



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	30 June 2023
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0039236

About the designated centre

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

The centre offers long and short term care for 56 adults over the age of 18 including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose built, single storey and has a safe cultivated garden for residents' use. All bedrooms are single with full en-suite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries as well as the local general hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 30 June 2023	09:15hrs to 16:40hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall the inspector found that residents were happy with the support they received from the staff team. Feedback from residents was positive with residents stating that staff were caring and kind and that they enjoyed living in the designated centre. Several residents spoken with said that they were glad they came to live in this centre.

The inspector observed residents and staff interactions throughout the day and found them to be courteous, helpful, and respectful. Residents were observed to be well-groomed and well dressed in suitable clothing and well-fitting footwear.

While those residents spoken with, expressed their satisfaction with the service provided, the inspector found that improvements were required in relation to consultation with residents to ensure their feedback was listened to and used to inform improvements in the centre. Furthermore the provider had not completed the planned upgrade to the premises which was impacting on the lived environment for the residents in some areas of the building. These issues are discussed below and under the relevant regulations in the report.

The designated centre provides accommodation for 56 residents in single bedrooms with en-suite shower and toilet facilities. At the time of this inspection there were 55 residents living in the designated centre. The centre was nicely furnished, well lit, and welcoming. There were a number of tastefully decorated communal spaces which were observed to be well used by residents throughout the day. The inspector observed that there was regular supervision of these areas by staff to maintain resident safety.

In general residents' bed rooms were spacious and well maintained. The provider was in the process of arranging a programme of re-decoration of a number of resident bedrooms which required redecoration. The inspector noted that a delivery of storage cupboards had recently arrived and the provider was in the process of installing these cupboards in the residents' bedrooms. This would help to ensure that residents had enough personal storage space.

Residents were observed to receive timely support from the staff team. Some residents who required additional support with their mobility were assisted in a person-centred and discreet manner.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were supported by staff in a manner that promoted respect and autonomy for the individual resident. Staff were aware of resident's individual needs and this provided for positive and effective support. All residents who shared their views with the inspector said that they felt safe in the centre and that should they have a problem or concern then they could talk to any

member of the staff team.

Residents had easy access to the enclosed garden area which was observed to be a pleasant and comfortable space. There were a range of covered and uncovered seating areas which had been upgraded since the last inspection. This area was adorned with flowers and shrubs which complemented this space. Residents were observed using this space throughout the day. A smoking shelter was available for residents who wished to smoke and was observed to contain all the required equipment to promote fire safety. The provider had relaid the lawn which added to the ambiance of the garden area.

Residents confirmed that they could choose to have their meal either in their own room or in communal areas of the home. Observations of a meal service confirmed that residents were provided with timely support to enjoy their meal. The dining facility was well laid out with plenty of space between the tables to allow easy access for the residents. Residents were served their meal in an unhurried manner and did not have to wait too long in between the serving of the main meal and dessert. Meal options on the day of the inspection consisted of a chicken, salmon and fish dish which the residents said was very nice. Some residents required additional support with their eating and drinking and there was sufficient numbers of staff available to provide this support.

There was a well-publicised activity programme available in this centre. There were two activity staff employed to co-ordinate and provide a diverse activities programme for residents. There were a number of activities observed on the day which were attended by the residents and included a ball exercise game, arts and crafts and an interactive music session. Staff providing these activities demonstrated skills and knowledge which assisted and encouraged residents to participate in these activities.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well-managed for the benefit of the residents who lived there. There were governance and oversight arrangements in place to ensure that the service provided was in line with the centre's statement of purpose and that residents were able to enjoy a good quality of life. However some improvements were required to ensure that resident's feedback was heard and was used to identify where improvements were required. In addition and notwithstanding the improvements that had been made to the premises the provider had failed to provide the resources required to complete the planned refurbishment of the designated centre in a timely manner.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).

