nursing treatment given, the actions taken and notification of the next of kin. However, the person in charges signature was not recorded.

The emergency plan in place did not comply with regulatory requirements. For example, the plan did not identify resources available, did not include the contact details of the relevant personnel, the roles and responsibilities of each person involved in the plan were not included and resources for the relocation of residents in the event of an emergency were not identified.
Risk management audits were being carried out on accidents and incidents, cleaning and medication management however, these audits were documented in a checklist format which did not enable the person in charge to identify trends, record preventative measures put in place or actions taken, review the effectiveness of measure put in place or disseminate the learning.

**Article 39: Complaints**

Inspectors reviewed the complaints policy, procedure and register. The complaints register included the name, date, nature of the complaint, a brief outline of the details, the action taken, the outcome and the satisfaction of the complainant. All complaints were documented to a high standard and follow-up details were included. However, there were three different policies available, each with conflicting information. For example, the complaints officer identified in the statement of purpose was not the same person identified in one of the policies.

The inspectors reviewed the complaints procedure, which was clearly displayed in a prominent position. The procedure lacked one regulatory requirement in that it did not identify an independent appeals process.

**Article 36: Notification of incidents**

The person in charge was aware of her obligation to notify the Chief Inspector of all serious adverse events and the requirement to submit to the Chief Inspector a report of all accidents/incidents that happened on a quarterly basis. Notifications had been submitted as required.

Inspectors spoke with the provider and person in charge regarding one NF06 notification (allegation of abuse of any resident) which the provider had submitted in the quarterly notifications. Inspectors clarified that all serious incidents should be notified to the Chief Inspector within three working days of its occurrence.
**Resident Care**

**Article 9: Health Care**

The person in charge informed inspectors all residents had access to general practitioner (GP) services and could choose to retain their own GP if they so wished. Out-of-hours service was provided by an external company. One resident spoken with confirmed he could see his doctor whenever he wanted to. Inspectors reviewed the medical files of two residents and found that while one resident had been reviewed on a regular basis the other resident had not been reviewed since 10 March 2010.

Residents had access to healthcare services. The person in charge arranged for chiropody services for residents when they needed them, residents confirmed this and inspectors viewed records of appointments in a notebook retained in the nurses’ office. There was documented evidence in residents’ files of outpatient appointments and transfer records were maintained. One resident confirmed he attended two different hospitals for outpatient appointments on a six-monthly basis.

Documentation indicated a high standard of assessment and care planning with a primary nurse system in place, whereby one nurse is responsible for the healthcare and care planning of a group of residents.

**Article 33: Ordering, Prescribing, Storing and Administration of Medicines**

Inspectors viewed the medication policy, which was comprehensive, up-to-date, and guided staff practices. It contained procedures for double checking medications requiring strict controls, crushing; medications administered as required (PRN) and medication errors. Inspectors noted that medications were stored in a secure locked cupboard in the nurses’ office.

An inspector reviewed the medication prescribing and administration charts and found the system in use to be comprehensive, easy to read and up-to-date. Some residents had a number of medications prescribed for them; each one was dated and signed separately by the GP.

However, an inspector observing a nurse carrying out a medication round noted that administration practices were not in line with the centres policy or An Bord Altranais guideline for best practice. The nurse administered medication using the medication administration record and not the doctor’s prescription, this procedure is not in line with safe best practice.

Inspectors also noted that due to the layout of the building (chair lift to the first floor) the drug trolley could not be taken upstairs. This resulted in the nurse administering medication decanting medication containers with the resident’s name attached onto a small tray and transporting the tray between floors. This practice posed an increased risk of drug error occurring and was brought to the attention of the person in charge during the feedback meeting.
An inspector reviewed the procedures for managing medications that required strict controls. The nurse on duty knew the procedures for the monitoring and checking of these medications. They were counted at change of shift and two nurses signed the record to confirm the amount. Medications requiring strict controls were appropriately stored in a double locked cupboard.

**Article 6: General Welfare and Protection**

The inspector viewed the policy on elder abuse and protection of vulnerable adults. The policy provided information on recognising, managing and reporting abuse. Staff confirmed that they had received training in the prevention of elder abuse and were knowledgeable about what to do if they suspected elder abuse.

