



# 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:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0037476

## About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 61 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have en suite facilities. The original part of the building is single story and the new extension is organised over two floors with lift and stair access. Sufficient communal accommodation is available and includes sitting rooms, dining areas, an oratory and visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents. The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 31 January 2023	10:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 31 January 2023	10:00hrs to 18:00hrs	Ann Wallace	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed over one day and the inspectors met with several residents during the day of inspection. Feedback was mostly positive from residents regarding the care and service provided to meet their needs. Residents expressed their satisfaction with the work done to upgrade the centre environment including replacement of all doors with fire resistant grade doors. The inspectors observed that the centre was bright and airy throughout. The centre's decor was homely and the communal rooms were decorated with memorabilia that was familiar to residents. There was a warm and comfortable atmosphere in the centre and inspectors found that residents were relaxed in their environment. Colourful paintings done by a local artist were displayed on the walls and created points of interest along the corridors. Residents' artwork was also displayed on a wall on the way into the sitting room.

Inspectors observed that after breakfast, eighteen residents started their day by joining in together in a rosary prayer in the main sitting room. A small number of these residents were using their personal rosary beads during the rosary prayers. The sitting room was supervised by care staff and the activity coordinator used this time to visit residents who choose to spend time in their bedrooms. One of two local musicians facilitated a live music session and sing-along on alternate afternoons on two days each week. The inspectors observed a sing-along session in the afternoon and this was well attended by the residents. A number of the residents enjoyed singing their favourite songs solo and this was facilitated. This main sitting room was observed by inspectors to be a hub of activity throughout the day and was where the majority of residents spent most of their time. Sounds of laughter from residents in this communal room could be heard along the corridors throughout the day of inspection. Residents told the inspectors that they 'love the fun', some of the comments made by other residents included, 'its great fun here', 'I love to sing' and 'the music sessions are the highlight of my day'. While, most of the residents preferred the music sessions, some residents said they liked doing art and colouring best or the group word challenge games. An accredited sensory activity programme was facilitated on two mornings each week for residents with dementia and less able to participate in a meaningful way in the more active social activities.

However, in contrast on the day of inspection, inspectors observed that other than interactions during care interventions by staff and a brief room visit by the activity coordinator, residents who remained in their bedrooms had limited opportunities to participate in meaningful social activities. Furthermore, inspectors observed that one resident with significant cognitive deficits was sitting alone for long periods of the day in a quiet sitting room. While, this resident was unable to talk with the inspectors, inspectors were told by staff that this resident liked to spend their day looking out of the window at the trees and the sky. Inspectors observed that this resident was facilitated with a view of the outdoors but this was the only activity they were observed participating in on the day. Staff did not remain in this quiet sitting room and residents in it were supervised by those staff who were also

supervising residents in the main sitting room on the other side of the corridor.

Residents told the inspectors that they felt safe in the centre and were, for the most part, contented and happy. However, some residents told the inspectors that they had to sometimes wait for assistance from staff. Inspectors noted one resident's call bell was ringing for 5 minutes and they intervened by seeking staff assistance on behalf of this resident. While, residents who were unable to carry out their own personal hygiene independently were assisted by staff with a body wash in their bedroom, two residents expressed their dissatisfaction that they were not assisted to have a shower. Otherwise, residents said they were well cared for by 'wonderful', 'kind' and caring staff.

The inspectors observed that some residents liked to have a later breakfast in the dining room and saw that this preference was facilitated. However, inspectors observed that the doors to the dining room were secured with a key code lock and residents could not go into the dining room outside of mealtimes without the assistance of staff to unlock the door for them. The dining room was spacious and residents could communicate with kitchen staff as a large serving hatch was kept open. Residents told the inspectors that they enjoyed their meals and the food provided was 'always nice and tasty'. Staff were available in the dining room to assist residents as necessary. While, the inspectors observed that residents and staff were comfortable in each others company, assistance provided by one staff member was not discreet or person-centred assistance as they were assisting two residents with eating their meal at the same time while, standing over them. Otherwise, staff interactions with residents were observed to be caring, gentle and respectful at all times during this inspection.

