



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

Issued by the Chief Inspector

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| Name of designated centre: | Woodlawn Manor Nursing Home |
| Name of provider: | WL Woodlawn Care Services Ltd |
| Address of centre: | St Doolaghs House, Malahide Road, Balgriffin, Dublin 17 |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 November 2024 |
| Centre ID: | OSV-0008662 |
| Fieldwork ID: | MON-0045236 |

About the designated centre

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 90 |
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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 27 November 2024 | 19:40hrs to 22:00hrs | Karen McMahon | Lead |
| Thursday 28 November 2024 | 09:30hrs to 18:15hrs | Karen McMahon | Lead |
| Wednesday 27 November 2024 | 19:40hrs to 22:00hrs | Aisling Coffey | Support |
| Thursday 28 November 2024 | 09:30hrs to 18:15hrs | Aisling Coffey | Support |

What residents told us and what inspectors observed

This inspection took place in Woodlawn Manor Nursing Home, Balgriffin, Dublin 17. The inspection was carried out by two inspectors and was conducted over two days, commencing with an evening inspection on the first day and inspectors returning the following day to complete the inspection. During this inspection, the inspectors spent time observing and speaking to residents, visitors and staff. From what inspectors observed and from what the residents told them, residents were generally happy living in Woodlawn Manor Nursing Home, however a number of factors were negatively impacting on their day to day lives in the centre as set out in this report.

Woodlawn Manor Nursing Home is a purpose-built centre that opened to admissions in January 2024. The centre is registered for 97 residents, and over this year, the centre has been increasing the number of residents accommodated. As a result the centre was almost at full occupancy at the time of this inspection, with five vacant bedrooms. On the first evening of the inspection, inspectors met the clinical nurse manager on duty. Following a brief introductory meeting, the inspectors walked the centre, observing the care environment.

The centre is set out over three floors. The lower ground floor contains staff facilities, the kitchen and laundry rooms, waste management, technical services and storage areas. The resident accommodation and facilities are set out on the ground and the first floors. Upon arrival at the centre there is a large, bright, open reception area with comfortable seating. Some residents were seen relaxing in the reception area, watching the comings and goings of visitors and staff and reading the newspaper. Adjacent to the large reception area are two smaller communal areas, the café and a smaller sitting room with direct access to the enclosed garden. There is also a visiting room and an oratory on the ground floor. Other communal spaces included an activity room and large dining and day rooms on the ground and first floors. The centre was pleasantly decorated throughout with paintings and ornaments. The centre was seen to have a closed-circuit television (CCTV) system installed internally and externally, with appropriate signage informing residents and visitors of its use. There is an on site laundry service where residents' personal clothing is laundered.

Overall, the centre was seen to be clean and well maintained. Maintenance staff were attending to flooring replacement on the first floor on the second day of inspection as some of the flooring was seen to be damaged. Residents were generally happy with the accommodation including the private bedrooms, however, three residents informed the inspector that their bedrooms were not warm enough. This was validated by the inspectors who found that these and other bedrooms felt cold with temperature readings in these rooms ranging from 17.3 to 18.4 degrees on day two of the inspection, despite the desired temperature being set much higher than this. The temperature within each bedroom was seen to be

thermostatically controlled but this did not appear to be functioning correctly.

Bedroom accommodation consisted of 97 single bedrooms with en-suite shower, toilet, and wash hand basin facilities. Bedrooms had comfortable seating, and most were personalised with treasured items from home, such as family photographs, bedding and ornaments. The bedrooms had a television, locked storage, and call bell facilities, although the inspectors noted that a small number of residents in bed could not access their call bell as it was behind their beds and out of reach of the resident.

There was an enclosed courtyard available to residents, accessible through a number of exit points on the ground floor. The courtyard garden was clean, tidy, and pleasantly landscaped. This garden had seating, raised planters, and shrubs. There was also a first-floor terrace, providing views over the surrounding countryside. Externally, the centre's grounds were similarly clean, tidy and well-maintained.

