



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

Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0035424

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 51 single rooms and 20 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre has a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	79
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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
Thursday 8 December 2022	09:10hrs to 16:00hrs	Mary Veale	Lead
Wednesday 7 December 2022	09:10hrs to 17:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in Oakfield Nursing Home. There was a welcoming and homely atmosphere in the centre. Resident's rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. The inspector observed many examples of person-centred and respectful care throughout the two days of inspection. The inspector greeted the majority of the residents and spoke at length with 12 residents. The inspector spent time observing residents' daily life and care practices in the centre in order to gain insight into the experience of those living in the centre.

On arrival the inspector was met by a member of the centres administration team and was guided through the centres infection control procedures before entering the centre. Following an introductory meeting with the person in charge and the assistant director of nursing, the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents in communal areas and their bedrooms. The design and layout met the individual and communal needs of the residents. The centre was laid out over three levels with the ground floor and first floor consisting of four main corridors. The lower ground floor had one corridor with a dining room, day room, and 11 single rooms. The ground floor had 26 single bedrooms and 19 twin bedrooms. The first floor had 14 single bedrooms and one twin bedroom. All of the bedrooms in the centre were en-suite with a shower, toilet and wash hand basin. Resident's bedrooms were clean, tidy and had ample personal storage space. Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Many of the residents' bedrooms had fresh jugs of water. The centres resident information booklet and weekly activities programme was available in some of the residents bedrooms. Pressure relieving specialist mattresses, cushions, and falls prevention equipment was observed in residents' bedrooms.

There was a choice of communal spaces. For example; residents had access to dining rooms and day rooms on each floor. Residents had access to a sun room, a reading area, a games area and oratory on the ground floor. The residents had access to a library and hairdressing room on the first floor. The environment was homely, clean and decorated beautifully. The centre had been decorated throughout with festive Christmas decorations, trees, and nativity cribs. Armchairs chairs were available in all communal areas.

Residents had access to enclosed garden areas from bedrooms on the lower ground floor and ground floor. The garden areas were attractive and well maintained with flower beds, seating areas, and bird feeders. The centre had recently put a grotto in one of the garden areas off the ground floor which was easily accessible for

residents.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. The inspector observed the dining experience at lunch time on both the ground and first floor separately on each day of inspection. The lunch time meals was appetising and well presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

Personal care was being delivered in many of the residents bedrooms and observation showed that this was provided in a kind and respectful manner. The inspector observed many examples of kind, discreet, and person- centred interventions throughout the days. The inspector observed that staff knocked on residents bedroom doors before entering. Residents very complementary of the staff and services they received. Residents said they felt safe and trusted staff. Residents told the inspector that staff were like family to them and were always available to assist with their personal care.

Residents' spoken to said they were very happy with the activities programme in the centre. The weekly activities programme was displayed in the reception area, on notice boards on corridors and in residents bedrooms. Over the two days the inspector observed residents partaking in a Christmas word game, attending mass, partaking in an exercise class and enjoying live music. The inspector observed staff and residents having good humoured banter during the activities.

The centre provided a laundry service for residents. All residents who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing going missing.

The inspector observed that visiting was facilitated. The inspector spoke with three family members who were visiting. The visitors told the inspector that there was no booking system in place and that they could call to the centre anytime. Most visitors spoken to were very complementary of the staff and the care that their family members received.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards, and to follow up on seven pieces of unsolicited information that had been submitted to the Chief Inspector of Social Services in relation to residents rights, communication, the premises, governance and

management, and complaints. The inspector also followed up on notifications submitted to the Chief Inspector of Social Services. The provider had progressed the compliance plan following the previous inspection in January 2022, and improvements were found in Regulation 27: infection prevention and control, and Regulation 28: fire precautions. On this inspection, the inspector found that action was required by the registered provider to address areas of Regulation 17: premises, Regulation 27: infection prevention and control, and Regulation 28: fire precaution.

The registered provider had applied to renew the registration of Oakfield Nursing Home. The application was timely made, appropriate fee's were paid and prescribed documentation was submitted to support the application to renew registration.

Knockrobin Nursing Home Limited was the registered provider for Oakfield Nursing home. The company had two directors, one of whom was the registered provider representative and was actively involved in the daily operations of the centre. The centre was part of a group of nursing homes which had four centres in total. There was a stable and experienced senior management team in place who were supported by the groups care, quality and standards director and other group resources for example; human resources. The person in charge worked full time and was supported by an assistant director of nursing, clinical nurse managers, a team of nurses, health care assistants, housekeeping, catering staff, activities staff and admin staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The inspector noted that staffing levels were higher than outlining in the centre's statement of purpose. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. The inspector observed manual handling training taking place in the centre on the second day of inspection. The inspector noted that fire training was scheduled to take place in the week following the inspection and cardiopulmonary resuscitation (CPR) training was scheduled for early January 2023 as part of the centres ongoing training schedule.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, restrictive practice, infection prevention and control, and medication management. Audits were objective and identified improvements. There was evident of trending of audit results for example; monthly audits of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The centre had an extensive suite of meetings namely home management meetings, person in charge meetings, health

care assistant meetings, catering and housekeepers meetings. Meetings took place monthly in the centre. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Quarterly governance meeting took place with agenda items such as fire safety, infection prevention and control, contingency planning, family communication and complaints. The annual review for 2021 had been completed. The review was undertaken against the National Standards. It set out an improvement plan with time lines to ensure actions would be completed.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

The inspector followed up seven pieces of unsolicited information that had been submitted to the Chief Inspector since the previous inspection. The unsolicited information received related to resident's rights, protection, health care, visiting procedures, staffing, governance and management, and the complaints procedure. All these regulations were reviewed and found to be compliant.