The centre premises is on ground floor level throughout and residents' accommodation was provided in 38 single and three twin bedrooms. Nine single bedrooms had en suite shower, toilet and wash basin facilities, 20 single bedrooms had en suite toilet and wash basin facilities and nine single and three twin bedrooms had a wash basin available in the bedrooms. The inspectors observed that there were sufficient toilets, including toilets close to communal sitting rooms and the dining room in the centre to meet residents' needs. However, 12 residents without en suite shower facilities on corridor number two shared one communal shower. There was three sitting rooms, a small visitor's room and a dining room available to residents. It was evident that floor covering in most of the circulation areas and bedroom doors had been recently replaced. The inspectors were told by the provider representative/person in charge that works were in progress to complete painting and maintenance in the centre. Many of the residents personalised their bedrooms with their personal items including their photographs, artwork, soft fabric blankets, books and ornaments and small items of furniture from their home. The inspectors visited most of the residents' bedrooms and observed that they varied in layout and size. While most of the bedrooms met residents' needs comfortably, inspectors observed that there was not sufficient shelf surface space available in two single bedrooms to facilitate the residents in these bedrooms to display their vases of flowers and to store their bottles of flavoured drinks. As a result both residents stored these items on the floor. In addition, the inspectors noted that circulation space was limited in two twin bedrooms, one of which was occupied by only one

resident but had two beds in it. From viewing these bedrooms the inspectors were not assured that two residents' privacy needs could be met due to the floor space available and the close proximity of screen curtains to the beds.

Residents told the inspectors that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any aspect of the service. Residents said that they were always listened to and that any issues they raised were 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 found that the provider had continued to strengthen the governance and management systems in the designated centre and that these were driving improvements in compliance and better outcomes for the residents. However more resources and effort were now required to address the areas of non-compliance set out in this report and to ensure that the improvements that had been achieved were sustained.

The registered provider of Oakwood Private Nursing Home is Oakwood Private Nursing Home Limited. One of two company directors represents the provider and is also the person in charge in the designated centre. The person in charge is a qualified nurse who is experienced in the role and has a good understanding of their regulatory roles and responsibilities. Two clinical nurse managers (CNMs) support the person in charge and deputise in her absence. However the CNMs also work as nurses providing direct care for residents on some shifts and it was not clear either from reviewing the rosters or discussions with the person in charge how supernumerary hours were allocated for the CNM's to fulfil their management roles. This required review to ensure that these managers were given adequate time carry out specific management tasks for which they were responsible in order to monitor care and services for the residents and ensure that staff were completing their work to the required standards.

The management team were supported by nurses, carers, catering staff, activities staff, the housekeeping and laundry team and maintenance staff. The inspectors heard call bells ringing for long periods on the day of the inspection. This was validated by feedback from some residents who told the inspectors that they sometimes had to wait long periods for their call bells to be answered. This was discussed with the person in charge on the day who confirmed that they had not completed an audit of call bell response times to see if call bells were answered in a timely manner.

There were two housekeeping staff on duty on the day of the inspection which was

confirmed on the roster. There was a chef and two catering assistants working in the kitchen and there was a member of staff available who had responsibility for organising and delivering activities and entertainment for the residents. There was also an administrator on duty. Staffing in these areas was in line with the roster for the day. The provider confirmed that maintenance staff worked 2 days per week in the designated centre and provided an on call service at other times. However the inspectors found that the current maintenance resource was not adequate and this was evidenced by a number of non-resident areas which were not well maintained on the day of the inspection and are addressed under Regulation 17. This is a repeat finding from the previous inspection.

The provider had a range of oversight and quality assurance processes in place. A particular strength of these systems was the oversight of clinical care which had improved since the last inspection. However more effort was now required to ensure that these processes were used effectively to identify and address any improvements needed to bring about better outcomes for residents. In addition the provider had not ensured that the oversight of key areas such as infection prevention and control and the maintenance of the premises was robust.

