<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Oakfield Nursing Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005701</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Courtown, Gorey, Wexford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>053 942 5679</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@oakfieldnursinghome.com">info@oakfieldnursinghome.com</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Knockrobin Nursing Home Limited</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Liz Foley</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>74</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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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 Monitoring Compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<td>22 March 2019 11:20</td>
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<tr>
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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>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td></td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td></td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td></td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td></td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td></td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The provider self-assessment which scores the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland, was not submitted in advance of the inspection. Therefore the table above states only the inspectors' rating for each outcome. Inspectors followed up on unsolicited information received by the Office of the Chief Inspector. Apart from some delays in responding to call bells inspectors did not find evidence to substantiate the concerns.

On the day of the inspection, there were 31 (41%) residents in the centre with a confirmed or suspected diagnosis of dementia. Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Inspectors met with residents and staff members during the inspection. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

The wellbeing and welfare of residents with dementia was maintained by a high standard of evidence based nursing care and appropriate medical and healthcare. Inspectors found that care plans had gaps. The provider had identified care plans as an area for improvement and was in the process of transferring all nursing care plans to an electronic system. Not all residents with dementia had a documented end of life care plan and therefore their preferences and wishes may not inform their end of life care.

Staffing levels had increased in 2019 to meet the changing needs of residents. Inspectors were not assured that staffing levels were consistently adequate to meet the needs of residents over a 24 hour period. The systems in place to ensure that all staff had mandatory training needed to be strengthened. Immediate action was required to ensure that all nurses on night duty staff had fire safety training. Not all staff had attended training in dementia care or in managing behaviours that challenge; this was an incomplete action from the previous inspection. Inspectors found that not all staff had the knowledge and skills appropriate to their role to work therapeutically with residents who had behaviour that is challenging.

Social activities were provided over seven days and the range of activities met the needs of the majority of residents. However the social needs of residents with advanced dementia were not met on a consistent basis.

A restraint-free environment was promoted within the centre. Less than 10% of residents were using a form of restraint in the centre.

Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection. Residents with dementia were supported to have a voice and they were consulted about the organization of the centre. There was
evidence of a proactive approach to elicit feedback from people with dementia and their complaints were taken seriously. Residents’ privacy and dignity was respected.

The location, layout and design of the premises were found to suitably meet the residents' individual and collective needs in a comfortable and homely way. Resident’s bedrooms were personalised and they had access to a secure outdoor area as well as a variety of communal rooms. Signage and colour was used to support residents' navigation of the centre, both in communal spaces and in residents' bedrooms.

These issues are discussed further in the body of the report and the actions required are included in the action plan at the end.
**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings in relation to residents' healthcare, nursing assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. On the day of the inspection, there were 31 (41%) residents in the centre with a confirmed or suspected diagnosis of dementia. Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Aspects of care such as nutrition, medicines management and end-of-life care were reviewed in relation to other residents with dementia.

The wellbeing and welfare of residents with dementia was maintained by a high standard of evidence based nursing care and appropriate medical and healthcare. Residents had care plans developed to meet their assessed needs. However, some care plans lacked detail and did not reflect the standard of care provided. The views and wishes of residents and families (where appropriate) were sought when their care plans were developed and reviewed. However, not all residents with dementia had a documented end of life care plan to ensure that their preferences and wishes informed their end of life care.

Prospective residents and/or their families, where possible, were encouraged to visit the centre before deciding to live there. The person in charge or clinical nurse manager carried out an assessment on all residents prior to admission. This gave prospective residents and their family information about the centre and also ensured that the service could adequately meet their needs.

Inspectors found that the medical and nursing needs of residents with dementia were met to a good standard. The centre was in the process of transferring all nursing care plans to an electronic system. For this reason the sample of care plans reviewed by inspectors were presented in both written and electronic format. A comprehensive nursing assessment was completed within 48 hours of admission, this informed a plan of care which was individual to each resident’s assessed needs. Nursing assessments included biographical, health and social care information which was assessed using validated nursing tools. Standard nursing assessments included the resident’s risk of...
malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs, among others. Staff who spoke with inspectors were knowledgeable regarding each resident's care preferences. However, care plans did not contain sufficient person-centered detail to inform residents' care preferences and wishes and did not reflect the level of care given.

Residents with dementia had their healthcare needs met through timely access to medical treatment and allied health services as appropriate. Residents who lacked the capacity to make informed decisions about their health needs were supported in the decision-making process by the inclusion of the residents' next of kin or care representative, GP and independent advocate as appropriate. Psychiatry of old age was easily accessible and maintained regular contact with residents as required. Health screening including retinal, bowel and breast screening was made available to residents. Residents' vital signs were checked regularly and routine blood screening was completed annually.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. However not all residents with dementia had a documented end of life care plan and therefore their preferences and wishes may not inform their end of life care. Residents' spiritual needs were met to a good standard. Local clergy visited the centre regularly and funeral services were facilitated at the centre in line with the wishes of the residents and their families.

The nutrition and hydration needs of residents with dementia were met to a good standard. Residents with dementia were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. A small number of residents with dementia experienced unintentional weight loss. Nutritional support plans were in place. These included regular reviews by a dietician, speech and language therapist and regular weight and intake monitoring. Some nutritional support plans were not updated to reflect specialist advice from visiting therapists; however this risk to residents was mitigated by staff knowledge and access to the therapist recommendations. Residents with dementia who required modified consistency diets and thickened fluids, received the correct diet and their modified meals were presented in an appetizing way. Residents with dementia who required assistance with meals were facilitated in a small dining room which had less activity or distraction. Inspectors observed these residents receiving discreet, person centered support with meals. Some residents were assisted to eat in their rooms according to their individual needs and preferences. The centre had successfully implemented a buffet breakfast for residents which was available from 8.30am to 10.30 am daily in the dining room and was fully supervised. Residents enjoyed this dining experience and had become more adventurous in their food choices.