On the first evening of the inspection the inspectors observed that most ground-floor residents had retired to their bedrooms and were sleeping, watching television or hosting a visitor. Seven residents occupied communal spaces on the ground floor at this time. On the first floor, the inspectors initially observed nine residents in the activity room listening to music while a staff member was present in the room to offer support and supervision.

As inspectors continued to walk the premises, it was observed that one corridor on the first floor had its entrance doors closed requiring a keypad code for entry. Within this corridor, there were 15 male residents. Upon entering, inspectors observed a strong malodour, which staff explained was due to urine that had soaked into the floors. Seven male residents were seen in the corridor, supervised by a staff member, while the remaining residents were in their bedrooms. Three residents sat in armchairs located on the corridor beside the nursing station while the remaining four residents walked the corridor. The three seated residents sat with their legs stretched out in front of them while the mobile residents navigated around them. This seating arrangement did not ensure the comfort and safety of these seven gentlemen and needed review.

Whilst on this unit inspectors observed one resident with complex responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) enter other residents' bedrooms and en-suite bathrooms. This behaviour upset the other residents and caused an agitated reaction from both parties. When the reason for the locked doors was discussed, staff informed the inspectors that this part of the first floor had locked doors at night so that the mobile residents in this section did not disturb the other residents accommodated on the first-floor. When inspectors enquired about communal space and therapeutic activity for the residents restricted to this corridor they were shown that one of the bedrooms had been converted into a multipurpose lounge/activity room. This room was found to be laid out with six armchairs, four dining chairs, a table, and a television displaying the menu page. There was no evidence of any activities having

taken place or any therapeutic or sensory equipment for residents to engage with.

Residents spoken with described their experiences living in this section of the centre. One resident described how "like a family, one member sets another off" and described "shouting at night". Another two residents informed the inspector about the regular intrusion into their bedrooms by another resident with a dementia diagnosis. They told the inspectors that this resident also took their belongings. The residents described the negative impact of this continuous intrusion on their quality of life, with one of the residents describing it as a "torment", while the other resident described their increasing agitation levels at the situation.

On the morning of the second inspection day, residents were up, dressed in their preferred attire and appeared well cared for. The hairdresser was present, and residents proudly displayed their new hairstyles. In the ground floor activity room, seven residents partook in arts and crafts, facilitated by a staff member, while 10 other residents observed the activity. Seven residents were present in the first-floor activity room, some reading the newspaper, one hosting a visitor, and others observing as a staff member demonstrated jewellery making. A third staff member was seen attending to the residents on a one-to-one basis in their bedrooms, supporting exercises. Several residents relaxed in their bedrooms. These residents were seen watching television, listening to the radio, reading newspapers and books, completing quizzes or using their electronic tablets and the centre's Internet services.

Lunchtime at 12:30pm in the dining rooms was a relaxed and sociable experience, with residents enjoying each others' company as they ate. Meals were freshly prepared in the centre's on site kitchen and served in the dining room by the chef from a bain-marie. The menu, with two main courses and three dessert options, was displayed in the dining room. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed mixed satisfaction with the food, with some residents complimenting the food available, describing it as "delicious". In contrast, other residents were unhappy with the food, describing it as "edible", "bland", and lacking variety. One resident who chose to eat in their bedroom informed the inspectors the food was not hot when it arrived, impacting their enjoyment of their meal. Another resident told the inspectors that their dietary requirements had not been fully catered to.

The inspectors had the opportunity to speak with 21 residents and 6 visitors, over the two days of inspection. Many residents spoken with were complimentary of the staff and the care they received. Residents told the inspectors about the "nice" and "kind" staff that looked after them and confirmed that they were treated with dignity and respect. Some residents and visitors commented that they found frequent changes in the staff who attended to them or their loved ones. This meant that residents were frequently getting used to new staff members, and similarly, new staff were learning about the resident's preferences and routines.