The provider had completed most of the compliance actions from the previous inspection in line with the time frames set out in the plan they submitted to the Chief Inspector. There was one outstanding action which had not commenced at the time of the inspection. However the provider gave assurances that the planned works would be completed by 31 March 2023 in line with the compliance plan they had submitted. Inspectors found that improvement works to the premises had been completed to a high standard including the installation of an additional shower room. The provider was awaiting final sign off from their competent person to confirm that the extensive fire safety improvement works had been completed to the required standard.

The provider had completed an annual review of the quality of the care and services provided in the designated centre. The centre had been included in the national Nursing Home Survey that had been carried out in 2022 and had used the results of the survey of their residents to inform the annual review for the designated centre. It was evident that feedback from the residents and their representatives had been used to develop the annual review and the quality improvement plan for 2023.

## Regulation 15: Staffing

The provider had failed to ensure that the number of staff available was appropriate to meet the needs of residents and the size and layout of the centre. The inspectors found that staffing resources were not adequate as evidenced by the following findings;

- Although there were two nurses and seven care staff on duty inspectors heard call bells ringing for long periods in the afternoon. At one point in the afternoon the inspector went to find a member of staff to respond to a call



bell that had been ringing for more than five minutes. This was validated by some residents who said that they sometimes had to wait for staff to become available when they called.

- There was one member of staff available to provide activities and entertainment for 43 residents on the day of the inspection. The member of staff worked hard throughout the day to provide a full and varied programme of activities for residents in the communal lounge. However inspectors observed that there were no staff available to facilitate activities for those residents with more complex cognitive needs who were unable to participate in the group activities that were provided on the day.
- Staff were not present in the one of the sitting rooms where a vulnerable resident was seated which meant that staff were not present to respond to this resident's needs for assistance and socialisation.
- The maintenance person worked in the centre for two days per week however the inspectors found that there were a number of maintenance issues that had not been addressed in the centre in a timely manner. These findings are set out under regulation 17. This is a repeated finding from the last inspection.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff were not appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. This was evidenced by:

- Incomplete care plan documentation was not addressed by senior staff
- Failure to implement residents' personal care preferences was not identified and addressed by senior staff
- Poor allocation of staff to ensure that residents' were adequately supervised in the communal sitting room.
- Inspectors' observations on the day such as the call bell waiting times were not being addressed by senior staff

Judgment: Substantially compliant

## Regulation 21: Records

Overall the records set out in Schedules 2,3 and 4 were well maintained and made available to inspectors on the day. However, one staff file did not include a full employment history record between the years of 2005 and 2017 and there was no explanation given for this gap. The provider committed to following this up at the

end of the inspection. Records were stored securely.

Judgment: Compliant

### Regulation 23: Governance and management

The provider did not ensure that there were sufficient resources to ensure the effective delivery of care and services in line with the centre's statement of purpose. The statement of purpose recorded that there were 0.7 whole time equivalent (WTE) maintenance staff available when on the day of the inspection the provider informed inspectors that there was 0.4 WTE maintenance staff working in the centre. In addition the rosters showed that there were six staff nurses and two clinical nurse managers available to work in the centre. This was not in line with the centre's statement of purpose which recorded that the provider committed to providing 10 nursing staff including 2 clinical nurse managers. The provider informed inspectors that they were currently recruiting for staff nurses

Inspectors were assured that the current management structure was being implemented in full so as to ensure there was appropriate management oversight and supervision in place. The person in charge was supported in their role by two clinical nurse managers who worked full time in the centre. Most of their time was worked as staff nurses on the units giving direct care to residents. They had some time allocated as supernumerary hours each week to complete their clinical management roles. However, the time available for the clinical nurse managers to complete their management role was not clearly set out either in the rosters or in the centre's statement of purpose. As a result the inspectors were not assured that this time was a protected element of the current management structure.

