



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

Issued by the Chief Inspector

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:	24 May 2024
Centre ID:	OSV-0008662
Fieldwork ID:	MON-0041952

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.

Number of residents on the date of inspection:	43
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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
Friday 24 May 2024	09:20hrs to 17:10hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations and from what the residents told them, it was clear that the residents received a good standard of quality and personalised care living in Woodlawn Manor nursing home. The overall feedback from the residents was that the centre was a lovely place to live with friendly and helpful staff. Throughout the day, the atmosphere in the centre was relaxed and calm.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress, with residents wearing make-up, as was their preference.

On the day of the inspection the inspector was met by the person in charge. After a brief introductory meeting, the person in charge escorted the inspector on a tour of the premises.

The centre is a purpose built designated centre, based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus routes. The centre is spread out over 2 floors and can accommodate a maximum of 95 residents. The centre was registered in November 2023 and has been admitting residents since January this year.

All bedrooms are single rooms with en-suite facilities and are decorated and furnished to a high standard. Many residents had personalised their rooms with personal possessions and photographs. Residents have access to a range of communal areas including a choice of sitting rooms and a oratory. These rooms were seen to be clean, bright, comfortable and tastefully decorated. Residents art work hung in one sitting room. There is an enclosed garden accessible through a number of access points on the ground floor. This space was well-maintained and had a suitable ground surface to enable residents who use wheelchairs or mobility aids to access and utilise the space. On the second floor there is a large outdoor safe terraced area for resident's use.

Most residents were accommodated on the ground floor, while the centre was opening on a phased basis. A unit on the second floor had recently been opened to accommodate residents who are prone to wandering or may display responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Residents on this unit have a safe area to walk around and access to communal spaces including the outside terraced area. Staff told the inspector that they often use this area to play football or other outside activities with the residents. Many residents on this unit were unable to speak with the inspector but were observed to be content and comfortable in their surroundings.

The inspector observed that mealtimes in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. The inspector saw that there was sufficient staff available to provide support to residents who required support at meal times. The inspector observed that staff sat with residents and provided discreet, resident centred care and support.

A menu was displayed outside the dining room. On the day of the inspection, residents were provided with a choice of dinner options which consisted of breaded cod or chicken curry, with a choice of strawberry cheesecake, jelly and ice-cream or a fruit cup for dessert. Residents also had a choice of a hot or cold meal option for both breakfast and the evening meal. Snacks and refreshments were seen to be offered throughout the day of inspection. Residents were observed enjoying the food provided to them.

There was at least one activity co-ordinator on duty Monday to Saturday. On the day of the inspection, various activities were observed taking place including bingo and live music. The inspector observed residents engaging in and enjoying these activities. Staff were observed to gently encourage residents to dance with them during the live music session.

The inspector spoke with many residents on the day of inspection. All residents were positive and complimentary about the staff and had positive feedback about their experiences of living in the centre. All residents spoken with said that the staff were very friendly and caring. One resident reported how they observed staff care for residents and said "it's like they are caring for their own family member". Another resident told the inspector how staff are "so obliging" and that the food "is beautiful with plenty of it".

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

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, the oversight systems in place needed strengthening to ensure the service provided was safe, appropriate, consistent and effectively monitored.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations

2013). This inspection also followed up on reviewed solicited and unsolicited information received since the centre opened.

This designated centre is operated by WL Woodlawn Care services Ltd. The person in charge was supported in their role by a company director ,who was the nominated provider representative, and clinical nurse managers. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry and catering staff.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the 43 residents during the day and night. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care.

A review of contracts in place overall met the criteria of Regulation 24: Contract for provision of services. However, not all the terms and conditions in relation to additional weekly charges were set out clearly in the contract. This is further discussed under this regulation within the report.

Overall the inspector found there were some good management systems and oversight within the designated centre. Monthly clinical and corporate meetings occurred to discuss any gathered data in addition to other agenda items such as human resources, housekeeping, maintenance and catering. An audit schedule was recently put in place and some audits had commenced but were not yet completed. This inspection found that the oversight of safe-guarding incidents required improvements to ensure all safeguarding incidents were recognised and responded to in line with the providers own policies in order to protect residents from abuse. Furthermore, these incidents had not been notified to the Chief Inspector within the time frames required under Regulation31. The four notifications were submitted retrospectively following the inspection.

Residents had also recently been asked to complete satisfaction surveys to allow management identify areas for improvement since the centre opened.

There was an active risk register in operation for the designated centre, however not all risks had been recorded on this risk register. This is further discussed under Regulation 23: Governance and Management.

The complaints log was made available to the inspector for review. A number of the closed complaints were reviewed. Complaints were investigated in line with the provider's complaints policy. The complaints procedure was displayed in prominent areas around the centre.

Regulation 15: Staffing

There was a sufficient number and skill mix of staff available on the day of the inspection, having regard to the assessed needs of the residents and the size and layout of the designated centre. A registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector saw evidence that staff had access to appropriate training and supervision.

Judgment: Compliant

Regulation 23: Governance and management

Gaps were identified in the management systems in place to ensure the service provided was safe, consistent and effectively monitored. The inspector identified the following concerns:

- The systems that were in place to protect residents from abuse had failed to recognise two incidents and two allegations made as a complaints as safeguarding concerns. As a result these incidents were not followed up in line with the provider's own safeguarding policy to ensure residents were protected.
- An issue with the volume level of the call bell system had been identified as having a potential risk of call bells not being answered in a timely manner. While the person in charge was working with the call bell supplier to find an appropriate solution to this problem, there was no interim plan in place to manage this risk and ensure resident's requests for support were heard and attended to promptly.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts did not detail the services to be provided under the weekly service charge

being charged to residents.

