



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

Issued by the Chief Inspector

Name of designated centre:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Unannounced
Date of inspection:	13 April 2021
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0032792

About the designated centre

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

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

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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 13 April 2021	09:50hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The centre was a quiet and relaxed place to live where residents received safe care and services and where their rights were upheld. The inspector observed that the corridors were wide, bright and were decorated with a display of residents art work.

Residents said it was a safe place to live. One resident said she loved it because there was loads to do, bingo, music, art work, you name it they did it. Residents were observed laughing, smiling and having fun while participating in activities. The residents appeared happy and it looked like they really were enjoying the music, dancing and singing which was being facilitated by the activities co-ordinator and care staff.

The residents described the staff as very sociable and kind. One resident described them as "a marvellous bunch of people" with the activities co-ordinator receiving a gold star from all residents spoken with.

Residents said they were well cared for. One resident said "they wanted for nothing" it was a great place to live. They said the food was great, they received a choice at each meal and were given anything they liked to eat. One lady said she was "glad she didn't have to cook it" and it was served hot and always tasted good. Another resident described it as first class. The inspector observed some areas of the morning tea service which required improvement and improvements had been put in place for the service of afternoon tea.

The inspector observed staff interacting on a one to one basis with residents. They were seen sitting and talking to residents, taking the time to ask if they were ok or if they needed anything. Residents sitting in their bedroom had their call bell by their side and told the inspector that if they rang the bell it was answered promptly.

The inspector observed visitors being welcomed back into the centre for the first time in 2021. They were risk assessed by staff prior to being permitted to visit. Residents were thrilled to be able to see their family members again. One resident described how tough the isolation from family had been and how thrilled they were to be having visitor's that day.

Residents were involved in the review of their care plans and they said they saw their general practitioner on a regular basis. The inspector confirmed this when reviewing a sample of residents' files.

The inspector observed good infection control practices that were being closely monitored by the management team. There were wall mounted holders for personal protective equipment (PPE) and wall mounted hand sanitisers along the corridors. Good hand hygiene practices were observed throughout the inspection however clinical wash hand basins were not readily accessible to staff.

The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This family owned centre was well managed. The management team was stable and the centre was well resourced. The centre continued to be in overall compliance with the legislative requirements.

The Chief inspector had been notified of an outbreak of COVID-19 in January 2021 which effected one staff and nine residents, thankfully no residents died.

The management team were aware of there roles and responsibilities, they worked closely with each other. The provider representative worked full-time in the centre and supported the person in charge and clinical nurse manager to manage the centre. Together they maintained a good level of oversight of the care and services being provided to residents. This oversight ensured a high standard of care was consistently delivered to residents.

The staffing numbers reflected those outlined on the statement of purpose. There were no staff vacancies and staff turnover was low. Staff were provided with opportunities to attend mandatory training together with additional training which enabled them to provided evidence based nursing care to residents.

The centre received few complaints. The communication with residents and their relatives was continuous and relatives appeared at ease approaching members of the management team with any queries they had. This ensured any issues of concern were addressed promptly.

Regulation 15: Staffing

The staffing numbers and skill mix were good. They enabled staff to meet the assessed needs of the 58 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was two or more qualified nursing staff on at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, certifying the death of a resident, phlebotomy and in caring for residents in their final journey. The training matrix was kept up-to-date.

There was good supervision of staff. The inspector saw from the sample of staff files reviewed that the staff had annual staff appraisals completed with the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. The management team had a comprehensive knowledge of the regulatory requirements and had the skills to carry out their work. They were known to staff, residents and relatives.

The management team had oversight of the quality care being delivered to residents. They had a system in place for auditing practices and there was clear evidence of learning and improvements being made in response to audit reports and feedback from residents.