The complaints procedure was displayed on the wall adjacent to the reading room and in all the main corridors in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of all complaints received in 2022 was viewed. All closed complaints were effectively managed and the outcomes of the complaints and complainants satisfaction was recorded. Residents confirmed that they would be happy to discuss a complaint or concern with the person in charge or any member of staff.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the requested fees were received.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, behaviours that are challenging, safe guarding, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3, & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The inspector found that residents had a good quality of life in Oakfield Nursing Home and were encouraged to live their lives in an unrestricted manner according to their capabilities. Residents had good access to medical, nursing, and health and social care providers if required. Improvements were required in relation to Regulations 17: premises, Regulation 27: infection prevention and control, and Regulation 28: fire precautions.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, and the centres communal indoor and outdoor areas. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for one resident. There were robust accounting arrangements in place and monthly statements were available. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and maintained electronically. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided for residents in the centre.

The centre was bright, clean and general tidy. The overall premises were designed and laid out to meet the needs of the residents. The centre was cleaned to a high standard, alcohol hand gel was available outside all bedroom corridors. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents. However, some improvements were required in relation to the centres premises this will be discussed further under Regulation 17.

The individual dietary needs of residents were met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were varied and had been reviewed by a dietician for nutritional content and allergen identification. Residents on modified diets received the correct consistency

meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experiences were relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for residents at meal times. Residents' weights were routinely monitored.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. There were up to date COVID -19 risk assessments in place including the centres contingency plans for a COVID- 19 outbreak. The risk register contained site specific risks such as risks associated with individual residents and centre specific risks, for example; risk of flooding and risks associated with enclosed gardens in the centre .

Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had a curtain cleaning schedule. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits which included COVID 19 were evident and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

Improvements were found in fire safety since the previous inspection. The provider had completed building works to contain fire boundaries on the upper level, an oxygen cylinder was secured in a holder on the emergency trolley, and all fire doors in the centre had been adjusted to ensure that they closed effectively. All staff had completed fire training in the centre. Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. There was evidence of an on-going schedule for fire safety training. There was evidence that fire drills took place regularly. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were

familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre. On the days of inspection there were three residents who smoked and a detailed smoking risk assessments were available for these residents. A fire blanket, fire extinguisher, suitable ashtrays and a call bell were in place in the centres designated outdoor smoking area. However, some improvements were required in relation to the centres fire safety this will be discussed further under Regulation 28.

The inspector saw that the resident's pre- admission assessments, nursing assessments and care plans were maintained on an electronic system. Residents' needs were comprehensively assessed prior to and following admission. Resident's assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive and person- centred. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls and infections. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff. Consultation had taken place with the resident or where appropriate that resident's family to review the care plan at intervals not exceeding 4 months.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, occupational therapist, speech and language therapist, dietician and chiropodist. The centre had access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The provider assured the inspector that all staff had valid Garda vetting disclosures in place.

There was a rights based approach to care in this centre. Residents rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular monthly resident meetings and informal feedback from residents informed the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate in the centre. The advocacy service details and activities planner were displayed across the centre on main corridor walls and in some bedrooms. The centre had continued to involve the local community and external entertainers in activity provision in a safe manner. Residents' were complimentary of the activities provided by the activities staff.

Residents confirmed that their religious and civil rights were supported. Mass took place weekly in the centre. Group activities of exercise classes, Christmas word games, arts and crafts, live music and mass took place during the two days of inspection. Residents has access to daily national newspapers, WI-FI, books, televisions, and radio's.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in pace to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in schedule 6 of the regulations, for example;

- Lockable storage space required review, residents in room 106 and a bed space in room 117 did not have a lockable secure storage space.
- Storage rooms required review as one room had linen and incontinence wear stored together and another had resident clothes and manual handling hoists stored together .This posed a safety risk to staff working and residents living in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Actions were required to ensure the environment was as safe as possible for residents and staff and in line with IPC. For Example;

- A review of the centres shower chairs and commodes was required as a number of shower chairs and commodes contained rust on the leg or wheel area. This posed a risk of cross contamination as staff could not effectively clean the rusted parts of the shower chairs and commodes.
- The centres bins for disposal of incontinence products required replacing as these bins were hand operated, which posed a high risk of contamination and risk of transmission of infection.
- One sharps bin container did not have temporary closures in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An outdoor area used by a resident who smoked required review as it had no fire blanket, call bell or access to a fire extinguisher.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0035424

Date of inspection: 08/12/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Review completed for resident lockers and keys provided to the 2 rooms identified in the report. • Storage rooms highlighted in the report were reviewed and incontinence wear stock has been relocated separate to linen store and residents clothing removed from equipment storage area. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Review conducted of shower chairs and commodes, replacements ordered for those identified with rust. • Infection control Risk assessment completed for sani bins. Action plan in place to source a more suitable alternative. • Refresher training in infection control for staff which includes the appropriate use and storage of sharps bins 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

• Area identified in the report is not the primary designated resident smoking area, this garden area which was used by a resident on the day of inspection has now been reviewed and plan in place to provide a fire blanket and extinguisher and has a nurse call access within close proximity.

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 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	28/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	30/01/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
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