



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

Issued by the Chief Inspector

Name of designated centre:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0035523

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

It provides twenty-four hour nursing care to 61 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a two storey building located on the outskirts of a small town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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 7 April 2022	09:30hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 19 April 2022	12:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
Thursday 7 April 2022	09:30hrs to 16:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This inspection took place during an outbreak of COVID-19 in the centre that primarily involved the Sycamore Suite (dementia unit) but also involved a small number of residents on Willow Suite in the centre. On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering residents' accommodation.

This unannounced inspection was completed over two days. The inspectors communicated with several residents and a small number of residents' visitors during the inspection. Overall feedback from residents' families was positive regarding the residents' quality of life and the services that were provided. While, residents expressed their satisfaction with the standards of care and the food they received, some residents were not satisfied with their opportunities to participate in meaningful social activities that interested them. Residents comments included 'no activities happen here at the weekends', 'bored' and 'the days are very long here'. COVID-19 advisory signage for residents had been designed by the activity coordinator and was displayed in residents' rooms.

The inspectors observed that residents were comfortable in the company of staff but the staff available were unable to meet several residents' requests for assistance in a timely way especially on the first day of this inspection. Staff interactions with residents were observed to be caring and respectful and this concurred with residents' feedback to the inspectors.

The centre was warm and bright and the layout supported residents to access all parts of the centre easily including an outdoor garden/courtyard. The centre premises was arranged over two floors with stair and lift access between floors. Elm and Sycamore Suites were located on the ground floor and Willow Suite was located on the first floor. Separate sitting and dining accommodation was provided in each Suite. All bedrooms within the centre had en-suite facilities. Traditional memorabilia familiar to residents was displayed in the communal sitting rooms which helped to create a homely environment in the centre. Overall the general environment and residents' bedrooms, communal areas, store rooms, laundry housekeeping and 'dirty' utility (sluice) rooms inspected appeared clean and well maintained. A dedicated clinical hand wash sink had been installed within each unit. These sinks complied with recommended specifications for clinical hand wash basins. This ensured staff had access to dedicated clinical hand washing facilities within easy walking distance of residents rooms.

One of the units on the ground floor was a dementia-specific unit and provided accommodation for 13 residents. The inspector saw that a lot of effort had been made to make the dementia-specific unit comfortable, familiar and stimulating for residents living with dementia. The walls along the corridors had a countryside themed mural painted along their length. Each residents' bedroom door was

designed to look like a porch and front door, and each one was different so that individual residents were better able to recognise their own front door. The decor was tactile and brightly coloured throughout and the residents in this unit were observed to be comfortable and relaxed in their environment.

Many residents' bedrooms were personalised with their personal items such as their photographs, artwork, soft fabric blankets, books and ornaments. Bedrooms were spacious and residents had adequate wardrobe and storage space for their clothes and personal belongings. A number of residents confirmed that they liked their bedrooms and how they were decorated.

Most residents had a routine where they liked to join in to a Mass streamed from one of the churches on the televisions in the sitting rooms while, others started their days with reading the daily newspapers provided for them. After Mass, the activity coordinator facilitated a group activity in the morning with residents in Elm Suite sitting room and in the afternoon with residents in Willow Suite sitting room. However, when the activity coordinator was not present, there was a dependence on television viewing for residents which they did not appear to be interested in. It was evident that the activity coordinator and residents knew each other very well. Residents said they looked forward to the coordinated activities and enjoyed the banter and fun during the activities most of all. Many residents especially on Willow Suite did not participate in the group activities in the sitting room preferring to spend a lot of time in their bedrooms. Some of these residents occupied their time with reading, listening to their radios and watching their televisions. One resident had a large collection of music cassettes and confirmed that they enjoyed listening to their music cassettes most of all. Inspectors also observed a small group of residents playing cards in the dining room on Willow Suite in the afternoon on the second day of this inspection. Residents in the Sycamore dementia unit had confirmed COVID-19 infection and were isolating in their bedrooms. In order to mitigate risk of cross infection, the activity coordinator did not facilitate any social activities for residents in this unit at the time of this inspection. Although staff took time to chat with residents in their bedrooms when providing care and support there was limited evidence of meaningful activities being provided for many of these residents and they spent a lot of time alone in their bedrooms with little to engage or distract them.