Actions by the provider were required to ensure that where improvement actions were identified through the provider's quality assurance processes that these actions were completed and the improvements were sustained. For example the action plan following a clinical audit completed in February 2022 had identified that waste bins did not meet the required standards and that there was no equipment cleaning schedule in place in the centre. This inspection found that there was no equipment cleaning schedule in place and that the waste bin attached to the cleaning trolley did not have a lid in place. These findings are discussed under Regulation 27.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose which outlined the service provided for residents did not

correspond with the findings on the inspection. For example:

- The whole time equivalent (WTE) nursing and maintenance staff hours available in the designated centre was not as described in the centre's current statement of purpose.
- The centre's statement of purpose did not clearly set out the WTE available for the clinical nurse managers to carry out their management role.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notification of an alleged safeguarding incident that was subsequently not substantiated on investigation by the provider, was not submitted to the Chief Inspector within the time frame specified in the regulations. The inspectors were assured that arrangements were now in place to ensure all incidents requiring statutory notification are submitted within required timescales.

Judgment: Compliant

### Regulation 34: Complaints procedure

Overall records of complaints were well maintained and included a record of the investigation and any actions taken to resolve the complaint. However one open complaint did not include a record of the investigation into the complaint even though the investigation had been completed.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The centre's Schedule 5 policies had been reviewed within the last three years. The policies were made available for staff and were included in the centre's induction programme and ongoing staff training.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge in the designated centre was also the registered provider's representative. They worked full time in the designated centre and were known to residents and staff. The person in charge demonstrated knowledge of the Health Act 2007 and their regulatory responsibilities under the Act.

Judgment: Compliant

## Quality and safety

There was a friendly and relaxed atmosphere and residents were seen to be contented in their surroundings. Residents were found to receive a generally good standard of nursing and health care from a staff team who knew them well. However, improvement was found to be necessary to ensure nursing care of residents' wounds reflected evidence based practice. Care and supports for residents were found to be mostly person-centred and informed by the residents' usual routines and individual preferences and wishes on this inspection. However, actions were necessary by the provider to ensure the dining room was accessible to residents and residents' privacy in twin bedrooms was respected. The findings in relation to risk to residents' privacy in twin bedrooms is repeated on this inspection. The inspectors' findings are discussed under Regulations 9: Residents' Rights and 17: Premises in this report.

The provider had completed significant fire safety works to ensure residents were protected from risk of fire. Confirmation of satisfactory completion of these works, by a person competent in fire safety, was received following this inspection.

Overall, the designated centre was well laid out on ground floor level to meet the needs of residents. Although, the provider had made improvements to the lived environment for residents in the centre since the last inspection, the layout and design of two twin bedrooms required review to ensure these bedrooms could meet the needs of two residents. In addition, the inspector was not assured that there were adequate shower facilities to meet residents' needs. Notwithstanding, the actions completed by the provider since the last inspection to progress maintenance of the internal centre environment, further actions continued to be necessary to ensure that the layout of the designated centre met residents' needs, that adequate designated storage for residents' assistive equipment is available and that the centre is kept in a good state of repair. Many of these findings are repeated from the last inspection and are discussed under Regulation 17, Premises.

The provider had improved infection prevention and control processes and procedures in the centre since the last inspection, however, not all areas needing action by the provider were completed to ensure residents were protected from risk of infection and are repeated and discussed under Regulation 27: Infection Control in this report.

The provider ensured that residents had timely access to health care including to their general practitioners and allied health professional specialists as necessary. While residents had an assessment of their needs on admission and their needs were regularly reviewed, some residents' woundcare needs were not informed by up-to-date assessments and care plan information, and as a result, did not guide nursing and care staff. While residents' individual preferences and usual routines were sought to inform their care plans, implementation of the care interventions was not always assured. The inspectors' findings are discussed under Regulations 5 and 6.