The findings of the designated centres' previous inspection in November 2022, identified a number of recurring non-compliance's and an additional restrictive condition was applied to the designated centres certificate of registration. This condition required the registered provider to take all necessary actions to comply with; Regulation 23 Governance and Management, Regulation 27 Infection Prevention and Control and Regulation 17 Premises to the satisfaction of the Chief Inspector no later than 31 May 2023. This inspection found that significant improvements in compliance had been made in relation to these regulations however further improvements were still required to bring the designated centre into full compliance.

The provider had carried out a number of changes to the layout of the designated centre since the last inspection. These changes included an upgrade and relocation of the sluicing facility to another area within the centre. This facility now met the specifications set out in the National Standards for Infection Prevention and Control.

The provider was found to have constructed a new building in close proximity to the existing centre and at the time of the inspection had relocated a general store and the cleaning store to this building. The provider had submitted floor plans and a revised statement of purpose indicating these changes however an application to vary condition 1 of the registration had not been submitted.

The registered provider of the centre is Oakwood Private Nursing Home Limited. There are two directors involved in the company one of whom is the provider's representative and is also the person in charge of the centre. The person in charge is supported in their role by a team of nursing staff, healthcare assistants, activity co-ordinators , household, catering, administration and maintenance staff. There was a defined management structure in place which identified lines of authority and accountability.

The provider had maintained effective monitoring and oversight of the designated centre. Records showed that governance meetings were held on a monthly basis where key areas of the service were discussed and reviewed with the clinical team. The provider maintained an auditing schedule to monitor service areas and to identify where improvements were needed. While the majority of audits were effective in identifying areas of the service that required additional improvement not all were found to be effective. For example, existing infection control audits did not identify or have a plan in place to address the cross infection risks associated with cloth covered chairs currently in use by the residents.

Records were on the whole well maintained and available for the inspector to review, however the current method of recording the content of resident meetings did not ensure that resident's comments and suggestions were progressed effectively. A pre-prepared booklet was in use to record resident meeting records, however there was insufficient space within this booklet to fully record the content

of resident contributions and this meant that there was a risk that residents views may not be comprehensively reported and followed up. In addition, where concerns raised by residents were recorded, actions to resolve these issues were not clearly recorded and there was no evidence that some of these areas were followed up by the provider.

There was an annual review of quality and safety in place for 2022, and although records confirmed that residents were consulted on the service being provided to them through resident meetings and surveys, this information was not included in the document and as such the inspector was not assured resident feedback was used to inform the quality improvement plan for the designated centre.

Staffing levels were monitored to take into account the changing needs and dependencies of the residents. From a review of rosters and observations throughout the day, inspectors were assured that there were sufficient nursing and care staff to meet the assessed needs of residents. Two activities staff were rostered over five days of the week to meet the recreational needs of residents, while care staff provided activity support to residents on the weekend. On the day of the inspection, there were sufficient cleaning staff in the centre.

Regulation 15: Staffing

A minimum of two staff nurses were on duty in the centre at all times and inspectors were assured that appropriate numbers of skilled staff were available to meet the assessed needs of residents as described in the centre's statement of purpose. Each member of staff was aware of their roles and responsibilities regarding providing person-centred care and timely assistance to residents.

A review of the centres rosters confirmed that staffing numbers were consistent with staff numbers identified in the centre's statement of purpose.

Judgment: Compliant

Regulation 19: Directory of residents

The residents' directory had been updated to ensure it included all the necessary information required by schedule three of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While there was sustained improvement in the overall governance and management practices in this centre, there were some areas of service which required additional oversight to ensure the service provided was safe and appropriate, consistent and effectively monitored.

For example:

Records maintained in relation to residents meetings required improvement so that information gathered in these meetings is used to improve the service and provide feedback to the residents.

A review of two resident meeting records confirmed that residents had reported their personal items were not being returned to them after they had been laundered. There was no record of what actions had been taken by the provider to address this feedback and ensure residents items were returned safely from the laundry.

There was an annual review of the service for 2022, this document did not assure the inspector that resident's view's on the service were fully used to drive improvement. While there were opportunities available for residents to discuss the service and make their views known, this feedback was not referenced in the annual review.