There was mixed feedback from residents who spoke to the inspectors on the

activities programme and entertainment available. Some residents were complimentary of the activities available, while others expressed that there were no activities geared towards their interests and capabilities. Younger residents and residents without a cognitive impairment were most vocal about this matter, with one younger resident informing the inspectors "there are no activities; I'm left stuck in the room", while an older resident commented, "there's nothing whatsoever, I just sit here".

Visitors were observed coming and going throughout the day, spending time with their loved ones. Residents and visitors confirmed there were no restrictions on visiting. Visitors provided mixed feedback about the care and attention received by their loved ones, with some visitors being highly complimentary of service provision, others acknowledging there had been problems but these were dealt with by the person in charge. However other families described observing poor care practises and feeling that their concerns were not listened to appropriately.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that although, the provider aimed to provide a good service and support residents living in the designated centre to receive a good standard of care, significant focus and effort were now required to improve the management and oversight of care and services provided for the residents. There had been a significant decline in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), since the previous inspection in May 2024 and this was impacting on the quality and safety of care for residents.

This was an unannounced risk inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on unsolicited information that had been submitted to the Chief Inspector of Social Services in relation to staffing levels, individual resident care and attention, timely access to health care and the overall governance and management of the centre.

WL Woodlawn Care Services Limited is the registered provider. At the time of inspection, this company had four directors, one of whom represented the provider for regulatory matters. This director was present on the second inspection day and attended for feedback at the end of the inspection. The person in charge reported to this company director. Within the centre, a clearly defined management structure operated the service day-to-day. The person in charge had overall accountability for

all aspects of governance and management of the centre. The person in charge worked full-time and was supported by a team of clinical nurse managers, nursing staff, health care assistants, activity staff, chefs, catering, housekeeping, laundry, maintenance and administration staff.

There were a range of governance and oversight processes in the centre. A review of documentation evidenced that there were management and staff meetings to discuss key issues relating to the quality and safety of care provision in the centre. An audit schedule was in place and evidence of ongoing auditing being conducted in the centre in areas such as care planning and infection prevention control. The inspectors found that while auditing was taking place, the processes were not effecting change and driving improvements in the delivery of care and in compliance with the regulations. There was a lack of tracking and trending information from audits and monitoring processes to identify areas that needed improving and inspectors were not assured that key staff were informed of the outcomes of audits and other processes that impacted on their areas of the service. These findings are discussed under Regulation 23: Governance and management.

The oversight of safeguarding incidents required significant attention as the current processes were found not to adequately protect residents. From reviewing incident reporting and from speaking to residents and staff, it was clear some peer-to-peer interactions had not been recognised as potential safeguarding concerns and as such had not been followed up appropriately. Furthermore, there were also examples of the provider's policy not being adhered to when investigating all incidents and allegations of abuse.

The Inspector reviewed rosters and found that staff knowledge and skills did not ensure that there were sufficient staff with the knowledge and skills to ensure the delivery of safe and appropriate care for some residents. This had resulted in poor care practises. Many staff members had no previous experience of working in older persons services or under the regulations that governed these services. These staff required significant direction and guidance from experienced staff members and the processes that were in place to ensure that this was available to staff were not clear. For example there was no training matrix in place which meant that the management team did not have appropriate oversight of both completed or required mandatory and non mandatory training. Staff files had to be pulled individually to establish what training staff had completed. Furthermore there were a significant number of residents living with dementia and residents who displayed responsive behaviours admitted to the centre, however training in these important areas had not been provided for staff. As a result a number of staff members told inspectors they did not have the skills to respond or manage this behaviour appropriately. This was validated by the inspectors observations over the two days of the inspection.

Regulation 15: Staffing

The registered provider did not ensure that there were enough staff with the appropriate knowledge and skills to provide care and support for all residents in line with their assessed needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff did not have access to the training they needed to provide safe and appropriate care for some residents especially those with complex care needs. This had resulted in poor care practises including the covert administration of medications for residents who displayed responsive behaviours and the failure to identify potential safeguarding incidents associated with these behaviours.