Residents reported feeling safe in the centre.

**Article 20: Food and nutrition**

The inspector saw that residents were offered a varied and nutritious diet. An inspector observed one resident who required a modified consistency pureed diet having her lunch. Each food type was served separately on the plate so that she could enjoy individual flavours and textures. Assistive cutlery and a non-slip mat were available so she could eat independently. The inspector observed staff members encouraging this resident to eat her meal. The resident finished her meal and told the inspector that it tasted lovely and that food was always good here.

The quality, choice and presentation of the meals were of a high standard and the residents spoken with told inspectors they were very happy with the food provided. Residents were offered a daily choice at lunch and evening meals.

An inspector met with the chef who said that she knew the residents well and regularly chatted to them to find out what they would like for their meals. Residents on special diets such as diabetic, low salt or high protein diets had this information printed on the wall in the kitchen. There was a four week menu plan and the chef told the inspector that residents’ preferences were taken into account when compiling the menus. The person in charge told an inspector that a dietician from a food supplement company reviewed the menus in March 2010 to ensure residents’ needs were being met. All residents looked well nourished and hydrated.

Residents were offered a variety of drinks with their meals and drinks were offered and encouraged throughout the day. A selection of drinks was available to residents in the sitting room.

The inspectors viewed some residents' files and noted that nutritional assessments using the MUST tool were carried out. Monthly weights were recorded and residents with identified nutritional issues were weighed weekly. Associated care plans were in place for those identified as having an issue with nutrition.
Environment

Article 19: Premises

Overall inspectors found that the design and layout of the building did not meet the needs of residents. The provider and person in charge informed inspectors that they had submitted plans for a new extension; they also discussed the possibility of building a new centre and were in the process of deciding which option to take.

The building was clean, warm and bright throughout. There was a nice calm, relaxed atmosphere. There were one sitting room and inspectors saw residents using this room throughout the inspection.

One inspector visited the kitchen and found it to be clean and well maintained. The dining area was bright, clean, and domestic in character. The inspector observed residents enjoying their lunch and noted there was adequate space in this area.

Inspectors found that infection control practices in hand hygiene were robust. Wall-mounted dispensers containing hand-sanitising gel were located at the front entrance and throughout the building. Staff were observed washing their hands and using the gels. The cleaner spoken with was aware of and could discuss the basic principles of cross infection. However, there were no changing / shower areas for staff and a separate changing area / toilet facilities for catering staff had not been provided. The laundry and sluice occupy the same space which posed a risk of cross contamination. There was no separate cleaner’s room for the storage of cleaning equipment.

Bedrooms were domestic in character and many residents had personalised their rooms with photographs and books. Wardrobes and lockers were available to all residents. All bedrooms had wash hand basins and call bells. However, shared bedrooms did not have adequate screening to protect resident’s privacy at all times, in that the resident occupying the bed next to the door did not have a screen protecting privacy when another person entered the room. Not all rooms had lockable storage.

Eight of the bedrooms had en suite toilet, hand-washing and shower facilities and there were adequate additional toilets, showers and baths available for the remainder of the residents.

Facilities were not in place for residents to meet visitors in a private space other than their bedroom. The smoking area was assigned to an alcove on one of the corridors leading to residents’ bedrooms. Inspectors observed one resident smoking in this area and noted that there was no mechanical ventilation and smoke fumes could be detected along that corridor which posed a health and safety risk to other resident and staff working in the centre.

There was inadequate space for storage of assistive equipment and the inspector saw transit wheelchairs and a hoist being stored on a corridor.

There was adequate car parking provided to the front of the building for staff and visitors.
The provider had put some fire precautions in place. The inspector reviewed fire policies and procedures. There was good directional signage in place, documents reviewed demonstrated that fire fighting equipment was regularly serviced and maintained, for example the fire extinguishers were last serviced in February 2010. All emergency lights were in working order and all emergency exits were free from obstruction.

However, fire training records were not up-to-date and not all staff had received fire training within the last year. One recently employed staff member had not received formal fire safety training, but was given in-house training by one of the providers.