The provider had mostly ensured access to a variety of social activities and recreation opportunities for the majority of residents and their social activity needs were met. This ensured these residents enjoyed a good quality of life and were supported to continue to pursue their interests in line with their capacities. However in contrast, on the day of this inspection, a resident with complex social and cognitive needs was not adequately supported to participate in a meaningful social activity programme that suited their capabilities. Staff interaction with residents who spent a lot of time in their bedrooms was predominantly focused around care tasks and interventions and there was minimal meaningful interaction with these residents.

Residents were supported to safely meet with their visitors in line with public health guidance. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened and issues raised by residents as 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). Provision of an alternative to full-length restrictive bed rails was necessary to ensure a minimal restraint environment was promoted and that the procedures in place were in line with the national restraint policy guidelines.

### Regulation 11: Visits

Residents access to their visitors was not restricted and practical precautions were in place to manage any associated infection risks. Facilities were available to ensure residents could meet their visitors in private if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents did not have adequate space to store their personal possessions. This was evidenced by the following findings;

- Residents in a number of single and twin bedrooms did not have a suitable surface or shelf so they could display their personal possessions in their bedrooms if they chose to do so. For example, other than the window ledges residents did not have a surface to display their personal belongings. This meant that one to two residents in twin bedrooms could not have their personal possessions located within their view. Inspectors observed that vases of flowers belonging to residents' in two single bedrooms were placed on the floor in these bedrooms. The inspectors observed that bottles of soft drinks belonging to two residents were stored on the floor in their bedrooms because they did not have appropriate shelf or cupboard space available.
- Bedside lockers were not available for residents' use in a number of bedrooms. For example, in some twin bedrooms the bedside lockers were located out of the reach of the resident at the bottom of their beds. This meant that these residents either did not have a locker for storage of their personal possessions or could not access their possessions stored in their lockers when they were in bed or resting in their chairs by their bedside. The inspectors were told by the person in charge that residents' bedside lockers were returned to the side of their beds whenever they were resting in their beds and that they were moved to the bottom of the beds during the day to increase the circulation between the beds for residents. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

## Regulation 17: Premises

The design and layout of areas of the designated centre did not meet the needs of the residents and a number of areas did not conform to Schedule 6 of the regulations. This was evidenced by the following findings;

- One side of both beds in Room 6 and of one bed in Room 9 were placed against a wall which meant that the bed would need to be pulled out if the resident needed the care of two staff when they were in bed or transferring in and out of bed. However the space available between the beds did not allow for this to happen and for each resident to sit in a comfortable chair beside their bed.
- As one bed in each of the twin bedrooms numbered 6 and 9 were placed against a wall with a window in it, access to natural light from the window in both of these rooms was hindered for the other resident when the resident closest to the window had their privacy curtains closed. The inspectors observed that natural light in bedroom 6 was significantly reduced while the screen curtain was closed around the bed closest to the window.

- While adequate numbers of communal toilet facilities were provided to meet residents' needs, there was only one communal shower facility available on corridor number two to meet the needs of 12 residents. The inspectors were not assured that this facilitated all residents accommodated on this corridor to have a shower in line with their preferences and needs. For example, one resident's personal care plan referenced that they have a weekly shower but they had not had a shower in the eleven days prior to the inspection. Another resident resting in the sitting room told inspectors that they wanted to have a shower and were not satisfied with daily body washes in bed. This information was communicated to staff by the inspectors and the resident was assisted to have a shower as they wished. This is a repeated finding from the last inspection.

Some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

- Part of the floor covering extended up part of the wall in the visitor's toilet was peeling away from the wall and required repair.
- The grouting between floor tiles in a communal toilet and some residents' en suite toilets was stained and worn down and could not be effectively cleaned.
- Grab rails were not in place on both sides of some communal toilets and the toilets in some residents' en suite facilities. This finding did not promote residents independence and safety. This is a repeated finding from the last inspection.
- There was insufficient storage available for assistive equipment used to support residents and inspectors found that three commodes, four zimmer frames and a hoist were stored in one communal shower and toilet throughout the day of this inspection. Similar items of assistive equipment used to support residents were also stored in two other communal bathroom/shower and toilet facilities. This hindered residents' safe access and reduced the space available in these communal rooms. Furthermore, inappropriate storage in these communal rooms posed a risk of cross infection. This is a repeated finding from the last inspection.
- Paint was damaged/missing on wall surfaces in some residents' bedrooms and on walls along the corridors. This meant that these surfaces could not be effectively cleaned. This is a repeated finding from the last inspection.