Furthermore the lack of experienced clinical staff in the centre impacted on the the support and supervision available to nursing and care staff. This was validated by the inspectors' observations during the inspection and by feedback from some residents and visitors who told inspectors that the clinical care and social care provided varied from day to day, dependent on the staff on duty.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and oversight arrangements in the centre required significant improvement to ensure the service was safe, consistent, effectively monitored and operated in line with the regulations, as evidenced by the findings below.

- The oversight systems for premises and accommodation facilities had failed to ensure that residents' bedrooms were at a comfortable temperature and that call-bell facilities were accessible to residents from their beds.
- The monitoring of staff training required attention as the provider did not have an oversight system to confirm that staff had access to appropriate training to support them in their roles.
- Auditing processes required review to be more robust in identifying risk and driving quality improvement. While auditing was taking place, its effectiveness and impact were limited as there was no evidence of the results being analysed to establish trends and causal factors to reduce risk and promote residents' safety.
- The oversight of incident reporting did not ensure that all notifiable incidents were identified and notified to the Chief Inspector within the required time frames.

Inspectors were not assured the provider had effective systems in place to ensure residents were safeguarded from harm at all times, for example:

- The arrangements for investigation incidents and allegations of abuse within the provider's safeguarding policy had not been followed in respect of 26 potential safeguarding incidents that had occurred.
- Oversight of safeguarding and responsive behaviours had not ensured that one resident with complex needs, which affected their personal safety and the safety of other residents and staff, had received access to specialist health care in a timely manner.

The registered provider was in breach of Condition 1 of their registration as they had changed the purpose and function of bedroom 69 to a lounge/activity room without informing the Chief Inspector and applying to vary Condition 1 of the centre's registration.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the incident reporting documentation and nursing records found one incident concerning the responsive behaviours of one resident that were documented to have frightened and upset other residents. This incident had not been recognised as a potential safeguarding incident and had not been followed up appropriately and notified to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had failed to keep a record of the investigations into complaints made in the centre, in line with their own complaints policy. As a result of this inspectors were unable to review the investigations into complaints and could not be assured they had been investigated appropriately. It also meant a review of the complaint could not be fully carried out, in the absence of the record of the investigation, if requested by the complainant.

Judgment: Not compliant

Quality and safety

While the inspectors observed a number of occasions where staff provided kind and compassionate care and staff were seen to support residents' independence and dignity this was not consistent. As a result inspectors also observed a number of occasions where residents were not appropriately supported and staff practices and routines did not promote residents' dignity and rights. This was a particular concern for those residents who had complex needs and who needed skilled nursing and health care support to live their best lives.

The inspectors reviewed a sample of residents files and there was evidence that the residents' needs were being assessed using validated risk assessment tools. Assessments included the risk of falls, malnutrition, assessment of cognition and dependency levels. The care plans reviewed were seen to be person-centred, supported by personal detail from the "it's all about me" tool. Care plans were being reviewed at four monthly intervals. Notwithstanding these good practices, the inspectors found that the quality of information recorded during the pre-admission assessment was inconsistent and a number of assessments did not provide sufficient detail to inform care planning. Inspectors also found that care plans were not being developed within 48 hours of admission as required under the regulations. These matters are discussed under Regulation 5: Assessment and care planning.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based health care providers such as chiropodists, dietitians, occupational therapists, and speech and language therapists. The provider employed a physiotherapist one day a week to assess and treat residents who required physiotherapy. Despite this good practice, the inspectors found that improvement was required to ensure residents had timely access to appropriate specialist medical services based on their assessed needs. This will be discussed under Regulation 6: Health care.

Robust action was required concerning the management of responsive behaviours and the use of restraints in the centre. Staff training requirements, the management of responsive behaviours and the use of restraint were found not compliant with regulatory requirements, as discussed under Regulation 7: Managing behaviour that is challenging.

While the provider did not act as a pension agent for any residents, the provider held small quantities of monies in safe keeping for some residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff. The registered provider had also taken appropriate measures to protect residents from abuse, including staff being subject to Garda Síochána (police) vetting before commencing employment in the centre. However significant improvements were now required to ensure all staff had appropriate knowledge and skills to identify, report and respond to any safeguarding concerns they witnessed or were reported to them by residents in line with the provider's own safeguarding policy. These findings are discussed under Regulation 8: Protection.