The inspectors noted that staff were busy and worked hard to ensure that residents were able to receive care and support in line with their needs and preferences. Although staff were busy, they were organised. However, because of the high number of residents who remained in their bedrooms on Willow Suite, there was a delay with staff answering residents' call bells and some were ringing for prolonged periods. Staff who spoke with the inspectors discussed residents' preferred routines and preferences and were able to describe residents' care needs and daily routines. Residents said that they felt safe and secure living in the centre and that staff were 'good', 'kind' and 'helpful' to them but a small number of residents expressed their frustration with having to wait for staff assistance. The inspectors observed that one to two staff were present in the communal sitting rooms at all times.

The inspectors observed a mealtime in one of the communal dining rooms and saw

that this was a social occasion for residents where many of them chatted and laughed together. Residents told the inspectors that they enjoyed mealtimes and they had a choice of a hot menu each day. Residents confirmed that they could get an alternative to the menu if they did not like what was offered. There was sufficient staff available in the dining rooms to assist residents with eating as needed.

Residents knew the person in charge and senior nurses and told the inspectors that they would not hesitate to talk to any of the staff if they were worried about anything or not satisfied with any aspect of the service. Residents were confident that they would be listened to and any issues they raised would be addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection was an unannounced risk inspection completed by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, the findings of this inspection were positive in respect of the standard of care residents received. Inspectors acknowledged that the centre was experiencing a COVID-19 infection outbreak involving residents and staff at the time of this inspection. However, the high levels of compliance with the regulations found on the last inspection were not sustained and action was required to ensure residents' safety and quality of life in the centre and compliance with the Regulations. The person in charge was the nominated infection prevention and control lead. A clinical nurse manager was the nominated infection prevention and control link nurse. The provider also had access to a specialist with the relevant skills, experience and qualifications in infection prevention and control and antimicrobial stewardship as outlined in the National Standards for infection prevention and control in community services. The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however, further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Omega Nursing Home Limited is the registered provider of Oak View Nursing Home. There are two directors on the provider company board and both were very involved in the centre's operation. The person in charge was worked in this senior role for several years and was supported by a clinical nurse manager. The Person in charge and the clinical nurse manager were responsible for providing clinical leadership and staff supervision in the centre. Staff working in the centre who spoke with the inspectors were aware of their individual roles and responsibilities.

Monitoring and oversight systems were in place in the centre with evidence of

continuous quality improvement. The centre had a number of assurance processes in relation to the standard of environmental hygiene. These included the use of regular household audits, colour coded flat mops and cleaning cloths to reduce the chance of cross infection. However, the inspectors found that oversight of staffing resources provided, residents' rights to privacy and access to meaningful social activities that interested them, fire precautions and care documentation required action to ensure compliance with the regulations. The inspectors' findings are discussed under the relevant regulations in this report.

The inspectors found on this inspection that staffing resources needed improvement to ensure that adequate numbers of staff with appropriate skills were available to respond without delay to residents needs for assistance, that residents were protected from risk of cross infection and that residents were provided with sufficient opportunities to participate in a meaningful social programme. While a system of staff induction was in place for new staff joining the service, supervision of some staff practices required improvement to ensure high standards of infection prevention and control in the centre.

Staff were supported and facilitated to attend mandatory and professional development training, including COVID-19 infection prevention and control training to ensure staff had the necessary skills to meet residents' needs. The inspectors found that online infection prevention and control training had been completed by the majority of staff. However, there was an overreliance on online training resources. Face to face infection prevention and control training had not taken place since the beginning of the pandemic.

Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were competent with carrying out their respective roles.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions.

Records that must be maintained and available in the centre was available and was held securely.

There was a low number of complaints received by the service and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Schedule 5 policies were up-to-date. However, local infection prevention and control guidelines lacked detail and were not aligned to national guidelines and best practice. Details of the issues identified as needing improvement are set out under Regulation 27.

Regulation 15: Staffing

Inspectors found that the numbers of staff available was not adequate to meet residents' assessed needs and to ensure residents were provided with timely assistance and access to social activities. This was evidenced by the following findings;

- Although, improved on the second day of inspection, residents' call bells were ringing for prolonged periods on Willow Unit.
- The numbers of nursing staff provided at night were not adequate to ensure residents' infection prevention care plans were met.
- Unplanned leave by one staff member with responsibility for coordinating resident's social activities was not replaced and this negatively impacted on some residents' access to meaningful activities that interested them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider did not ensure that staff were appropriately supervised. Action was required to ensure infection prevention and control practices were in line with the centre's own policies and procedures. For example, some cleaning procedures and disposal of hazardous clinical waste was not in line with evidence-based practice and the centre's own policies and procedures.

There was an overreliance on online training resources and face-to-face infection prevention and control training had not taken place since the beginning of the pandemic.