Judgment: Not compliant

## Regulation 18: Food and nutrition

While there was staff available in the dining room to assist residents with their lunchtime meal, the inspectors observed that a member of staff was assisting two residents at the same time with eating their meals while standing over them as they sat at the table.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspectors found that the following required action by the provider to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- Screw top hand gel dispensers were available in each resident's bedrooms and in utility rooms, there were no hand gel dispensers available along any of the centre's corridors or outside potentially hazardous areas such as the sluice to support effective hand hygiene in the centre.
- A hand hygiene sink was not available close to the point of care on one corridor in the centre and this meant that the sinks in residents' bedrooms/en suites and communal bathrooms on this corridor were serving a dual purpose as facilities for residents' personal hygiene needs and as hand hygiene facilities for staff.
- Assistive equipment used in the centre and examined by the inspector appeared visibly clean, however, there was no system in place to ensure that equipment was cleaned and decontaminated after each use.
- One of the cleaning trolleys did not have a lid on the waste bin which meant the waste collected was open to the environment as the member of staff went about their work. This created a risk of cross contamination.
- The floor cleaning procedure in the centre did not reflect evidence based practices and posed a risk of cross infection. For example, floor mops were not changed between each room cleaning procedure.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspectors found from review of a sample of residents' care plans that actions were necessary to ensure that residents had complete care plans in place comprehensively referencing each residents' care needs and that these care interventions were consistently implemented.

This was evidenced by the following findings;

- One resident's behaviour support care plan did not include a number of the person-centred strategies that had been effectively used by staff to support this resident with preventing or deescalating their responsive behaviours. This meant that there was a risk that these person-centered effective strategies would not be communicated to and implemented by all staff. Nursing staff had not completed regular assessments to monitor the progress of a



resident's wound. Records showed that a photograph to monitor wound healing of this resident's wound had not been completed since 17 November 2022. As a result nursing staff did not have access to up to date information to assess the effectiveness of the resident's wound treatment plan.

- A small number of care plans viewed did not set out all of the interventions required to effectively guide and direct the care needs of residents known to be colonised with an Multidrug Resistant Organism (MDRO).
- A small number of care plans were not person centred. Two residents' preferences regarding their personal care was not implemented as described in their personal care plans. For example, one resident's personal care plan referenced that they wanted to have a weekly shower but care records showed that they had not had a shower in the eleven days prior to the inspection. Another resident told inspectors that they had not had regular showers in line with their preferred care routine. This was addressed by staff when it was brought to their attention.
- Where a resident had more than one wound, their wound care plan information did not provide adequate direction for staff on the recommended treatment procedures for each wound. For example, one resident with three wounds did not have a clear wound care plan in place to direct staff on the care interventions required for treatment of each of this resident's wounds.
- While residents at risk of dehydration had the recommended amount of fluid they should drink over each 24 hour period was stated and the amount of fluid they drank was recorded, evaluation of the total amounts of their fluid intake over each 24 hour period was not completed to ensure their recommended fluid intake was achieved. As a result nursing staff were not aware whether or not the resident had had sufficient fluids in line with their care plan.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspectors found that wound care practices in the centre did not ensure that residents received a high standard of evidence based wound care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

There was evidence of delay in referring a resident with swallowing difficulties for speech and language therapy specialist assessment. The resident had been living in the designated centre for more than 10 months and did not have either a pre-admission assessment or a more recent assessment by the speech and language therapy service in line with their needs. This meant that the resident's nutritional care plan was not informed by an appropriate speech and language therapy specialist assessment.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

Use of full-length bed rail equipment was not in line with National restraint policy guidance. Inspectors found that although alternative equipment was tried, full length bed rails were being used because other more suitable enabling equipment was not available for residents. This meant that restrictive equipment was being used inappropriately which was not in line with national guidance.