Overall staff were seen to be respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the

designated centre by participating in residents' meetings and completing residents' questionnaires. The centre had religious services available. Residents had access to radio, television, newspapers, telephones and Internet services throughout the centre. Residents also had access to independent advocacy services. While the inspectors found that aspects of residents' rights were upheld in the centre, improvements were required by the provider to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities, that residents could communicate freely using their call bells for assistance and that residents' civil rights were upheld. This will be discussed under Regulation 9: Residents' rights.

The inspector observed that a number of residents had difficulties communicating verbally, while a small number of residents could communicate verbally but did not speak English. These residents had their communication needs documented in their care plans. The inspectors found that staff knew about these residents' communication needs. For nonverbal residents, the inspectors saw that communication aids, such as pictorial boards, enabled the resident's communication and inclusion. For residents who did not speak English, inspectors saw that a small number of key phrases had been translated and placed on the resident's bedroom door to enable communication of these key matters. Some staff spoke the languages involved, such as Polish and Russian, and these staff were seen to have a reassuring impact on the residents attempting to communicate in their native language. Notwithstanding this good practice, inspectors found that the provider had not taken all steps to fully ensure that residents with communication difficulties could communicate freely, and this was causing the residents involved distress and agitation as they were not being understood.

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and storage facilities. Residents' clothes were laundered in the centre. Notwithstanding these findings a small number of residents reported that their clothing had gone missing in the centre and had not been returned.

Medication management practices within the centre required improvement to ensure compliance with the provider's own medication policy and best practice guidance. These findings are set out under Regulation 29: Medicines and pharmaceutical services.

Regulation 10: Communication difficulties

Some residents in the centre did not speak English. While this was documented in their care plan, and some efforts had been made to support their communication, these efforts were not fully effective to enable these residents communicate their

needs freely. Inspectors observed two residents attempting to communicate in their native language and experiencing agitation and upset at not being understood. Similarly, inspectors confirmed that the provider had not adhered to their "Resident Communication Techniques" policy and offered access to professional translation services to facilitate the assessment and care planning process for these residents and to support the development of further communication tools to facilitate resident communication.

Judgment: Substantially compliant

Regulation 11: Visits

The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had multiple communal and suitable private visiting areas for residents to receive visitors as required.

Judgment: Compliant

Regulation 12: Personal possessions

Not all residents were facilitated to retain control over the clothes. Two residents informed the inspectors that another resident had taken their clothing, while they had reported this to staff in the centre the clothing had still not been returned to the residents.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required attention and maintenance to be fully compliant with Schedule 6 requirements. For example:

- The door to the first-floor sluice room was found not to be closing correctly, meaning it was accessible to residents. This room had exposed piping and maintenance materials on the ground as work was in progress.
- The temperature in four ground bedrooms was found to be cool, ranging from 17.3 to 18.4 degrees, despite the thermostat controlling the temperature being set much higher than this.

- The flooring on one corridor of the first floor required attention due to malodour which staff reported was caused by urine spills in this area. This was not acceptable and did not promote the dignity of residents using this area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some improvements were required to ensure the dietary needs of residents, as prescribed by a health care professional, were met. For example, one resident informed the inspectors that no gluten-free cereals or bread were made available to them at breakfast time in line with their dietary needs. This was confirmed by staff on the days of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors were not assured that medication practices were in line with the safe administration of medicines professional guidance, for example:

- Inspectors found that medicinal products were not being administered in accordance with the directions of the prescriber. For example, reviewed records found that some medications were administered in a covert and crushed format without a prescription for crushed and covert medicines signed by a doctor.
- Medication continued to be administered from a transcribed prescription?) that had not been subsequently signed by the prescriber.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required concerning individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Inspectors found significant gaps and key inconsistencies in the pre-admission assessments completed. Gaps included whether the residents were

colonised with multi-drug resistant organisms, and inconsistencies included whether a resident was at risk of deliberate self-harm. These gaps and inconsistencies meant that appropriate precautions may not have been in place when caring for these residents.

