



# 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:	27 September 2023
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0040821

## 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:	85
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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 September 2023	09:00hrs to 17:00hrs	Mary Veale	Lead
Thursday 28 September 2023	09:00hrs to 17:00hrs	Mary Veale	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observation of the inspector, and discussions with residents and staff, Oakfield Nursing Home was mostly a nice place to live. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind and competent staff. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities.

On arrival each day the inspector were met by a member of the centres administration team and signed the centres visitors' book. Following an opening meeting with the assistant director of nursing to discuss the format of the inspection, the assistant director of nursing accompanied the inspector on a walkabout of the premises on the first day. The person in charge arrived on duty during the walk around on the morning of the first day of inspection. The inspector spoke with and observed residents in communal areas and their bedrooms during the walk around the centre. The quality and care standards manager was available in the centre on the first day of the inspection and the risk compliance manager was available in the centre on the second day of inspection.

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 reliving 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 reading area had a fish tank and piano. The residents had access to a well stocked library and hairdressing room on the first floor. The environment was homely, clean and decorated beautifully. Armchairs chairs were available in all communal areas.

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

accommodated in a hutch in the main garden area.

Residents were mostly complimentary of the home cooked food and the dining experience in the centre. Some residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was good. A small number of residents told the inspector that they had recently met with the chef to discuss the quality of the food and the menu choices. Resident's whom the inspector spoke with acknowledged that their feedback had been listened too and there was improvements in the quality of food and the menu. A small number of residents told the inspector that there had been a recent change to the dining experience in the centre. The centre had returned to pre-pandemic dining room arrangements. Residents expressed disappointment in not been consulted with the change in dining room arrangements and felt they needed additional time to adjust to this change. This is discussed further in the report under Regulation 9: resident's rights. 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 present and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The inspector observed a calm and content atmosphere in the centre throughout the days of the inspection. It was evident that residents' choices was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. On both days of the inspection, the inspector observed residents attending activities and spending their day moving freely through the centre from their bedrooms to the communal spaces and the large corridor space near the nurses station. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the day of inspection in which the inspector observed laughter and banter between staff and residents.

The inspector observed many examples of kind, discreet, and person- centred interventions between staff and residents throughout the days of the inspection. The inspector observed that staff knocked on resident's bedroom doors before entering. Residents very complementary of the staff and services they received. Residents' said they felt safe and trusted staff. Many residents' told the inspector that staff were like family to them and were always available to assist with their personal care.

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

The inspector observed that visiting was facilitated. The inspector spoke with one family member who was visiting. The visitor told the inspector that there was no booking system in place and that they could call to the centre anytime. The visitor was very complementary of the staff and the care that their family member received. At the time of the inspection the centre was experiencing an outbreak of COVID-19. The outbreak was confined to the blue corridor and one room on the

green corridor. Residents whom were isolating could receive visits from their nominated visitors.

Residents' spoken with said they were very happy with the activities programme in the centre. The weekly activities programme was displayed in the communal rooms and residents bedrooms. The inspector observed residents' partaking in group activities of a current affair discussions on the first day and art classes on both days. For residents who could not attend group activities, one to one activities were provided such as hand massage and manicures. The inspector observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, jigsaws and games were available to residents. Residents told the inspector that they enjoyed live music sessions which took place in the centre most weeks. The centre had a hairdressing salon and the inspector observed a busy salon on the first day of the inspection. The centre had access to bus in the centre, residents told the inspector that they had enjoyed trips to a garden centre and local coffee shops. Some residents had attended an opera in Wexford town in the summer.

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

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in December 2022, and improvements were found in Regulation 27: infection prevention and control. On this inspection, the inspector found that actions were required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 8: protection, Regulation 9: residents rights, Regulation 17: premises, Regulation 24: contracts of provision, and Regulation 28: fire precautions. The inspector also followed up on notifications and three pieces of unsolicited information submitted to the Chief Inspector of Social Services since the previous inspection.

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, risk compliance

manager, and other group resources for example; human resources. There had been a change in the person in charge of the centre since the previous inspection. 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, maintenance, 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 centre had a well-established staff team who were supported to perform their respective roles and were mostly 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. There was a high level of staff attendance at training in areas such as fire safety, safeguarding vulnerable adults, management of responsive behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were mostly knowledgeable regarding fire evacuation procedures and safe guarding procedures. The person in charge, assistant director of nursing, and clinical nurse managers provided support and supervision for staff.