Judgment: Substantially compliant

## Regulation 8: Protection

Measures to ensure residents were safeguarded from risk of abuse were in place and the procedures to be followed by staff were set out in the centre's policies. For example, further to investigation of a recent allegation of physical abuse that was not substantiated, a number of actions were implemented by the provider/person in charge to ensure any unexplained injuries to residents' skin were identified without delay and investigated to rule out any possibility of physical abuse.

All staff were facilitated to complete safeguarding training and staff spoken with clearly articulated their knowledge regarding presentation of the different types of abuse and their responsibility to report any concerns they may have regarding residents' safety.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had failed to ensure that residents could carry out personal activities in private. this was evidenced by:.

- The privacy curtains were positioned closely around each bed space in twin bedrooms and did not allow for staff or residents to move freely if the bed was pulled away from the wall. As a result the inspectors were not assured that the space available and the layout of these bedrooms would ensure residents' privacy would be maintained during transfer with assistive equipment into and out of bed or during personal care activities.

Residents were not supported to exercise choice in their daily routines. This was evidenced by:

- Residents could not choose to access the dining room outside of mealtimes without the assistance of staff to unlock the door to this room for them.

The provider had a social activity schedule in place that included group and one-to-one social activities and residents were seen enjoying these activities on the day of the inspection. However, inspectors observed that some residents with higher levels of cognitive impairment did not appear to have equal access to social activities to meet their interests and capacities to participate. This observation was validated by records reviewed by the inspectors which showed that some of these residents had not attended social activities for a number of days.

Judgment: Not 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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0037476

Date of inspection: 31/01/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Senior staff have now been charged with the responsibility of monitoring call bells and ensuring they are attended to promptly and, in addition, feedback will be sought from residents on a daily basis            An unannounced audit that will involve interrogating the call bell system and the time taken to answer the bells will take place by the end of April and the findings will be discussed at the following monthly Clinical Governance meeting and any remedial actions if needed will be implemented            With immediate effect, no resident who is at risk of falls will be left unattended in any of the common rooms used by the residents            The issues identified under Reg 17 in the main are where an outside contractor is engaged to carry out these works</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</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:            All care plans are personalized and residents' preferences are identified, however, these may and do change on a regular basis and therefore CNMs will oversee the care plans in their supernumerary hours to ensure identified changing patterns are recorded for reference.            Care plans evolve daily and whilst all staff have an awareness some of the minutiae may</p>	

not be detailed in the care plan which is why we feel it is imperative that all staff know and understand the resident as fully as is possible.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The SOP has now been amended to reflect the updated staffing position  
Moving forwards rosters will show CNMs supernumerary hours as and when they are worked which cannot always be shown in advance but will reflect the time spent on their management role

This action plan following the clinical audit Feb 2022 is available and was available to view. As it is an ongoing quality improvement plan it is held on the computer and updated as work is carried out. Cleaning schedules were developed and commenced in 2022 and are on-going.

'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The SOP has now been amended to reflect the updated staffing position

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The completed investigation report into the complaint as reviewed by HIQA has been printed and added to complete the record file.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All bedrooms within the Nursing Home meet the regulatory floorspace requirements. A review of the room layout in the double bedrooms will identify whether a reconfiguration would optimize the residents personal circulation area. It should be recognized that in some cases it is the preference of the resident to insist on having their possessions within hand reach which may appear messy to outsiders but can be upsetting to the resident when asked to declutter. Referring to the 2 rooms of concern, both residents have been previously offered a larger room as it became available, however, they both refused stating they liked their current rooms.</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>As mentioned above all bedrooms meet the regulatory floorspace requirements and a review of the room layout will identify if space and light can be optimized further. There are sufficient communal showers within the Nursing Home albeit not all beside each resident's bedroom and residents are always facilitated to meet their preferences and needs. Where it was highlighted that a resident did not have a shower for 11 days, this resident regularly refuses to shower or will change their mind on choices regularly. This has not previously been recorded as a refusal in the daily records to confirm personal choice, however, the record will now show any refusal of a daily activity e.g. a shower to provide clarity on care provided. This is now been included as part of staff learning and development.</p> <p>As part of our scheduled capital spend on refurbishment, floor coverings have now been replaced and communal toilet areas are complete.</p> <p>En suite facilities already have a minimum of one grab rail and where an immediate additional rail is identified as being required this has been done. All remaining grab rails identified as being necessary to be fitted are on a programme of planned works in order of priority.</p> <p>Staff have been reminded of the importance of storing assistive equipment in their proper areas ensuring that the communal areas are safe and easily accessible for everyone.</p> <p>The majority of painting work is complete following the refurbishment, including all</p>	