- Two residents who display significant responsive behaviours that can include the risk of harm to both themselves and others did not have this recorded in their pre-admission assessments.
- Care plans were not prepared within 48 hours of admission in the sample of residents' records reviewed. Some care plans were developed over two months after the resident's admission.
- There was no evidence of resident or, where appropriate, family consultation regarding care plan reviews.

Judgment: Not compliant

Regulation 6: Health care

Notwithstanding the access residents had to a range of health care professionals, action was required to ensure that all residents had timely access to appropriate specialist medical services based on their assessed needs. For example:

- A resident with complex responsive behaviours, which affected their safety and the safety of other residents and staff, did not have timely access to specialist mental health services.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had not ensured that staff have up to date knowledge and skills appropriate to their role to respond to and manage behaviour that is challenging. A sample of staff spoken with confirmed they had not completed training on managing challenging behaviour. This was also evidenced by a training matrix submitted post inspection.

The registered provider had not ensured that where restraint was used, it was used in the least restrictive manner and for the least possible time in accordance with national policy and the provider's restraint policy as evidenced below.

- The person in charge had not ensured that where a resident behaved in a challenging manner, the behaviour was managed and responded to, in so far as possible, in a manner that was not restrictive. For example, records reviewed found that medication was administered to manage behaviour that

was challenging without having lesser restrictive alternatives being trialled first before administering the medication.

- The inspectors found four examples where it was unclear if resident consent had been sought for using bed rails and movement sensors/alarms.
- A number of residents accommodated on the first floor had their movements restricted as the door to their living area was key pad locked at night. There was no risk assessment in place for this restraint and no evidence that less restrictive measures had been trialled prior to locking the door.

Judgment: Not compliant

Regulation 8: Protection

While the registered provider had taken measures to protect residents from abuse, action was required to ensure all abusive incidents were recognised and appropriately responded to. For example:

- A number of incidents where residents were negatively impacted by the responsive behaviours of another resident had not been recognised as safeguarding issues.
- There were significant gaps whereby 26 incidents and allegations of abuse were not investigated and managed in line with the provider's safeguarding policy.

Judgment: Not compliant

Regulation 9: Residents' rights

Action was required by the registered provider to ensure residents' rights were respected, for example:

- The provision of activities did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. Some residents informed the inspectors that there were insufficient or no activities geared towards their interests and capacities.
- Several residents did not have call bells within reach when they were in bed, meaning the resident could not summon assistance if required.
- One resident informed the inspectors that they had not been given the choice to vote in the forthcoming general election.
- Residents accommodated in one area of the first floor were not able to freely mobilise around their home and use the available communal spaces as restrictions were put into place at night confining them to one corridor of the

unit which did not include a suitable communal area for them to use.

Judgment: Not 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 | Substantially compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Substantially compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Not compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for Woodlawn Manor Nursing Home OSV-0008662

Inspection ID: MON-0045236

Date of inspection: 28/11/2024

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff rosters and skill mix will be reviewed to ensure the number and skill mix of staff is appropriate having regard to the assessed needs of the residents in accordance with the size and layout of the centre.</p> <p>Duty rosters will be divided into teams supported by team leaders.</p> | |
| Regulation 16: Training and staff development | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Carer Delivery Audits are carried out on all care assistants to ensure they have the required competencies to manage and deliver person-centre, effective and safe services to all residents in the centre.</p> <p>Staff are supervised and supported to carry out their duties to protect and promote the care and welfare of all residents.</p> <p>Staff induction and appraisals carried out on all staff.</p> <p>Staff training ongoing, training complete in December 2024 with further training booked for January and February 2025.</p> <p>Training Matrix in place to track mandatory and non-mandatory training for all staff.</p> <p>All staff will have access to computerized training.</p> <p>Training provided to all staff to improve outcomes for residents.</p> <p>Feedback from observations and residents questionnaires will be used to inform staff to improve the quality of care delivered.</p> <p>Agreement with HSE gerontology outreach team to provide training regarding responsive</p> | |

behavior for staff. This will allow for continuation of care practice between the hospital and the Nursing Home environment.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Management systems are in place to ensure that the services provided is safe, appropriate, consistent, and effectively monitored.