Judgment: Substantially compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured sufficient management systems were in place to ensure the sustainable delivery of safe and effective care, particularly in relation to infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Local infection prevention and control guidelines did not give sufficient detail on the use of transmission based precautions to be implemented when caring for residents with known or suspected infection or colonisation. The needlestick injury guidelines only required staff blood testing following a needlestick injury. The requirement for resident blood tests was not included.
- Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and recorded as recommended in the National Standards for infection prevention and control in community services. This would enable the provider to monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.

Oversight of staffing resources required improvement to ensure residents were provided with timely assistance and that residents were supported to participate in meaningful social activities that interested them including residents with dementia during a COVID-19 outbreak in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations. A record of accidents and incidents involving residents, that occurred in the centre was maintained and evidenced appropriate management and with areas of learning identified and actioned.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and was included in the centre's statement of purpose.

Procedures were in place to ensure all complaints were logged, investigated and

that the outcome of investigation was communicated to complainants. The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed were dealt with appropriately. The person in charge confirmed that there were no open complaints at the time of this inspection.

Judgment: Compliant

Quality and safety

Overall, residents in Oak View Nursing Home were provided with good standards of nursing and health care in line with their assessed needs. Care and supports were person-centred and informed by the residents' usual routines and individual preferences and wishes. While acknowledged the measures in place to protect residents from COVID-19 infection during an outbreak in the centre impacted on their usual routines, the service had not ensured that residents in the dementia unit and residents who remained in their bedrooms in the other two units were facilitated to participate in a meaningful social programme. As a result their continued good quality of life in the centre was not assured..

An outbreak of COVID-19 was declared in Oak View Nursing Home in March 2022. A total 17 residents and 18 staff had tested positive to date. This the largest outbreak experienced by the centre since the beginning of the pandemic. Transmission-based precautions were applied to all residents with confirmed or suspected COVID-19. On the day of the inspection the majority of residents with confirmed COVID-19 were cohorted within one unit. One resident was being cared for transmission-based precautions on a second unit.

The inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Ample supplies of personal protective equipment (PPE) were available. Staff wore respirator masks when providing direct care to residents. However, the inspector observed two staff members wearing gloves in the corridor when there was no indication for their use.

Cleaning equipment viewed was generally clean. However, dust control measures observed were not in line with best practice.

Visits by residents' families were encouraged and practical precautions were in place to manage the associated risks.

Measures were in place to protect residents from risk of fire and an up-to-date fire safety policy for the centre was available. All emergency exits were free of obstruction but a door held open on the smoking room posed a risk to residents' safety in the event of a fire. Fire safety checking procedures were regularly

completed and the records viewed were complete. The centre's fire alarm was sounded on a weekly basis to ensure it was operational. Regular servicing of the fire alarm and emergency lighting systems were completed. Each resident's evacuation needs were assessed, documented and regularly updated and simulated emergency evacuation drill records confirmed timely evacuation of residents during night time conditions. Although staff were knowledgeable regarding the fire compartments in the centre, a floor plan of the centre identifying the centre's fire compartments to inform evacuation procedures needed clarification. This finding is discussed under Regulation 28: Fire precautions.

The layout of the centre premises met residents' needs but appropriate facilities for storage of residents' assistive equipment was required. However, inspectors found that the function and layout of the residents' sitting rooms in each unit had been partly converted into office space for staff, thereby reducing the communal space available to residents.

Residents were provided with good standards of nursing care and timely health care to meet their needs and this optimised their continued good health and well being. Residents' care plans were for the most part person-centred and reflective of residents' individual preferences and wishes regarding their care and supports. While the majority of residents' care plans were regularly updated and residents or their families, on their behalf, were consulted with regarding any changes made, a small number of residents care plans did not reference their changed needs. Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

Residents were protected with safe medicine management procedures and practices.

While there was evidence of a very small number of residents developing pressure related skin wounds in the centre over the past 12 months, comprehensive procedures and practices to maintain residents' skin integrity were in place. A variety of pressure relieving equipment was available and in use.

Residents' rights were respected in the centre but there was a risk to privacy of residents' personal information not being maintained due to the location of nurses stations in residents' sitting rooms. The social activities facilitated by the centre's activity coordinator were varied and meaningful for residents who had opportunity to participate in them. However, inspectors found that not all residents in the centre had equal access to a meaningful social activity programme that met their interests and capabilities.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers and radios.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of

responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A minimal restraint environment was promoted and the procedures in place were in line with the national restraint policy guidelines.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection. Window visiting and compassionate visiting was also encouraged to ensure residents in the dementia unit could maintain contact with their families during the COVID-19 outbreak in this unit.