<p>circulation corridors, however, as this is a busy environment there will always be a need for follow up on areas such as painting for marks on walls etc.</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Staff have been reminded that providing 1:2:1 assistance when feeding is much more effective and personal when seated one side of the resident.</p> <p>'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Hand gel dispensers as confirmed by HIQA are available at every resident's bedroom door and also in utility rooms and sluice room. Following a request by HIQA hand gel dispenser stations will be installed at points along circulation corridors</p> <p>Lids for the waste collection on the cleaning trolleys have been ordered</p> <p>Flat mopping system has been trialed previously within the Nursing Home and proved to be less effective than the current system in place. Floor mops are changed regularly and a different mop is used where any room presents a high risk such as resident identified with MDRO</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and care plan:  
 Where strategies used by staff to support residents with challenging behaviours are effective these will now be recorded in care plans where not already listed.  
 Documentation around wound care is now guided by the HSE National Wound Management Guidelines  
 A template care plan for MDRO (Multidrug Resistant Organism) has now been developed to guide and direct the care needs of those residents known to be colonized with an MDRO  
 Care plans are person centred, however as previously explained this can and does change on a regular basis and consequently the CNMs do undertake regular reviews to keep abreast of any changes in preferences and needs  
 As identified earlier, wound care is now guided by the HSE National Wound Management Guidelines  
 Whilst a resident at risk of dehydration had been having their fluid intake recorded this is now being totalled for each 24-hour period

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 Speech and Language assessments have taken place for any resident identified as being at risk

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 Bed rails are not used to restrain residents as this is against policy. Where residents request bed rails as their personal choice for feelings of security or assistance in independent movement their request is enabled. Where residents are in agreement with this, partial use of bed rails (part-raised) are operated allowing the resident to move freely and independently in and out of the bed.

Regulation 9: Residents' rights	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All bedrooms meet the regulatory floorspace requirements and a review of the twin room layout will identify if space and light can be optimized further.</p>	

There are 2 televisions in every shared room which was completed following a previous inspection

Although the main door to the dining room was not always accessible during the inspection, 24 hour access to the dining room can and is gained via the doors off the main sitting room which is supervised by a staff and is regularly used by the residents wanting to access. Access is only restricted through the main doors when there are no staff present in the dining room for health and safety reasons.

Refusal to participate in group or social activities was not previously recorded in the daily records to confirm personal choice, however, the record will now show any refusal of a group or social activity. This has now been included as part of staff learning and development.

Life stories and personal interest records are always in place for all residents as part of their admission process with input from next of kin where required to help guide staff in providing opportunities for residents to participate in meaningful social activities. In addition, we are compiling a meaningful activities assessment for each resident to more thoroughly guide us in personalizing our delivery to meet interests and capacities for all.

## 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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2023
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.	Not Compliant	Orange	06/04/2023

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	06/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/04/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	06/04/2023
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	31/07/2023
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	06/04/2023
Regulation 23(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	06/04/2023

	designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	06/04/2023
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	06/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	30/09/2023

	staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/04/2023
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	06/04/2023
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	06/04/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	06/04/2023

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	06/04/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	06/04/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	06/04/2023



	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	06/04/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	06/04/2023
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	06/04/2023