



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Lodge Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	Kilreesk Road, Skephubble, St Margaret's, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0035349

About the designated centre

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

Oakwood Nursing Home is a purpose-built single-storey facility registered to provide accommodation to a maximum of 30 residents. It is a mixed-gender facility providing 24-hours nursing care for people aged 18 years and over with a range of needs, including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia, palliative and care of the frail and elderly. Accommodation is provided in 20 single and five twin rooms, a number of which have en-suite facilities. In addition, there is a range of sitting rooms, lounges and activities rooms for social gatherings. An oratory is also available. There are four internal courtyards providing a safe outdoor space to the residents. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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 18 January 2022	10:50hrs to 16:20hrs	Helena Budzicz	Lead
Tuesday 18 January 2022	10:50hrs to 16:20hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

During this unannounced one day inspection, inspectors observed residents being well cared for by a dedicated team of staff who knew them well and where the rights of the residents were promoted and their wishes and choices respected. The inspectors spoke with a small number of residents and visitors during the inspection. They were very complimentary of the service provided. Inspectors observed that residents could receive visitors in the privacy of their own bedrooms if they wished. Families told the inspectors that the centre had kept them informed about what was happening in the centre and would ring them if there was any change to the resident's condition. It was evident that the service was valued and supported by the local community.

On arrival, the staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. An opening meeting was held with the person in charge, who also accompanied inspectors on a walk around of the centre. The building has undergone extensive refurbishment - converting double occupancy rooms to single en-suite. In addition, staff changing and break and storage areas have been added. Inspectors saw that the communal rooms and bedrooms were generally clean. The walls were decorated with interesting artwork and pictures. The inspectors observed that bedrooms were personalised with residents' photographs and pictures. There was sufficient storage available for residents' clothing and personal possessions. The layout of the centre supported residents to mobilise freely throughout, including those with impaired mobility.

The inspectors observed a pleasant, relaxed atmosphere throughout the day. Residents were well-groomed, they were engaged with what was happening around them, and they appeared to be content. Inspectors saw staff interacting with residents in a kind and respectful manner, and it was evident that the staff knew the residents well. Residents' privacy and dignity were also respected by staff, with staff observed to knock on residents' bedroom doors before entering and ensuring that bedroom doors were closed when giving personal care. There was a varied and interesting activity programme available in the centre, and residents told the inspectors there was always something to do.

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 on the quality and safety of the service being delivered.

Capacity and capability

The provider demonstrated the capacity and capability to ensure good quality care was being delivered to the residents. While the provider and person in charge demonstrated responsiveness to the last inspection's findings and were keen to meet regulatory compliance, this inspection highlighted that improvements were still required in relation to fire safety in the centre.

The purpose of this unannounced inspection was to monitor compliance with the regulations and to review the provider's applications to vary the conditions 1 and 3 of the registration certificate. The designated centre is registered to accommodate 30 residents, with plans to increase this capacity to 45 residents. The centre has been renovated and extended to include twelve additional single bedrooms and the conversion of some of the existing twin bedrooms and communal facilities on the ground floor (staff changing rooms, staff canteen, sluice room, and toilets).

The inspectors found that there were clear lines of authority and accountability set out in relation to governance and management arrangements in the centre. At the operational level, support was provided by a chief operating officer representing the provider, who was present in the centre weekly. Care in the centre was directed through the person in charge. The person in charge was supported by a clinical nurse manager, a team of nurses and health care assistants, as well as household, catering and administration staff.

Requested records were made available to the inspectors and were seen to be well maintained. All staff had Garda Vetting disclosures in place prior to commencing employment in the centre. The policies required to be in place to support best practices were seen to be well maintained and updated in line with regulatory requirements.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application was submitted to vary the conditions 1 and 3 attached to the current registration.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was comprehensively maintained in line with Schedule 3 requirements for all residents required long-term care and short-term care.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed and found to contain all of the requirements of Schedule 2 and 4 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The inspectors reviewed the insurance cover, and the certificate included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place for monitoring quality and safety in the centre. However, inspectors found that the management systems in place required improvement to monitor the fire safety of residents in the centre as detailed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated statement of purpose had been submitted to the Chief Inspector as part of the application to vary the conditions 1 and 3 of the current registration. It met the legislative requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced nurse and had the required management qualification for the role and experience in the care of older persons. They demonstrated a strong knowledge of the Health Act 2007 and regulations.

Judgment: Compliant

Quality and safety

Inspectors reviewed the systems in place to manage the ongoing risk to the quality of care and the safety of the residents. Residents were provided with good standards of nursing and health care. Refurbishment works in the centre were completed on the days of inspection. The overall environment was pleasantly decorated and homely. The centre was observed to be clean on the day of this inspection, and there was evidence of good oversight of cleaning within the centre. Inspectors observed that the registered provider had processes in place to ensure infection prevention and control protocols were being observed and practised by the staff team.

A risk management policy and risk register was in place and maintained. The identified clinical and environmental risks were outlined, and the plan to control these risks was clear.