Each bedroom has their own thermostat, infrared thermometers purchased to monitor and audit temperature in bedrooms, and communal areas.

Call bells audited monthly with spot checks.

All call bells will be in easy reach of all residents and staff will be reminded in handover.

Residents safety checks are documented.

Audits and trackers in place for review of outcomes and action plans implementation.

Audit meetings in place monthly. Risk assessment in place both individual and environmental.

Accident and incident log, and record of medication errors and adverse events are all documented and actioned.

The organisational structure as shown in the Statement of Purpose is reflected in practice.

Weekly governance meeting.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All incidents are reviewed daily.

Investigations completed and documented within the given timeframe and as per policy.

Safeguarding policy is reviewed and in line with current guidelines.

Management system in place to ensure that the services provided is safe, appropriate, consistent and monitored.

All relevant incidents are reported to the relevant authority within the appropriate and prescribed time frame

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| Regulation 34: Complaints procedure | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All data regarding complaints to be collated and recorded.</p> <p>Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.</p> <p>Complaints to be reported immediately to person in charge, recorded, acknowledged, investigated, and any action taken responded within the given timeframes as per policy and procedure.</p> <p>The complaints procedure will be displayed in the reception in an accessible format.</p> <p>Complaints Log/Register in place which records all complaints, the investigation undertaken, and any action that resulted, and kept updated with all relevant documentation.</p> | |
| Regulation 10: Communication difficulties | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Care plans are in place to demonstrate that people's communication needs including specialist communication requirements are recorded.</p> <p>One non-English speaking resident has been facilitated in a more appropriate unit to meet his needs.</p> <p>Assistive technology and pictorial systems are available within the centre.</p> <p>Each resident has access to information, provided in a format appropriate to their communication needs and preferences. Use of translation available.</p> | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Each resident's personal and property and finances are managed and protected.</p> <p>Residents' clothes are laundered and returned to them in a timely manner.</p> <p>Property checklist in place.</p> <p>Property documented on admission and on transfer to and from hospital.</p> | |

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| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: All temperature stats in each bedroom are checked and are all in working order. This is also checked and audited to ensure a safe and warm environment. Floor in corridors and some bedrooms have been replaced. Door to sluice room repaired. Maintenance log in place.</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Gluten free area created in each kitchenette. Food temperature check daily. Purchase of two new heated mobile bain maries for delivery of food to residents in bedrooms so residents can participate in portion size and choice.</p> | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Satt nurses to complete medication management training. Crushed and covert medication tracker completed agreed with resident and resident families with their consent signed by GP awaiting new pharmacist to complete in January 2025. Transcribed prescriptions and kardexes were reviewed and signed by GP. New pharmacy appointed January 2025. New medication management system Nu-life commencing January 2025. Computerised administration to ensure safe medicine management practice.</p> | |

