**Centre name:** Oakwood Private Nursing Home  
**Centre ID:** OSV-0000372  
**Centre address:** Hawthorn Drive, Athlone Road, Roscommon.  
**Telephone number:** 090 66 37090  
**Email address:** oakwoodnhros@gmail.com  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Oakwood Private Nursing Home Limited  
**Provider Nominee:** Declan McGarry  
**Lead inspector:** PJ Wynne  
**Support inspector(s):** None  
**Type of inspection:** Unannounced Dementia Care Thematic Inspections  
**Number of residents on the date of inspection:** 54  
**Number of vacancies on the date of inspection:** 1
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 04 October 2017 09:30
To: 04 October 2017 19:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
<td></td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td>Substantially Compliant</td>
<td></td>
</tr>
<tr>
<td>Outcome 12: Notification of Incidents</td>
<td>Substantially Compliant</td>
<td></td>
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</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. Prior to this inspection the provider had submitted a completed self-assessment document to the Health Information and Quality Authority (HIQA) along with relevant policies. The inspector reviewed these documents prior to the inspection. The inspector met with residents, staff members and the person in charge. The inspector tracked the journey of residents with dementia and observed care practices and interactions between staff and residents.
A formal recording tool was used for this purpose. Documentation to include care plans, medical records and staff files were examined.

There were a total of 54 residents in the centre on the day of this inspection. All residents were residing in the centre on a continuing care basis except one resident admitted for a period of respite care. There were 17 residents with maximum dependency care needs and nine were assessed as highly dependent. Twenty two residents had medium dependency care needs and six residents were of low dependency. At the time of inspection 29 residents were identified with a dementia related condition as their primary or secondary diagnosis. The centre provided a good quality service for residents living with dementia. The inspector spent a period of time observing staff interactions with residents with a dementia. The care needs of residents with dementia were met in an inclusive manner.

Staff knew residents well, were familiar with their care needs, routines, patterns of behavior and engaged with them positively and regularly throughout the inspection. The inspector used an observational tool to assess the experience of residents during the day. The observation evidenced residents had a person-centred service with positive and regular interactions from staff. There was a range of activity and good one to one interaction between staff and residents. There was a varied social and recreation programme in place. This was facilitated by an activity coordinator and by various external groups who visited the centre on an organised basis weekly.

Resident’s nutritional needs were well met. The provider employs a physiotherapist who works two days a week in the centre. There was evidence of reviews by the dietician and the speech and language therapist.

The building was bright, spacious, warm and comfortable. There was a number of dementia friendly design features throughout that included space for residents to walk around freely, good lighting, contrast in colours used for floors, walls and handrails. Hallways were wide and unobstructed. All bedrooms are single en-suite rooms. Bedroooms were suitable in size to meet the needs of residents with adequate storage space for all their personal belongings.

Mandatory training required by the regulations was maintained up to date. Staff had completed training in safe moving and handling, fire safety and safeguarding procedures. In addition professional development training was ongoing.

The areas that were noted to require improvement included more expedient medical review following admission. The documenting and recording of wound management records required review. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were a total of 54 residents in the centre on the day of this inspection. At the time of inspection 29 residents were identified with a dementia related condition as their primary or secondary diagnosis. All residents were residing in the centre on a continuing care basis except one resident admitted for a period of respite care. There were 17 residents with maximum dependency care needs and nine were assessed as highly dependent. Twenty two residents had medium dependency care needs and six residents were of low dependency.

Clinical assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs. A comprehensive assessment was completed on admission. Care plans were developed for issues identified on assessment and to manage short term health problems including chest or urinary infections. Clinical risk assessments were on a four monthly basis or more frequently to meet the changing needs of residents. There was evidence of consultation with residents or their representative in care plans reviewed of agreeing to their care plan.