Some staff spoken with were knowledgeable about what to do in the event of fire however; one staff member could not discuss how to evacuate a resident using a ski sheet.
Closing the visit

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

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:
Florence Farrelly
Inspector Manager of Social Services
Social Services Inspectorate
Health Information and Quality Authority

28 October 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Woodlands House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0186</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28 September 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>14 December 2010</td>
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</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, 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.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:
   Not all staff had received up-to-date training in fire safety, manual handling or elder abuse training.

   **Action required:**
   Provide staff members with access to education and training in the areas of fire safety, manual handling and elder abuse to enable them to provide care in accordance with contemporary evidence-based practice.

   **Action required:**
   Ensure all staff are aware of all fire evacuation procedures.

   **Reference:**
   Health Act, 2007
   Regulation 17: Training and Staff Development
   Standard 24: Training and Supervision
Please state the actions you have taken or are planning to take following the inspection with timescales:

<table>
<thead>
<tr>
<th>Provider’s response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An external company attended the centre in April 2010 and October 2010 for a one-day fire safety course.</td>
</tr>
<tr>
<td>100% of nurses have received certified fire training. 86% of care assistants and ancillary staff have received certified fire safety training.</td>
</tr>
<tr>
<td>Balance of staff have received in house fire training until next certified training course in January 2011</td>
</tr>
<tr>
<td>As per attached continuous professional development sheet, 90% have manual handling certificates, remaining 10% to complete training by 31 January 2011.</td>
</tr>
<tr>
<td>80% have attended elder abuse training.</td>
</tr>
<tr>
<td>All remainder of staff shall complete above elder abuse training by 28 February 2011.</td>
</tr>
<tr>
<td>All staff have received training and literature on fire safety and evacuation procedures on commencement of employment and are questioned and physically examined regarding same periodically.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>31 January 2011</td>
</tr>
<tr>
<td>31 January 2011</td>
</tr>
<tr>
<td>28 February 2011</td>
</tr>
</tbody>
</table>

2. The provider has failed to comply with a regulatory requirement in the following respect:
The emergency plan in place was not sufficiently detailed to ensure residents safety.

Action required:
Put in place an emergency plan for responding to emergencies to include the contact details of the relevant personnel, the roles and responsibilities of each person involved in the plan and resources for the relocation of residents in the event of an emergency.

Reference:
Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

| Timescale: |
|   |
|   |
Provider’s response:
Emergency plan updated.

15 November 2010

### 3. The provider has failed to comply with a regulatory requirement in the following respect:
Risk management audits being carried out on accidents and incidents, cleaning and medication management did not identify trends or preventative measures put in place, record actions taken, review the effectiveness of measure put in place or disseminate the learning.

**Action required:**
Ensure that the risk management audits include the recording of identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

**Reference:**
Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>15 November 2010</td>
</tr>
<tr>
<td>Risk management audits do identify trends at present and are actioned immediately. A new system has been implemented which is more comprehensive and provides clarity for the reader</td>
<td></td>
</tr>
</tbody>
</table>

### 4. The provider has failed to comply with a regulatory requirement in the following respect:
Medication administration was not in line with best practice.

**Action required:**
Put in place appropriate and suitable practices relating to the administration of medicines to residents and ensure that staff are familiar with the centres policies and procedures.

**Action required:**
Revise the practice of transporting medications between floors to ensure safe administration practices and minimise the risk of drug error.
### Reference:
Health Act, 2007  
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management  
Standard 15: Medication Monitoring and Review

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

**Provider’s response:**

We have taken into consideration what the inspector suggested at the time of the inspection regarding a locked press on the upstairs floor to store the medications for two residents. Following careful thought we believe this increases the risk posed by easy accessibility to residents, visitors, etc. and are confident with our current system.

Ongoing in-house medication management training and observance and confirmation of adherence to policy by all nursing personnel.

**Timescale:** 17 November 2010

### 5. The provider has failed to comply with a regulatory requirement in the following respect:

The statement of purpose did not include all items require in schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were not included.

**Action required:**
Review the statement of purpose and ensure that all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are included.