The provider had not ensured that there were sufficient resources to complete the programme for decoration and the provision of additional storage facilities for residents in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place dated July 2023 which included the information set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Statutory notifications were submitted to the Chief Inspector in accordance with the requirements of the Regulations.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health and social care outcomes and that their assessed needs were being met by the registered provider. Although there was regular consultation between the provider and residents, there were actions required to ensure that the views of residents were being heard and acted upon. This is described in more detail under Regulation 9: Residents rights.

A review of care records confirmed that residents were assessed prior to admission to the centre. Following admission residents were comprehensively assessed using a variety of validated assessment tools. Care plans were developed for residents who required care interventions to meet needs identified on assessment. The inspector found that care plans were clearly written and gave sufficient information on the interventions needed to provide effective care interventions. There was regular oversight of the care planning process which ensured that care plans were updated at least every four months or as and when residents needs changed.

Residents had access to regular medical review, general practitioners (GP) visited the centre on a weekly basis. Care records confirmed that resident's medication treatment plans was reviewed by their GP's. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists, and tissue viability nursing (TVN) to provide support with wound care if required.

There was regular monitoring and oversight of clinical indicators such as falls, medicine management, nutrition and hydration and wound care. A regular auditing programme was in place to ensure that current practice met the required standards. Action plans were developed and signed off when areas of practice were identified as requiring improvement. There were monthly clinical governance meetings held to discuss the results of the auditing programme and to review and maintain effective standards of care and health support for the residents.

Overall there were a number of improvements made in the management of infection prevention and control since the last inspection. The provider had installed a new sluice facility which contained all the equipment identified in the national standards. There was an Infection Prevent and Control (IPC) link practitioner working in the centre who co-ordinated the centres responses to maintaining effective infection prevention practices. There were cleaning schedules available for review which confirmed that the centre was being cleaned on a daily basis along with cleaning schedules for regular deep cleaning of residents' bedrooms.

Despite these measures, there were additional actions required to promote an environment which reduced the risk of infection in the designated centre. These

issues are described in more detail under Regulation 27: Infection Control.

On the whole, the premises was well maintained and tastefully decorated. Premises were clean and odour free. A maintenance programme was ongoing but further improvement was required to ensure that the premises was brought into compliance with Regulation 17: Premises as some areas of the flooring in the centre and a number of residents' bedrooms were still in need of repair and redecoration.

There was a laundry service available for residents. However records showed that residents had raised concerns that their personal items were not always returned to them in a timely manner. There was no evidence that the provider had taken actions to improve the laundry service for the residents.

Residents' right to privacy and dignity were respected, staff were observed to knock on resident's bedroom doors prior to entry and explained to the residents the purpose of their visit. Measures were in place to safeguard residents from abuse and the inspector observed that interactions with residents by staff were caring and kind. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to engage in organised activities throughout the day while other residents chose to follow their own individual routines.

There was information displayed in the centre on the steps to follow if residents wished to lodge a complaint. The inspector found that residents were facilitated to access advocacy services and that information regarding these services was available to residents in the designated centre.

Residents had access to television, radio and to local and national newspapers. Visiting arrangements were in line with national guidance that were in place and residents were also supported to use electronic devices to maintain contact with family and friends.

Regulation 11: Visits

It was clear that visitors were welcome in the centre and were free to come and go without restriction in line with current guidance. Residents were observed receiving visits from their relatives and friends throughout the day of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

A review of the minutes from two resident meetings held in January 2023 and in May 2023 showed that residents had raised concerns about the safe return of their

laundry items.

While the provider had provided additional storage cupboards to ensure residents were able to store their personal items in their bedrooms, some of these cupboards were still in storage and had not been provided to residents to improve the quality of their storage facilities.