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. The centre had an extensive suite of meetings such as local head of department meetings, management meetings, nursing meetings, health care assistant meetings, and daily safety pause meetings. Weekly management meeting and quarterly staff meeting agenda items included discussion of key performance indicators (KPI's), training, fire safety, covid-19 planning, improving the dining experience, and clinical risks. There was evidence of weekly discussions between the person in charge, quality and standards director, and risk compliance manager. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, restrictive practice analysis, complaints and audits. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, falls, infection prevention and control, medication management, restrictive practice and wound care. Audits were objective and identified improvements. The annual review for 2022 was available during the inspection. It set out the improvements completed in 2022 and improvement plans for 2023.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

A sample of resident's contract for the provision of services were viewed on



inspection. Improvements required to the contracts of care are discussed further under Regulation 24: contact of service provision.

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 registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy. The management team had a good understanding of their responsibility in this regard. The inspector reviewed the records of complaints raised by residents and relatives in 2023. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available in the main entrance hall and prominent areas in the centre. Residents spoken with were aware of how and whom to make a complaint to. There was evidence that the nominated persons had received suitable training to deal with complaints.

The inspector followed up three pieces of unsolicited information that had been submitted to the Office of the Chief Inspector since the previous inspection. The unsolicited information received related to individual assessment and care planning, resident's rights, protection, staffing, training and development, governance and management, contracts of provision, infection prevention and control and complaints procedures. All these regulations were reviewed, staffing, training and development, governance and management, infection prevention and control and complaints procedures were found to be compliant. Further improvements were required in individual assessment and individual care planning, protection, resident's rights, and contracts of provision.

### Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. He was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

### Regulation 15: Staffing

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

The registered provider ensured that the number and skill-mix of staff was

appropriate, to meet the needs of the residents. There were a minimum of three registered nurses in the centre day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding vulnerable adults and the management of behaviours that are challenging. 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 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. 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 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. The contract for provision of services required

review to include the room the resident occupied.

Judgment: Substantially 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 registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

## Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Oakfield Nursing Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, Regulation 8: protection, Regulation 9: residents rights, Regulations 17: premises, and Regulation 28 fire precautions.

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 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 an in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, dietician and chiropodist. Residents had access to a mobile x-ray service in the centre. 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 provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection. At the time of inspection the centre was experiencing an outbreak of COVID-19. Residents who were confined to their bedrooms due to COVID-19 had access to their nominated visitor. There was no restriction to visits in other parts of the centre. Residents whom were not isolating could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

A detailed individual nursing assessment was completed prior to admission, to ensure the centre could meet the residents' care needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed under Regulation 5: individual assessment and care planning.

Residents were seen to enjoy their meals in the dining rooms over the two days of inspection. The dining experience was relaxed. A small number of residents were observed having their meals in their bedrooms. It was evident on minutes of meetings that the managers of the service were engaging with the catering department to improve the choices of food for residents following feedback from surveys and a residents committee meeting. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times. Residents' weights were routinely monitored.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

The centre was an agent for a resident's pension. 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. An electronic database was maintained for resident's transactions and all transactions viewed were accounted for and signed by the resident or representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and

belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

A review was required of the centre's arrangements in place to protect residents' from abuse. There was a centre-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre. However, improvements were required in staff knowledge of the types and signs of abuse and with the procedures for reporting concerns. This is discussed further in the report under Regulation 8: protection.

Improvements were found in infection prevention and control since the previous inspection. Shower chairs and commodes containing visible rust had been replaced, and sharps bins had temporary closures in place. The centres storage areas were clean, and free of clutter and organised. Staff were observed to have good hygiene practices and correct use of personal, protective equipment (PPE). Alcohol hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the days of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a cleaning schedule for curtains. 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) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. The centre had a quarterly IPC audit schedule which included, auditing of the laundry, the equipment, the environment and hand hygiene. There were an up to date IPC policies which included COVID 19 and multi-drug resistant organism (MDRO) infections. The centre had an antimicrobial stewardship register and the person in charge had good oversight of antibiotic usage. The centre had a lead IPC nurse and all staff had training in IPC and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene.

Although fire safety findings from the previous inspection had improved in the centre, similar findings relating to fire fighting equipment were found on this inspection. There were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. All doors to bedrooms and compartment doors had automated closing devices. All fire doors were checked on the days of inspection and were in working order. All emergency lighting was checked on the days of inspection and were found to be in working order. Fire training had been completed by all staff. There was evidence that fire drills took place quarterly in the centre. There was evidence of fire drills taking place in each compartment and a 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. All fire safety equipment service records were up to date. All escape routes were assessable, free from obstructions and the assembly point was accessible. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were up to date. Fire evacuation maps were displayed in all compartments and behind all resident bedroom doors

throughout the centre. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was on the agenda at meetings in the centre. On the days of the inspection there were two residents who smoked and detailed smoking risk assessments were available for these residents. However; improvements in fire safety were required, this is discussed further in the report under Regulation 28: fire precautions.