From a fire safety perspective, bedroom doors were fitted with devices which afforded residents the choice to have their bedroom door open or ajar, and door closers were not an impediment to their manoeuvrability through the building. Once the fire alarm activated, the doors would close. Externally the escape routes were adequate and free from obstruction for means of escape in the event of a fire emergency.

A fire safety risk assessment was carried out at the centre. Significant progress had been made by the provider in completing these items as per the provider's schedule. The provider was aware there were minor fire non-compliance's identified in the centre's fire safety risk assessment due to be completed in the first quarter of 2022 as planned by the provider. Further assurance was required in relation to the

provider's final sign-off from their fire consultant, which was subsequently submitted.

Staff spoken with during the inspection were knowledgeable on the centre's fire evacuation policies procedures and had been involved in simulated fire drill evacuations.

The provider was proactive in identifying and managing fire risks in the centre and the inspectors acknowledged that any minor faults that could be addressed on the day were promptly rectified with further assurances received following the inspection. Nevertheless, some further action was required in respect of addressing observed fire door deficiencies and compartmentalisation of the centre to support the safe evacuation of all residents in the event of fire. The provider showed inspectors where each fire compartment boundary was located in the existing section of the building. However, the perceived compartment boundaries were not accurate, and further assurances were required. This is outlined in more detail under regulation 28.

Regulation 11: Visits

Visits were managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). Visitors were appropriately risk assessed on entering the centre. The inspectors observed that visitors visited their loved ones in their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

A review of wardrobe space was recommended to ensure that each resident had suitable and sufficient space to store their clothes and bedside lockers in close proximity to their bed.

The laundry system in place minimised the risk of items of clothing becoming damaged or misplaced. Clothes were marked and returned safely from the laundry.

Records relating to residents' finances were well maintained and were available on file. The provider acted as a pension agent for two residents at the time of the inspection, and procedures in place were in line with the Department of Social Welfare guidance.

Judgment: Compliant

Regulation 17: Premises

The premises reviewed on the day appeared to be meeting the needs of the 45 residents.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which included a process for hazard identification and assessment of risks throughout the designated centre. The risk register had been updated to include the risks associated with COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required in relation to the identification and management of fire safety risks in the centre.

The provider did not take adequate precautions against the risk of fire. For example; a fire door was observed to be wedged open in the kitchen area; another fire door to a treatment room containing oxygen cylinders did not close fully when released (this was addressed on the day of inspection).

Not all fire doors were of the required standard and assurances regarding the integrity and performance of fire doors inspected on the day were required. For example; minor gaps were observed on some cross-corridor fire doors; a smoke seal and hinge screws were missing from a fire door assembly. Furthermore, inspectors noted a double set of corridor fire doors within one compartment boundary that did not have the requisite sixty-minute fire resistance

Inspectors were not assured that adequate arrangements were in place for reviewing fire precautions. For example floor plans had not been updated following the refurbishment works and did not show the extent of compartment boundaries to inform the centre's evacuation strategy for phased horizontal evacuation.

Inspectors were not assured that adequate arrangements were in place for containing fires. For example inspectors observed some ceiling cracks over the

reception area and other minor holes to the fire rated-ceiling in the centre which required fire stopping and other service penetrations through fire-rated walls.

Inspectors were not assured that adequate arrangements were in place to evacuate all persons in the event of a fire. For example the completion time as per evacuation drills reviewed did not provide assurances of safe and timely evacuation of all residents within one compartment.

In addition, the centre's existing fire evacuation strategy required review as this was based on sub-compartments that did not exist. The centre's largest compartment did, in fact, accommodate 22 residents and not 10 residents as understood by staff.

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
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for Oakwood Lodge Nursing Home OSV-0000154

Inspection ID: MON-0035349

Date of inspection: 18/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Oakwood Lodge will continue to review the fire safety register on a regular basis, and additional quality improvements including regular building fabric and services review will improve oversight of fire safety within the home. • Fire Safety will continue to be an agenda item of priority on the biweekly Senior Management Team meetings within Oakwood Lodge. 	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Oakwood Lodge nursing home will continue with ongoing education for all staff in relation to Regulation 28- Fire precautions • A quality improvement of increased routine checks on building fabric and services has been commenced to highlight and address issues in a timely manner. • The insertion of a new set of double doors with 60 minutes fire resistance as opposed to the current 30 minutes to be completed by the 29th of April 2022. • Ceiling cracks and other minor holes will be addressed by April 29th 2022. • Review of fire precautions to be completed with a commitment to submitting up to date floor plans of the building once relevant works within the home have been completed and, for those floor plans to be signed off by the relevant competent experts involved in this development. • Instalment of two sub compartments within an identified compartment of the nursing home and subsequent commitment to achieving the lowest possible evacuation time of these compartments, this will be completed by April 29th 2022. 	

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 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	01/05/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	01/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	01/05/2022

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/05/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/05/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	01/05/2022