Judgment: Compliant

Regulation 17: Premises

Although the premises was well maintained, some action was required in relation to storage and supportive equipment, to ensure full compliance with Regulation 17. For example,

- There was storage of equipment on a circulating corridor outside the sitting room and the dining room on Willow unit.
- A hoist was stored in a communal bathroom
- Some resident's en suite facilities did not have a grab rail on both sides of the toilet.

Residents' communal space in the sitting rooms in each unit was reduced due to the location of office space for staff in these areas.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

The environment and equipment was consistently not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was

evidenced by:

- Alcohol hand gel was not available at point of care. National hand hygiene guidelines recommend that alcohol based hand rub should be available at each point of care (where the care procedure takes place), either located in wall dispensers/ bottles and/or carried by staff in pocket bottles.
- Some alcohol hand rubs had passed their expiry date. This may impact their effectiveness.
- Dust control methods were not in line with best practice. A sweeping brush was sometimes used in resident's bedrooms. On some occasions dust control was not done prior to wet mopping. The use of a vacuum or dust-attracting dry mop is recommended prior to wet moping.
- Open-but-unused portions of wound dressings were observed in two treatment rooms. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- All sharps bins viewed were unlabelled and the temporary closure mechanism was not in place. The inspector observed that two needles in a sharps bin had been recapped before disposal. This practice increased the risk of a needlestick injury.
- The covers of several resident pillows were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors found that action was required to ensure residents' risk of fire was effectively mitigated, in line with the requirements under Regulation 28. This is evidenced by;

- The door to the smoking room on the first floor was held open by a chair and therefore, fire and smoke containment measures in the event of a fire in this room would not be effective.
- While, a floor plan was displayed by the fire alarm panel to inform evacuation procedures in the centre, the fire compartment boundaries were not clearly displayed and as agency staff regularly worked in the centre, there was a risk that this information would not be clearly communicated.
- The information in the emergency evacuation drill records did not provide assurance the residents could be safely evacuated, in a timely manner, in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Measures were in place to ensure residents were protected by safe medicines management procedures and practices. Residents had access to a pharmacist who supplied residents' medicines. The pharmacist was facilitated to meet their obligations to residents and they completed regular audits of medication in the centre. Medicines including medicines controlled by misuse of drugs legislation were stored securely. Balances of controlled medicines were checked by two staff nurses at change over of work shifts and those checked by an inspector were accurate. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

Procedures were in place for return of unused or out-of-date medicines to the dispensing pharmacy. All multi-dose medicines were dated on opening to ensure recommended use periods were not exceeded.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although residents at risk of and with evidence of unintentional weight loss were monitored, the computerised system in place used to record their food intake did not support detailed monitoring of the amounts, increased frequency and types of food eaten by these residents and therefore could not be relied on for accurate intake. Therefore, there was a risk that residents would not have prescribed amounts of food to meet their increased nutritional needs.

A very small number of residents' care plans were not updated following a change in their care needs. For example, the nutrition care plan for a resident with swallowing difficulties and needing enteral nutrition (tube feeding) was not updated to reflect their improved health and ability to now eat a modified consistency diet.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. Residents' general practitioners (GPs) made regular visits three times a week and physically reviewed the residents as needed. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the

community palliative care team were established and their expertise was sought for residents as appropriate. An on-call medical service was accessible to residents out-of-hours if needed. Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments as scheduled.

Staff were aware of atypical symptoms of COVID-19, and residents were monitored for symptoms on an ongoing basis, with records showing twice daily temperature checks in place.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents had a person-centred behaviour support care plan in place that directed staff with taking a positive and supportive approach to managing any episodes of behaviours they experienced. Records of behaviours was maintained for each resident and was analysed to assist with identifying triggers to their behaviours and effective person-centred de-escalation strategies. These records were also used to inform residents' treatment plans. Staff spoken with had a very good knowledge of residents' individual needs and managing responsive behaviours.

The inspector found there was a commitment to minimal restraint use in the centre and the national restraint policy guidelines were implemented. No residents had full-length bed rails in place. Alternatives used were assessed, and procedures were in place to ensure they and any other arrangements did not pose restrictions on residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

While, residents' social activity interests and needs were assessed, not all residents were given equal adequate opportunities to participate in meaningful social activities that met their interests and capabilities. Although, the activity coordinator available was making good efforts to facilitate meaningful social activities for residents in two units over two floors, some residents told inspectors that the social activities available to them did not meet their interests. Due to a COVID-19 outbreak in the dementia unit, residents spent their time isolating in their bedrooms and did not have access to coordinated meaningful activities that met their interests and capabilities.