There was a rights based approach to care in this centre. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the reception area. The activities calendar was displayed in all day spaces and residents bedrooms. Residents enjoyed daily group activities such as exercise classes, bingo, art classes, and particularly enjoyed live music sessions. Residents has access to daily national newspapers, weekly local newspapers, Internet services, a television streaming service, books, televisions, and radio's. Mass took place each week in the centre. Residents had access to an oratory on the ground floor. Residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible. However, improvements were required in relation to the residents rights to choices which is discussed further under Regulation 9: Residents rights.

### Regulation 11: Visits

Visiting was in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors signed a visitors log and wore appropriate PPE and had completed hand hygiene procedure 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;

- The floor covering outside room 10 was torn.
- The floor covering in room 11 leading into the en-suite toilet was damaged.
- A review of the radiators in the en-suite toilets was required as a number contained rust.
- The en-suite toilet door in room 8 was difficult to close as the door was catching on the floor.
- Parts of the centre required repair and painting to ensure it could be effectively cleaned. For example, stained grout on some en-suite floors and damaged to some bedroom walls.
- Medium- density fibreboard (MDF) damaged behind toilet in en-suites in rooms 112 and 114.
- The door to bedroom 112 was damaged.
- There was no lockable storage space in room 100.
- A number of ceiling tiles in some en-suite and corridor areas required review as some were stained.

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 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of COVID-19 remained in place and there was an on-going COVID- 19 vaccination programme for residents and staff.

Judgment: Compliant

## Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- An outdoor balcony area used by a resident who smoked on the yellow corridor required review as it had no access to a fire extinguisher.
- An outdoor area in the centres garden used by a residents who smoked on the ground floor required review as it did not have a fire blanket.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving. The person in charge ensured that medicinal products were stored securely in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Action was required in 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:

- A resident's care plan was not updated following an incident of a fall.
- A sample of care plans viewed did not all have documented evidence to support if the resident or their care representative were involved in the review of their care in line with the regulations.
- A resident did not have a falls risk assessment completed following a fall in line with the centres falls management policy.

Judgment: Substantially 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

The registered provider had not taken all reasonable measures to protect the residents from abuse.

- One staff member whom the inspector spoke with on the first day of the inspection was not knowledge of the types of abuse.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Improvements were required to ensure that the residents were consulted about and participated in the organisation of the centre; for example:

- A small number of residents in the centre expressed that there had been no consultation with them to discuss the removal of bins from some en-suite toilets, removal of laundry skips from corridor areas or the return to the pre-pandemic dining room arrangements.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0040821

Date of inspection: 28/09/2023

## 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 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>An audit of contracts of care for all residents will be completed by 15th December 2023. Any contract identified that does not have a room number listed in schedule 2 of the contract of care will be updated.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The issues identified in the report will be addressed as follows:</p> <p>The floor covering outside Room 10 will be repaired.</p> <p>The floor covering in Room 11 into the ensuite will be repaired.</p> <p>We will carry out a review of the radiators in the ensuites, note those that rusted, and remove the rust marks or replace the radiator as required.</p> <p>The difficulty in closing the ensuite door in Room 8 will be addressed.</p> <p>We welcome the inspectors comments that the physical environment was homely, clean and decorated beautifully, and we will address the comments about stained grout on some ensuite floors and repair any visible damage to bedroom walls.</p> <p>We will replace the MDF sheeting behind the ensuites in Rooms 112 and 114.</p> <p>A lockable storage space has been provided to Room 100.</p> <p>The door to Room 112 will be repaired.</p> <p>All stained ceiling tiles will be replaced by 30/11/23.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire extinguisher has been located on the balcony referred to in the report.</p> <p>The fire blanket in the residents smoking area has been removed from the extinguisher cabinet at the smoking area and located on the frame of the shelter.</p>	
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: An audit of all Care plans will be reviewed to reflect care needs based on the assessments. The section within the Electronic system would capture the discussion that was held with the resident or the agreed nominated representative. Admission and Discharge audits are completed every week which will ensure assessments and care plans are line which the changes post hospitalization.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: We note the inspectors comments that there was a center specific policy on the protection of the residents from abuse and that safeguarding training had been provided to all staff in the center. One staff member the inspector spoke with on the first day of the inspection has been assigned to complete Safeguarding Training to familiarize themselves to identify the different type of abuse and the reporting arrangements by 30.11.2023.</p>	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents meetings are held every month and changes that are planned and that impact residents will be discussed. In so far as is reasonably practical all residents will be consulted and will be involved and updated of upcoming changes by the home management.

## 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	31/03/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/12/2023

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	06/11/2023
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	15/12/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	06/11/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	06/11/2023