Furthermore, the terms and conditions for accessing other clinical services were not set out clearly to provide assurances that charges for physiotherapy and occupational therapy services were only made in the event of the resident not being able to access them through their GMS entitlements and would not be charged unless the resident or their representative where applicable had agreed to pay for the service.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Inspector identified that four notifiable safeguarding incidents had occurred; however, the Chief Inspector had not received the required notifications.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a policy in place that was reflective of regulatory requirements. There was information about the complaints process displayed on the walls in the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life within Woodlawn Manor Nursing Home. Residents were found to be receiving care and support in line with their needs and preferences. However improvements were required in relation to care planning and safe-guarding as discussed under Regulation 5: Assessment and Care Planning and Regulation 8: Protection.

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

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful

activity and occupation for residents throughout the day of inspection. Residents were supported to exercise their civil, political and religious rights. Residents had access to television, newspapers and radios. The first resident's meeting was planned for the coming week to allow resident's voices to be heard in the running of the centre.

The inspector reviewed a selection of assessments and care plans on the day of inspection. The inspector found two care records where residents with assessed needs did not have the corresponding care plans in place. Furthermore, two residents who had recently been seen by a dietician, for concerns around weight loss, did not have their relevant care plans updated to reflect the recommendations following assessment.

Overall records showed that residents had access to medical care in line with their assessed needs. A general practitioner attended the designated centre twice weekly. There was on site support from a physiotherapist once a week. Appropriate medical and health care referrals were made to specialist services such as psychiatry, speech and language therapy, dieticians and community services such as chiropody. Records evidenced that referrals were timely and residents received prompt support from these specialist services when needed.

During the inspection, the inspector became aware of safeguarding allegations and incidents that had not been identified as safeguarding concerns and had instead been recorded in the complaints or the incident records. This meant that the safeguarding concerns had not been responded to appropriately and there was no evidence that an appropriate investigation and any required safeguarding measures had been put into place to protect the residents involved.

The layout of the premises promoted a good quality of life for residents. There were suitable ancillary services throughout the building, including appropriate hand washing facilities. The centre was clean and well maintained. However the inspector observed that the doors to the dining room were locked preventing the residents from accessing their dining space. There were no appropriate risk assessments in place as to why access to the dining room was restricted and the inspector found that this was an overly restrictive practice to the dining room throughout the day of inspection.

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The registered provider had failed to ensure care plans were reflective of the resident's current care needs. For example:

- The inspector noted some recent dietary changes, for two residents, following a comprehensive assessment by a dietician. Although evidently known by staff, the residents' personalised nutritional care plan had not been updated and therefore did not reflect all the recommendations made.
- Two residents who had an identified safe-guarding need did not have relevant care plans in place to identify their needs and guide staff to ensure the residents were protected.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided within this centre, with twice weekly oversight by a general practitioner and referrals made to specialist health and social care professionals as required. The inspector was told that eligible residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that residents did not have free access to the dining room. A keypad system was in operation on the day of inspection and only staff had access to the code. Although staff opened the door for residents when they were entering for meal times the inspector found that this was an overly restrictive practice which prevented residents accessing their dining room as they wished.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found the registered provider had failed to take all reasonable measures to protect residents from abuse. For example:

- The inspector was not assured that care plans in place were being followed by staff, while safety checks were being recorded for residents at risk of absconding, they failed to identify two occasions where the whereabouts of a resident who had a safeguarding care plan in place were unknown.
- A number of safe-guarding care plans reviewed on the day were seen to be generic and did not reflect the resident's individual safeguarding need.
- A review of the incident log and complaints log identified a number of safe-guarding incidents that had not been recognised or responded to as safe-guarding incidents in line with the provider's safeguarding policy and procedures.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, and television. There was independent advocacy services available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlawn Manor Nursing Home OSV-0008662

Inspection ID: MON-0041952

Date of inspection: 24/05/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC reviews the incidents daily Mon-Fri. Any new incidents are discussed at Governance weekly meeting with Provider Representative.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contract of care changed to reflect the provision of HSE services and the cost of private services in the event that residents or families wish for that.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>PIC reviews recorded incidents daily to ensure that there are no notifiable incidents contained therein or that if there are they are notified to HIQA or other relevant authorities as required.</p>	

PIC goes through all incidents in weekly meeting with Provider.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>PIC is conducting an audit of care plans. Staff nurses will receive training on care planning and will update all care plans as required. CNMs will monitor that care plans are updated as required or when changes are introduced to the care of any resident</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>PIC has reviewed the situation and carried out a risk assessment and the keycode on the doors will be disabled allowing residents access 24/7 to the dining rooms.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>PIC is conducting an audit of care plans. Staff nurses will receive training on care planning and will update all care plans as required. CNMs will monitor that care plans are updated as required or when changes are introduced to the care of any resident PIC reviews recorded incidents daily to ensure that there are no notifiable incidents contained therein or that if there are they are notified to HIQA or other relevant authorities as required. PIC and Provider review all incidents weekly in Governance meeting.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	04/06/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	31/07/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1)	Not Compliant	Orange	04/06/2024

	(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 its occurrence.			
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 than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/08/2024
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	31/08/2024
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	Substantially Compliant	Yellow	04/07/2024

	Department of Health from time to time.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2024