All residents had a social and recreational care plan developed outlining details of their past life, interest and hobbies. Residents with responsive behaviours or impaired cognition had care plans in place in relation to communication and mood. While these were well developed from some residents other require further review. Similarly care plans for responsive behaviours did not always detail clearly the full extent of some of the issues being managed for residents with agitation. The detail of potential triggers and deescalating techniques require review to provide more detail to guide staff interventions. While there was good detail in some care plans, for example one care plan reviewed detailed the resident was aware of his surrounding, knows his family but he forget the names of staff. Doll therapy was utilised to reassure two residents and staff described this intervention had worked well, it was not outlined in the care plan.
Residents had access to GP services and there was evidence of medical reviews. However, in one file reviewed a resident recently admitted to the centre was not reviewed by the GP since admission.

Resident’s nutritional needs were well met. There was a clear policy to guide staff on the required interventions at each stage of nutritional monitoring, including observing intake over a specified period, review by the dietician and the prescribing of supplements. The care files evidenced good access to the dietician when required to obtain specialist advice to guide care practice.

Nutritional care plans were in place for all residents with a risk identified. Residents’ food like and dislikes were identified and recorded. The recommendations of dieticians and speech and language therapists were updated in care plans and communicated to staff. A record of residents who were on special diets such as diabetic and fortified diets or fluid thickeners was available for reference by all staff and kept under review. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a frequent basis and those identified at risk were closely monitored. There were eight residents being weighed weekly at the time of this inspection. Cold drinks including juices and fresh drinking water were readily available throughout the day. These were placed on small side tables in the sitting room in close proximity to residents.

The provider employs a physiotherapist who works two days a week in the centre. The physiotherapist is available to review all residents and undertake individual exercises to promote mobility, improve respiratory function and develop passive exercise regimes for more frail residents. Where required each resident has a personalised exercise program developed. There is support equipment to promote resident mobility. A set of parallel bars is available and one resident spoken with explain his daily exercise routine using the equipment. Referrals were sent to allied health services as required. There was evidence of reviews by dietician, the speech and language therapist, psychiatry, or optician.

There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. Staff provided end of life care to residents with the support of their GP and the community palliative care team. Records indicated that end-of-life preferences were discussed with residents and/or their relatives and these were documented in residents’ records. Relatives spoken with confirmed being involved in end of life care planning with the nursing staff.

A good range of pressure reliving equipment was available. Residents with poor skin integrity were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity. There were a small number of wound care issues being managed and there was evidence of wounds healing or healed. There was access to a clinical nurse specialist in wound management if required. Since the last inspection the person in charge has introduced a skin inspection assessment as part of the suite of clinical risk assessments to be completed on admission.

However, the clinical assessment, documenting and recording of wound management was inadequate. This was an area identified for improvement in the previous inspection.
Wound assessment records were not completed each time dressings were changed. Nursing notes did not outline a clinical evaluation of the progress of the wound in all cases. While photos were taken they were at irregular intervals and in some cases not dated or did not have appropriate measurements recorded. There was variation in nursing practice as to evidence based reporting as to the progress of the adequacy of the type and frequency of the care interventions, dressings applied and assessment of pain. There was not a wound care plan for each wound problem being managed. The documentation of assessment and progress of wounds was an area identified for improvement in the action plan of the previous inspection report.

Judgment:
Non Compliant - Moderate

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Measures to protect residents being harmed or suffering abuse in the centre were in place. Residents told the inspector they felt safe and attributed this to staff being around to help them and not having to wait long for attention. There was a policy and procedures in place to guide staff in the prevention, detection and response to abuse. Residents had access to an independent advocacy service. The contact information for the service was displayed in the entrance corridor of the centre.

The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

Residents with dementia who displayed responsive behaviours had a care and support plan in place to guide staff when supporting residents. Incidents of responsive behaviours were recorded. The inspector observed staff help residents appropriately and sensitively during periods when they were restless or anxious. Referrals for specialist advice were made to allied health professionals including members of the team for old age psychiatry when staff required additional advice and support to ensure appropriate care was delivered. Training on dementia care and associated behaviour patterns had been completed by the majority of the staff team. One staff member described how she
understood the impact of dementia on residents better and explained the importance of tone of voice and manner of approach as being important.

A restraint free environment was promoted based on the national policy. At the time of this inspection there were 13 residents with bedrails raised, seven at the request of residents and six in the interest of residents’ safety. A risk balance tool was completed. The documentation reviewed evidenced alternatives were considered prior to using bedrails for example, increased staff supervision measures, low-low beds, sensor alarms and crash mats. Risk assessments were regularly revised. However, they were not supported with a plan of care for each resident with the bedrails raised.