**Reference:**
Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

**Provider’s response:**

The statement of purpose has been amended.

**Timescale:** 5 November 2010
6. **The provider has failed to comply with a regulatory requirement in the following respect:**
Not all policies as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were in place.

**Action required:**
Put in place all of the written and operational policies listed in Schedule 5.

**Reference:**
Health Act, 2007  
Regulation 27: Operating Policies and Procedures  
Standard 29: Management Systems

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
Challenging behaviour policy is current.  
Assault policy to be developed.  
Policy for intervention and management of an incident of violence. | 19 November 2010 |

7. **The provider has failed to comply with a regulatory requirement in the following respect:**
Not all items outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were included in each staff file.

**Action required:**
Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless all information and documents specified in Schedule 2 have been obtained.

**Reference:**
Health Act, 2007  
Regulation 18: Recruitment  
Standard 22: Recruitment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider’s response:  
Outstanding information requested from relevant staff. | 28 February 2011 |
<table>
<thead>
<tr>
<th><strong>8. The person in charge has failed to comply with a regulatory requirement in the following respect:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A resident who had recently been transferred to the local acute hospital did not have the transfer information included in the directory of residents</td>
<td></td>
</tr>
</tbody>
</table>

**Action required:**
Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) (f) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

**Reference:**
Health Act, 2007
Regulation 23: Directory of Residents
Standard 32: Register and Residents' Records

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directory has been updated and is checked by person in charge following any movement inwards/outwards.</td>
<td>15 November 2010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9. The provider has failed to comply with a regulatory requirement in the following respect:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>There were three different complaints policies available each with conflicting information.</td>
<td></td>
</tr>
</tbody>
</table>

**Action required:**
Review the current complaints policies and develop one comprehensive policy in line with Regulation 39.

**Reference:**
Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two old policies have been removed. Comprehensive current policy displayed.</td>
<td>18 November 2010</td>
</tr>
</tbody>
</table>
### 10. The provider has failed to comply with a regulatory requirement in the following respect:
The complaints procedure displayed did not identify an independent appeals process.

**Action required:**
Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre’s policies and procedures.

**Reference:**
Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
</table>
| Provider's response:  
Complaints procedure amended. | 10 December 2010 |

### 11. The provider has failed to comply with a regulatory requirement in the following respect:
The design and layout of the building did not meet the needs of each resident.

**Action required:**
Provide suitable changing and storage facilities for staff to include separate facilities for catering staff.

**Action required:**
Provide suitable facilities for cleaning staff with regard to the storage of cleaning equipment and decanting of foul water.

**Action required:**
Provide necessary sluicing facilities.

**Action required:**
Provide privacy screening in shared room to ensure the privacy and dignity of all residents occupying the room.

**Action required:**
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.

**Action required:**
Provide suitable lockable storage facilities for the use of each resident.
**Action required:**
Provide adequate storage facilities for assistive equipment.

**Action required:**
Provide a suitable smoking area, which is suitably ventilation, which does not impinge on the health and safety of non-smoking residents.

**Reference:**
- Health Act, 2007
- Regulation 19: Premises
- Standard 25: Physical Environment
- Standard 28: Purpose and Function

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's response:</td>
<td>Three years</td>
</tr>
<tr>
<td>As discussed we will be addressing all of these actions in our future developments.</td>
<td></td>
</tr>
</tbody>
</table>


Recommendations

These recommendations are taken from the best practice described in the National Quality Standards for Residential Care Settings for Older People in Ireland and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
</table>
| Standard 26: Health and Safety | Consider revising the recording form template for accidents and incidents to include the person in charge's signature.  
Provider’s response:  
Person in charge signature will appear on each form. |
| Standard 24: Training and Supervision | As part of the staff development strategy, consider introducing a policy and practice in this area of staff appraisal.  
Provider’s response:  
All staff currently receive annual appraisal. New staff are appraised following induction and probation. Appraisal policy in place. |
Any comments the provider may wish to make:

Provider’s response:

We would like to thank the inspection team for visiting our nursing home and believe there is opportunity to work together to continue to achieve the best standard of care for our residents.

Provider’s name: Sandcreek Ltd.
Date: 14 December 2010