Judgment: Substantially compliant

Regulation 17: Premises

There were some areas of the designated centre which required an upgrade, such as:

Several resident bedrooms required painting and decorating.
Flooring in corridors required replacement due to wear and tear.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy in place which included all of the required information as set out under Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that while there were good practices in relation to the oversight of infection control practices in the centre, the following areas required improvement:

The provider had installed a number of hand hygiene sinks along the corridors of the designated centre, however they did not comply with the required specifications for clinical wash basins.

There were several chairs located in the main activity room which were cloth-covered. There was no evidence available to confirm that these chairs were cleaned in between resident use to mitigate against the risk of possible cross infection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents' care records confirmed that residents had a pre-assessment completed before their admission to the centre.

Care plans were developed in collaboration with residents or their family members if residents were unable to participate. These care plans were well-written, providing clear instructions on the interventions necessary to meet the residents' assessed needs. Care plans were updated every four months or more frequently if needed.

Judgment: Compliant

Regulation 6: Health care

Residents had regular access to local general practitioners (GPs) and specialised treatments that met their needs. GPs visited the centre every week or more frequently if needed. In addition, out-of-hours medical support was also available. Additional healthcare support was accessible through referral, and this included physiotherapy, occupational therapy, dietetic services, chiropody, and optician services.

An analysis of medical records revealed that there were consistent improvements in the monitoring of residents' health. A review of the resident's medical notes also found that recommendations from the resident's doctors and allied health care professionals were integrated into the resident's care plans.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide staff on safeguarding vulnerable residents from abuse, and staff spoken with were clear on the procedure to be followed to protect residents from abuse and on how to manage any allegations of abuse.

There were other adequate measures in place to protect residents; including staff training and appropriate processes to manage residents' pensions.

The inspectors reviewed a number of records which confirmed that there were measures in place to safeguard residents and protect them from abuse. Residents

stated that they felt safe staying in the centre.

In instances where the provider acted as a pension agent for residents, there were robust measures in place to indicate how this arrangement was managed. All financial records reviewed were reconciled and audited by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

During the inspection, the inspector observed that the staff team provided residents with personalised support. The staff treated residents with respect, and dignity while ensuring that their privacy was promoted.

Two on-site activity coordinators led a variety of activities, such as word searches, card playing, and interactive exercises. The activity schedule was advertised in the centre, and the residents were kept informed of news and events through resident committee meetings every three months. However, the records of these meetings needed improvement as they provided limited information on the topics discussed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0039236

Date of inspection: 30/06/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>It is management's intention to review the format of our Residents meetings, so that we can improve our service and provide feedback to our Residents, an action plan is to be put in place to address any issues, with timelines to ensure satisfactory outcomes.</p> <p>We have two annual reviews for 2022, on the day of the inspection the inspector reviewed the annual review for 2022 which included a general view of the Nursing Home for that year.</p> <p>The other annual review on the Quality and Safety of Care done on the basis of Residents and Family questionnaires (as per attached) was omitted erroneously on the day.</p> <p>We will discuss with our suppliers the requirement to deliver our orders more promptly. Our painter has been to the premises and completed some of the work required and has said he will be back again mid-September 2023.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>We have spoken to Families and our laundry staff to ensure that any new clothes brought in for our residents are left aside for marking before they are delivered to the respective bedrooms. Laundry staff are to ensure that resident's clothes are returned to</p>	

appropriate bedrooms promptly and safely. This will be followed up on an ongoing basis.

All storage cupboards are in place in resident's bedrooms, we have spoken to our suppliers about more prompt delivery of new orders.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The painter has completed some work to date, and has said he will be back again mid-September 2023 to continue.

We are in the process of changing the flooring which will be completed hopefully end of October 2023.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

In compliance with Regulation 27, we have decided to get an upholsterer to cover the armchair cushions (for all the armchairs located in the main activity room) with a washable fabric.

Until this process is complete we will continue with our daily cleaning schedule.

Timeframe for completion: 30th November 2023.

We have since put in place a number of clinical hand hygiene sinks compliant to required specifications at prominent point of care areas in the home.

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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	01/09/2023
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	31/10/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/09/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/11/2023