**Judgment:**
Substantially Compliant

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**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector spent periods of time during the morning and in the afternoon observing staff interactions with residents in the dining and sitting room. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The observations took place in the separate sitting areas and in the dining room.

Residents had a positive experience from staff interactions. Residents were not isolated or left alone for long periods without contact. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Call bells were positioned by staff to ensure they were within easy reach for residents who preferred to spend time in their bedroom.

Residents were calm and relaxed in the presence of staff. The inspector observed that staff including nurses, care staff, catering and household staff communicated slowly and clearly and treated residents with respect. They took time to communicate with residents and did so in a kind and patient manner. Staff knew residents well and could describe for the inspector their backgrounds and specialist interests. The person in charge explained each morning one of his first tasks is to go around the centre and meet with each resident and speak with them.

The rights and dignity of residents including those with dementia were found to be respected. Residents were consulted, their independence was promoted and they were provided with opportunities to engage in meaningful activities daily. Residents’ religious
and political rights were respected and facilitated. Residents were consulted with individually. There was evidence of good communication with families. While a residents forum was established regular resident's meetings were not facilitated to provide a collective forum to elicit the views of residents on the service.

Residents' were encouraged to personalise their bedrooms and inspector saw that most residents had photographs and personal items on display. The communal areas were decorated in a comfortable home like way where residents could relax. Seats were provided at the end of corridors and provided quiet pace for some residents to sit by themselves for short periods. These areas were also used by residents when meeting visitors. The main dining room was noted to have features such as a wooden dresser with crockery on display and wall light fittings in place. The floor covering was being replaced at the time of inspection with the majority of the work complete. Residents spoken with were interested in the decorating.

Residents’ privacy and dignity was respected and the inspector noted that residents could spend time alone in their rooms when they wished. They received personal care in their own bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. They had choice in relation to how they lived and they had a choice of activities.

There was a varied social and recreation programme in place. This was facilitated by an activity coordinator and by various external groups who visited the centre on an organised basis weekly. There is an activity coordinator employed. She met with the inspector and described the range of activities facilitated. She provided specialist activities targeted to meet the needs of people with dementia and these included Sonas- which is a sensory and music programme. There was live music organised at least twice weekly. A seat based exercise session to music was provided weekly and an aromatherapist visits the centre regularly. The activities coordinator explained bingo is a regular activity at the request of residents.

Residents spoken with were highly complementary of the care, services and facilitates. One resident described an outing to a local hotel the previous Sunday by a small group of residents, which he enjoyed very much and said he ‘had a great day’. Another resident described her visit to Lourdes as part of the Diocesan Pilgrimage. One resident spoken with described the ‘food, care, attention and cleanliness as superb and while a big change at this stage of my life all the staff have helped me the best they can’.

There were alternative communication aids available to help staff communicate with residents who may have a difficulty expressing themselves. A pictorial communication aid board was at the nurses’ station. It had pictorial representations to assist residents communicate any unmet need or pain, cold, tired, or help with varied activities for example exercises, newspapers or emotional expressions. While the daily menu was displayed on the notice board it was not visible clearly to all residents and no individual menus were provided on the dining room tables.

**Judgment:**

Substantially Compliant
**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre maintained a complaints policy that met the requirements of the regulations. It was available in an appropriate format in the residents’ guide. A copy was on display in the centre and outlined the contact details of the Complaints’ Ombudsman’s office.

A review of complaints recorded to date showed that they were dealt with within a suitable timeframe. The outcome of the complaint and if the matter was resolved to the satisfaction of the complainant was recorded. The inspector found that complaints were appropriately responded to and records were kept as required.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Residents and relatives spoken with expressed confidence in the management team to resolve any issues or problems. Residents stated they had no concerns about speaking with staff if they had a concern or problems. Relatives spoken with they were kept informed of any changes and the nurses phoned to give updates if they were not due to visit. One family described due to the distance they lived they were unable to visit routinely. The nurses contacted them to advise of any changes in their next of kin’s care needs and general wellbeing.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a clear management structure in place reflective of the statement of purpose. Staff were aware of the reporting structure and the line management system. The
number and skill-mix of staff was appropriate to the assessed health and social care needs of residents. The inspector spoke with several staff members and found that they were knowledgeable about residents’ individual needs. There were procedures in place for supervision of residents in all communal areas. A planned and actual staff roster was available and the inspector saw that the staff on duty on the day of inspection reflected the staff roster.