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| Regulation 5: Individual assessment and care plan | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Residents and residents' families with resident consent are involved in their assessment and development of their care plans.</p> <p>Care Plan meeting schedule in place to discuss care with residents and where appropriate resident's family.</p> <p>The individual care plan and assessment will be completed within 48 hours of admission following the comprehensive assessment of the resident health, personal and social care needs.</p> <p>Pre-assessment prior to admission by most appropriate senior member of staff to ensure that the centre has the ability and facilities to support residents to maintain or improve their health and well-being. Also taking into account their suitability for the other residents.</p> <p>The needs and expectations will be discussed at the weekly governance meeting prior to the admission as moving into a residential centre can be a stressful time. This allows a clear planned approach to the residents admission to the centre.</p> <p>Each resident has a individualised care plan based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed in a timely manner reflecting their changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.</p> | |
| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Referrals requested for psychiatric of later life and geriatrician review for residents with Dementia and cognitive impairment with changes in behaviour or deterioration in health care needs.</p> <p>The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.</p> <p>Residents have timely access to healthcare services.</p> | |
| Regulation 7: Managing behaviour that is challenging | Not Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Individual risk assessment completed for residents in the unit.</p> <p>Residents in the unit assessed and appropriate healthcare support given with placement in an appropriate unit to facilitate their needs.</p> <p>The first floor unit has been integrated into the remainder of the first floor and centre to allow free flow of residents and access to communal space without restrictions.</p> <p>Staff training for managing responsive behaviour commenced in December 2024 and further training booked for January 2025 and February 2025.</p> <p>Staff skill mix and allocation of staff reviewed to meet residents needs.</p> <p>Responsive behaviour will be managed in the least restrictive way.</p> <p>Where restraint is used it is only used in accordance with the current national policy.</p> <p>Where possible consent is obtained in compliance with the capacity legislation for restraint and documented evidence to support this.</p> <p>All potential new admissions to be discussed at weekly governance meetings to assess their suitability with the current residents.</p> | |
| Regulation 8: Protection | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Each resident is safeguarded from abuse or neglect and their safety and welfare is promoted.</p> <p>All accidents/incidents or allegations of abuse are investigated as per policy.</p> <p>Residents questionnaires, audits and satisfaction surveys are carried out.</p> <p>Residents meetings are minuted monthly and any concern actioned.</p> <p>Residents report that they feel safe and protected.</p> <p>Training and questionnaires given to all staff on Safeguarding and Restraint Management.</p> <p>Access to the advocacy services.</p> <p>Restraints are used in line with national guidelines.</p> <p>A restraint free environment is promoted.</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The privacy and dignity of each resident is respected.</p> <p>All residents under 65, activity care plan is discussed and are offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.</p> | |

Residents are facilitated to exercise their choice with regard to political, voting, and involvement in the community in accordance with their wishes.

All residents have access to independent advocacy service such as SAGE and thenational advocacy service (NAS) for people with a disability.

Residents are encourage to express their will and preference to ensure that their rights are upheld within the residential care setting, choice is an integral component within the centre.

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 |
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| Regulation 10(1) | The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 12(a) | The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes. | Substantially Compliant | Yellow | 10/01/2025 |

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| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 30/01/2025 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Not Compliant | Orange | 31/03/2025 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 18(1)(c)(iii) | The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, | Substantially Compliant | Yellow | 31/01/2025 |

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| | based on nutritional assessment in accordance with the individual care plan of the resident concerned. | | | |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 31/03/2025 |
| Regulation 29(5) | The person in charge shall 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. | Not Compliant | Orange | 28/02/2025 |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of | Not Compliant | Orange | 28/02/2025 |

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| | its occurrence. | | | |
| Regulation 34(6)(a) | The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan. | Not Compliant | Orange | 28/02/2025 |
| Regulation 5(2) | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Not Compliant | Orange | 28/02/2025 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later | Substantially Compliant | Yellow | 28/02/2025 |

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| | than 48 hours after that resident's admission to the designated centre concerned. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 28/03/2025 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Substantially Compliant | Yellow | 28/02/2025 |
| Regulation 7(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate | Not Compliant | Orange | 28/03/2025 |

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| | to their role, to respond to and manage behaviour that is challenging. | | | |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive. | Not Compliant | Orange | 31/01/2025 |
| Regulation 7(3) | The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. | Substantially Compliant | Yellow | 15/02/2025 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Not Compliant | Orange | 31/01/2025 |
| Regulation 8(3) | The person in charge shall investigate any incident or allegation of abuse. | Substantially Compliant | Yellow | 31/01/2025 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to | Substantially Compliant | Yellow | 15/02/2025 |

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| | participate in activities in accordance with their interests and capacities. | | | |
| Regulation 9(3)(e) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights. | Substantially Compliant | Yellow | 31/01/2025 |