An annual review had been completed for 2020 and it included consultation with residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The procedure reflected the legislative requirements and practice reflected the policy. There were few complaints received, for example no complaints had been received in quarter four 2020. The complaints process was reviewed on a quarterly basis by a member of the management team.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule five of the regulations were

available for review. They were all due there three yearly review in 2021 and the person in charge stated that the process of reviewing them had begun and they would all be reviewed prior to the end of 2021.

Judgment: Compliant

Quality and safety

The quality of service and quality of care received by residents was of a high standard. The residents received evidence based nursing care. The ethos of care was one where the resident's independence was promoted and their rights were upheld.

Robust recruitment procedures were in place and these ensured the staff caring for residents were appropriately vetted prior to being employed. The provider was assured they had the appropriate skills and knowledge to carry out their roles and responsibilities before they cared for residents.

Residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents needs were met in line with their wishes. The residents had a full medical review completed each quarter, this had a positive impact on their health and wellbeing, as they knew their health status was monitored closely.

There was a weekly schedule of activities developed by the activities co-ordinator following consultation with the residents. The activities kept them busy throughout the day. The wide variety of activities included in the schedule ensured that all residents had some form of activity they enjoyed available to them.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were extremely happy to have their families and friends visiting them once again. The re-introduction of visitors had a positive impact on both residents and staff, they lifted the atmosphere in the centre.

Infection control practices were in keeping with best practice. A COVID-19 risk assessment was complete and it had been implemented in practice during the recent COVID-19 outbreak. The outbreak had been well-managed and resulted in minimum negative impact on residents infected with the virus. Continuous hand washing and environmental audits had contributed to these good practices.

Regulation 11: Visits

Visiting had commenced in line with HSPC on COVID-19 Guidance on visits to Long Term Residential Care Facilities (LTRCs). A procedure had been developed and implemented which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre.

Judgment: Compliant

Regulation 13: End of life

Residents were encouraged and supported by staff to discuss their end of life plans. A sample reviewed were clear, concise and included a person-centred and holistic approach to end of life care.

The centre was supported by the general practitioner and local palliative care team to provide end of life care to residents.

Judgment: Compliant

Regulation 26: Risk management

There were no risks identified on this inspection. There was a risk management policy and the risk register were available for review. The risk register included the risk associated with a COVID-19 outbreak together with other actual and potential risks identified in the centre. However, the main body of the risk register had not been updated since 2018.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA were implemented by staff. Clinical wash hand basins were not readily available to staff in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessment and care plan reviews took place within a four month period or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Each resident had a COVID-19 care plan in place which identified any specific risks or needs that the resident may have in keeping themselves protected from the virus. Residents were monitored for signs and symptoms of COVID-19 and their temperature was recorded twice per day.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais was provided to residents. Residents had access to their General Practitioner (GP) who visited the centre each week. Residents had a medical and medication review completed on a three monthly basis.

Residents had access to members of the allied health care team including occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and chiropody services as required. Referrals were made promptly.

Judgment: Compliant

Regulation 8: Protection

There was a safe-guarding policy in place and residents were protected from abuse. The recruitment procedure in place ensured staff had garda (police) vetting in place prior to working in the centre.

There was no reports of alleged abuse in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by the activities co-ordinator,

those residents with dementia were included.

Residents had access to an environment which enabled them to undertake activities in private. They were offered choices in all aspects of their day-to-day life and their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	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 Oak View Nursing Home OSV-0000151

Inspection ID: MON-0032792

Date of inspection: 13/04/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>While clinical wash hand basins are available in all treatment rooms, sluice rooms and housekeeping rooms. We appreciate your suggestion of installing clinical wash hand basins in heavy foot fall areas in the 3 suites i.e. (sitting room/dining room areas). We are currently sourcing 3 HBN 00/10 clinical wash hand basin for these heavy foot fall areas. We have identified an area in the 3 suites where these hand basins can be placed so as to facilitate staff washing their hands. Once these sinks are delivered, they will be installed immediately.</p>	

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 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	01/09/2021