There are generally two nurses rostered throughout the day until 21.00hrs and there is an overlap of two hours in the afternoon four days in the week when there are three nurses. In addition the person in charge assists with delivery of care at certain times in the morning and at mealtimes in the dining room. There were a sufficient number of care assistants rostered on each work shift.

The inspector noted that the day room was supervised at all times and there was adequate staff on duty to assist residents at meal times. In addition to the nursing and care staff, the centre had employed a maintenance person, physiotherapist and activity coordinator part-time. Laundry, catering and administrative staff were also available. There was a clearly defined system to deploy staff throughout the day to the care needs of residents. Staff spoken with explained how they were deployed on each shift and confirmed they were divided into teams and report to an assigned nurse. Staff were clear on their responsibilities.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff who work with vulnerable people. The inspector reviewed the personnel records and found that the required Schedule 2 information including vetting disclosures were available. The person in charge gave verbal assurance all staff had required vetting in place.

There was evidence that residents knew staff knew residents, their visitors and their backgrounds well. Staff engaged easily with residents in personal conversations. There was a low turnover among staff ensuring continuity in care. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

Mandatory training required by the regulation was maintained up to date. Staff had completed training in safe moving and handling, fire safety and safeguarding procedures. In addition professional development training was on-going. Staff over the past year had undertaken training in caring for residents with dementia, responsive behaviours and promoting a restraint free environment. There is an automated external defibrillator (AED) maintained in the nurses’ station. Thirty five staff have completed cardio pulmonary resuscitation training and AED training.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings between each work shift to ensure good communication and continuity of care from one shift to the next. However, the systems of communication to support staff with providing safe care did not include regular staff team meetings to ensure consistency in professional practice for example the clinical assessment and recording of wound care.

**Judgment:**
**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
The centre is a single-storey construction. It was purpose-built and designed to meet the needs of dependent persons. The building was bright, spacious and comfortable. It was well maintained and decorated to a good standard.

All bedrooms are single en-suite rooms. The bedrooms are located on different corridor designed around gardens. The corridor on which bedrooms are located are painted in different colours and referred to by staff by the colours which they are a painted in a way to help residents identify their bedrooms.

Bedrooms were suitable in size to meet the needs of residents are with adequate storage space for all their personal belongings. Each resident had their own wardrobe chest of drawers and a bed side locker. All bedrooms have good natural light and views of the surrounding grounds. En-suites were suitably ventilated and provided with call alarms and grab-rails in showers. Toilets were located close to communal areas.

There was a variety of seating areas residents could choose from. There is a large sitting room adjacent to the dining room where the majority of resident like to sit. There is a second sitting room where residents went to partake in different activities during the day. This room was also used by residents to spend time with their visitors in the evening if they did not wish to use the visitor room. They were seats with side tables provided in two separate areas close to the main entrance and some residents were observed meeting at intervals during the day in these areas conversing and interacting well socially with staff.

Residents had access to a safe enclosed garden which was well landscaped. A gazebo was under construction in the garden to enhance the use for residents.

Equipment and appliances including pressure relieving mattresses, hoists, wheelchairs and other aids were available. Records were available to indicate servicing at appropriate intervals. Adequate space for storage of assistive equipment and space for the secure storage of personal belongings was available. Call bells were visible and easy to reach in all rooms. Laundry, cleaning and sluice facilities were appropriate to the size and layout of the premises. Restrictors were fitted to windows.

Improvements in signage and visual cues to help guide and orientate residents around
the building is required. While there were some pictorial signs to denote bedrooms the residents name was not completed on all signs. There was limited signage to direct residents from bedrooms to communal areas. Further development to support residents in maintaining independence is required in this area. Clocks were not provided in all bedrooms to help orientate residents regard time.