Due to the location of the nurses' work station in the residents' sitting rooms in two units, there was a risk that residents' privacy regarding their personal information was not maintained at all times. For example, staff carried out incoming and outgoing telephone conversations regarding residents at the nurses' work stations in these sitting rooms that could be easily overheard.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially 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 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oak View Nursing Home OSV-0000151

Inspection ID: MON-0035523

Date of inspection: 19/04/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In relation to resident's call bells ringing for prolonged periods, we have reorganised staff breaks to ensure the maximum number of staff are available to answer resident's call bells in a timely manner. Residents who have been identified as having increased care needs, staff organise their work accordingly, this is being monitored on a daily basis.</p> <p>Recruitment is currently taking place to increase the nursing staff level on night duty on willow suite. Our second activity coordinator has returned to work, going forward two care staff have been identified to cover in the event that either of our activity coordinators are absent. Weekend activities have been reorganised to ensure there is activities taking place every day i.e., planned activities are organised by the activity coordinator on a Friday to be carried out by the carers over the weekend.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Clinical Nurse Manager's role is being increased into a fulltime position to cover seven days a week. This will ensure appropriate supervision of all staff; their role will include continuous auditing to monitor practices are in line with local policies and procedure.</p> <p>While online training fulfilled our training requirements during the Covid pandemic, we acknowledge the benefits of face-to-face training. We have recommenced face-to-face training.</p>	

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>Local Infection prevention and control Policy will be updated in line with the National Guidance on Infection Prevention and Control 2022 (Draft). Needlestick guidance has been updated to include the requirement for the resident's blood to be taken. Antimicrobial stewardship is in place and antibiotic usage is constantly monitored and reviewed.</p> <p>As stated above in Regulation 15 management has reorganised staff breaks to ensure the maximum number of staff are available to answer resident's call bells in a timely manner. This will be constantly reviewed by management.</p> <p>Management will ensure that staffing levels will be increased to support residents in the event of an outbreak in the future. Currently we are updating all resident's care plans to ensure all relevant information regarding meaningful social activities appropriate to their cognitive ability is recorded to support staff to provide these activities during an outbreak.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A suitable storage area has been identified for the hoists that were located in the circulating corridor and in the communal bathroom, they are now stored there.</p> <p>All resident's ensuite have been reviewed and a plan has been finalised to ensure that every resident's ensuite has grab rails on both sides of their toilet.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Alcohol hand gel dispensers are currently being placed outside every resident's room.

All alcohol hand rubs were checked immediately on the day of inspection and any expired alcohol hands rubs were removed and replaced. Going forward, the checking of all alcohol hand rubs has been included in our Environmental audit which is carried out every six weeks.

All sweeping brushes have been removed and replaced with dust-attracting dry mops.

Staff nurses have been informed that once a single use dressing has been opened, the remainder has to be disposed of.

All staff have been informed of the need to label sharps bins when put into use and the need to use the temporary closure mechanism when the sharps bin is not in use. This has also been included in the Infection prevention and control Policy and will be included in our infection control audit.

All staff have been informed of the importance of replacing worn pillows, there is always a stock of new pillows present in the nursing home. This issue will be monitored through our environmental audit.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The user of the smoking room has been advised of the importance of keeping the door closed at all times. Staff on duty will continuously monitor this door throughout the day. The floor plan by the fire alarm panel will be updated to clearly show fire compartment boundaries.
While we do have an emergency evacuation drill record in place, this will be updated to show the full evacuation procedure (staff numbers involved and time required to carry out evacuation)

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
We are currently working with epic care to more accurately record the resident's food and fluid intake.

Staff nurses have been reminded to update all residents care plans immediately when changes occur in their care needs. This will be monitored through continual audits.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since our second activity coordinator has returned to work, we have returned to our normal activity hours, this has further facilitated the meaningful social activities for the residents over the two floors. Currently we are updating the resident's care plans to reflect the activities that they enjoy, this will support staff to ensure our residents have meaningful activities in the event of an outbreak occurring in the future.

Review of the nursing home has taken place and the nurse's stations that are located in Elm and Willow sitting rooms are going to be relocated, this will ensure the sitting rooms will only be for residents use.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/07/2022

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/07/2022
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	31/07/2022
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	31/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and	Substantially Compliant	Yellow	31/07/2022

	extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/07/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2022
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	Substantially Compliant	Yellow	31/07/2022

	that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2022