**Judgment:**
Substantially Compliant

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Training records evidenced staff had received up-to-date mandatory fire safety training. Fire drills were completed as part of the annual training and in house drills are completed. This was an area identified for improvement in the action plan of the last inspection report. However, the fire drill procedures require review as they are similar on each occasion. The format to complete drills requires review to take account of different scenarios for examples no drill were completed to reflect a night time situation when staffing levels are reduced.

There were procedures to undertake and record fire safety checks. A fire register was maintained. Weekly checks of automatic fire doors and the fire alarm were completed. A record of the number and type of fire fighting equipment was maintained. Notices on the action to take on hearing the fire alarm or discovering a fire were placed around the building. There were fire escape route plans to show the location of the nearest fire exit and the designated escape route from various points within the building. Fire extinguishers were serviced annually and the fire alarm and emergency lighting quarterly throughout the year in accordance with fire safety standards. On the day of inspection, all fire exits and corridors were clear and unobstructed. However, the fire policy requires review to reflect the centre procedures of progressive horizontal evacuation.

The management of clinical risks such as falls were guided by policies and practices. Risk assessments are undertaken to mitigate and reduce the risk of falls. Residents were referred for review by the physiotherapist. A good range of assistive equipment and devices was supplied to meet the needs of residents. Frail residents were supplied with specialist seating to meet their individual needs. Moving and handing risk assessments and care plans outlined the type of hoist and sling required.

Post fall incident reviews were completed in the aftermath of a fall to identify any
contributing factors. Residents were referred for review by the physiotherapist and care plans updated to detail any new recommendations. This was an area identified for improvement by the action plan of the last inspection. Staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents’ needs.

A risk register was maintained and all accident, incidents and near miss events were documented for reporting purposes. The form was revised as required by the action plan of the last inspection and includes space to detail whether the GP and next of kin were notified and the detail of any transfer to hospital.

Judgment:
Substantially Compliant

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The registered provider fulfils the role of the person in charge. The provider is knowledgeable of the physical and psychosocial care needs of residents and supports the nursing team in the delivery of clinical care. The person in charge is supported in his role by a senior nurse. There is an overlap of two hours in the afternoon four day in the week. The senior nurse during this time supports the person in charge in the clinical governance systems.

There was evidence of quality improvement strategies and monitoring of the services. The procedure to complete audits and to inform learning to ensure enhanced outcomes for residents was reviewed since the last inspection and is well developed. Audits of the activities were completed to ascertain the activities most important to residents and resident’s participation. An audit of infection control practice and hand hygiene was completed.

A detailed review of any falls was completed. The information was presented in graph format to help identify any trends or patterns. However, the falls audits was not completed at regular interval to help identify a risk or trend at the earliest opportunity for example increased falls at certain times or in specific location. The falls audit was completed over a six month period. This was discussed with the provider and they indicated they plan to increase the frequency of the falls audit.

An annual report on the quality and safety of care was compiled was the past year.
All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The total fee payable was specified. Expenses not covered by the fee and incurred by residents for example, chiropody, escort to appointments or hairdressing were identified.

**Judgment:**
Substantially Compliant

### Outcome 12: Notification of Incidents

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required. However, one notification in relation to an injury sustained by a resident while notified to HIQA was not submitted within the three day timeframe required by the regulations.

**Judgment:**
Substantially Compliant

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakwood Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000372</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>04/10/2017</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents with responsive behaviours or impaired cognition had care plans in place in relation to communication and mood. While these were well developed from some residents others require further review.
Similarly, care plans for responsive behaviours did not always detail clearly the full extent of some of the issues being managed for residents with agitation.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**1. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
All Residents with responsive behaviours or impaired cognition will have their care plans updated, these updates will detail clearly the full extent of the issues being managed (agitation, anxiety, restless, disorientation and documentation of comfort measures that help to alleviate the individual issue i.e giving some Residents dolls, distraction, and changing them to a quieter environment) for those Residents who are agitated and restless.

**Proposed Timescale:** 01/12/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The clinical assessment, documenting and recording of wound management was inadequate. Wound assessment records were not completed each time dressings were changed. While photos were taken they were at irregular intervals and in some cases not dated or did not have appropriate measurements recorded. There was not a wound care plan for each wound problem being managed.

**2. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
This has been discussed with all Nurses and they all feel that it would be better practice to commence all wound care on our computer programme system (EPIC) where interventions will be regular, dated, measured, photos taken, wounds evaluated and pain assessed. All wounds will have a wound care plan in place. In certain cases Residents can acquire incontinence associated dermatitis which would not be considered Pressure wounds / ulcers and though they would require certain care would not be regarded as wounds.

**Proposed Timescale:** 10/11/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In one file reviewed, a resident recently admitted to the centre was not reviewed by the GP since admission.

3. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
All Residents post admission will be seen by their GP for review within 1 month if medically stable, in some cases admissions come from distance and their GPs may not be in a position to visit them, when it is necessary to change GP which can take some time to arrange.

Proposed Timescale: Immediate.

**Proposed Timescale:** 07/11/2017

### Outcome 02: Safeguarding and Safety

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Restraint risk assessments while regularly revised were not supported with a plan of care for each resident with the bedrails raised.

4. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
All Residents who have bed-rails in place will have a plan of care in place under safe environment.

**Proposed Timescale:** 01/12/2017

### Outcome 03: Residents' Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
While a residents forum was established regular resident’s meetings were not facilitated to provide a collective forum to elicit the views of residents on the service.

5. **Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
It is our intention to increase our Residents meetings going forward to one meeting each quarter to provide a collective forum to elicit the views of our Residents.

**Proposed Timescale:** 01/12/2017

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The daily menu was displayed on the notice board it was not visible clearly to all residents and no individual menus were provided on the dining room tables.

6. **Action Required:**
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

**Please state the actions you have taken or are planning to take:**
Individual menus will be available to our Residents on the dining tables and care will be taken to print the menu board more clearly so that our Residents can see what is available each day.

**Proposed Timescale:** 10/11/2017

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The systems of communication to support staff with providing safe care did not include regular staff team meetings to support consistency in professional practice.

7. **Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.
Please state the actions you have taken or are planning to take:
Staff meetings will be arranged on a more regular basis to support staff with providing safe care to our Residents.
There is a morning staff report which is attended by PIC, RN's and Healthcare Assistants where information is shared and updated on a daily basis. This forum is used to exchange information by all staff regarding clients and discuss changes to be implemented as well as updates in any changes in the nursing home.

Proposed Timescale: 01/12/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited signage to direct residents from bedroom to communal areas. Further development to support residents in maintaining independence is required. Clocks were not provided in all bedrooms to help orientate residents regard time.

8. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
It is our intention to provide more signage to assist our Residents finding their way around the Home. Clocks will be provided in all bedrooms.

Proposed Timescale: 01/12/2017

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill procedures require review as they are similar on each occasion. The format to complete drills requires review to take account of different scenarios for examples no drill were completed to reflect a night time situation when staffing levels are reduced.

9. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case
Please state the actions you have taken or are planning to take:
Fire drills in future will take into account different scenarios to include all shifts and particularly at night.

**Proposed Timescale:** 01/12/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire policy requires review to reflect the centre procedures of progressive horizontal evacuation.

10. **Action Required:**
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
The fire policy is under review and adjustments made to procedures of progressive horizontal evacuation.

**Proposed Timescale:** 01/12/2017

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The falls audits was not completed at regular interval to help identify a risk or trend at the earliest opportunity for example increased falls at certain times or in specific location.

11. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The falls audit will be completed every three months and evaluated to help identify risks or trends and put corrective actions in place to help reduce the incidence of falls.
Proposed Timescale: 01/12/2017

Outcome 12: Notification of Incidents

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One notification in relation to an injury sustained by a resident while notified to HIQA, was not submitted within the three day timeframe required by the regulations.

12. Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
We are now in contact with HIQA through a portal and this will give us a better communication mechanism so as to be within timeframes.

Proposed Timescale: Immediate.

Proposed Timescale: 07/11/2017