Accidents and incidents were well managed and residents were regularly assessed for risks, including falls, malnutrition, absconision and pressure sores. These risk assessments informed proactive care and residents had access to a physiotherapist and occupational therapist, if indicated. There was a low incidence of falls resulting in serious injury to a resident. Incidents were investigated and documented and care plans were updated to reflect any changes to the residents’ care as a result of re-assessment following an accident or a fall. Residents were supported to maintain their independence.
through ongoing physical activation and positive risk taking, that incorporated safety strategies to minimise the impact of any identified risk.

There were good medication management practices in the centre. Centre specific policies and procedures supported and reflected the day-to-day operational aspects of safe medication practices. Residents' medication reviews were completed in accordance with regulatory requirements. However, improvements were required to ensure the maximum daily dose of 'as required' medication was documented consistently in all medicine prescription kardexe's. Of the sample of medicine kardex'es viewed by inspectors, all of these residents were on more than five regular medications daily, which is not in line with best practice of polypharmacy in older persons. This was discussed with the person in charge who told inspectors they would review the current process with the intention of implementing a validated and structured review of medications that incorporated best practice guidelines. Medicines were stored safely in the centre and medication fridge temperatures were recorded daily, this was a completed action from the previous inspection. Procedures were in place for return of unused or out-of-date medicines to the pharmacy. Medication incidents were investigated and any learning gained was used to improve practice and ensure resident safety was maintained.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There were measures and procedures in place to ensure the prevention, detection and response to abuse of residents. Staff were facilitated to attend safeguarding training and were knowledgeable of how to identify and report any concerns they may have. Staff, residents and relatives stated that the person in charge ensured that there were no barriers to disclosing any concerns. Some residents had responsive behaviors (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were not supported by a consistent team approach and behaviors exhibited by some residents impacted on others.

A small 11 bed unit operated on the lower level of the centre. Although this was not a dementia specific unit this area accommodated residents with advanced needs and had a separate dining room, sitting room and accessible sensory garden. Some of the residents in this area were observed to have responsive behaviours. Behavioural
assessment forms were completed but they were not consistently used to inform behavioural support plans. Behavioural support plans lacked sufficient detail to guide care and a consistent team approach to supporting these residents was not evident. Staff gave inconsistent accounts of strategies to be used to support individual residents and to reduce the incidence and impact of responsive behaviours. Some staff outlined very person-centred interventions for individuals exhibiting responsive behaviours, while others appeared somewhat indifferent to these behaviors. It was evident that some but not all staff viewed a resident with responsive behavior as a resident trying to communicate an unmet need. Throughout the day inspectors observed the behaviours of some residents impacted negatively on other residents. Inspectors held the view that not all staff on the unit had the knowledge and skills appropriate to their role to respond and manage behaviour that is challenging.

A restraint-free environment was promoted within the centre. Less than 10% of residents were using a form of restraint in the centre, and all forms of restraint were documented in the restraint register. Alternative non-restrictive equipment such as low beds and half-length bedrails were used to support vulnerable residents. Assessments were in place for those using restrictive equipment.

The nursing home did not act as a pension agent for any resident in the centre. A lockable unit was available to each resident in their bedroom for securing their personal possessions. A number of residents also placed small amounts of money for their day-to-day expenses for safekeeping by the centre. This money was held securely and all transactions were transparent and signed by the resident where possible. A sample of records relating to this process was reviewed by the inspectors and found to be correct.

Judgment:
Non Compliant - Moderate

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:
Residents with dementia were supported to have a voice and they were consulted about the organization of the centre. Residents’ privacy and dignity was respected. Facilities for recreation were provided and a range of activities was available to meet the needs of the majority of residents. However the social needs of residents with advanced dementia were not met on a consistent basis.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff
and residents at five minute intervals in the sitting rooms and the dining-room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. Observations of the quality of interactions between residents and staff for selected periods of time indicated that the majority of interactions demonstrated positive connective care (59%). These observations were during planned activities and assisted meals. There were almost equal observations’ of task orientated care and neutral care.

There was evidence that when possible, residents with dementia were consulted with and gave feedback about the organisation of the centre. The centre had identified that a group of residents with dementia and advanced communication needs were not able to provide feedback about how the centre was organised. The centre had implemented positive steps to mitigate this, which included inviting their next of kin/care representative to regular meetings with the provider and person in charge. The first meeting had already been scheduled for April 2019. A resident representative also attended the monthly residents’ meetings to act as a voice for residents. In response to feedback about food choice at a recent residents’ meeting a food quality questionnaire was developed. This questionnaire is currently being completed by residents and its feedback will help inform food choices going forward. Residents had access to an independent advocacy service and these details were clearly displayed in the notice area near the reception.

Residents privacy and dignity was respected. Staff were observed knocking on doors and providing discreet assistance to residents throughout the inspection. The majority of residents had single bedrooms and the shared bedrooms had adequate privacy screening to protect residents privacy and dignity. Resident’s choices were respected and residents were supported to carry out activities in private.

Social activities were provided over seven days by an activities manager. This was recently supplemented by the addition of an activities assistant who works an additional 22 hours per week at activities. A schedule of activities was displayed in several areas in the centre and contained varied and interesting activities for residents to attend. There were opportunities for most residents to participate in meaningful activities. Group activities for all residents took place in the sitting room on the ground floor most days. Some residents with dementia were facilitated in a smaller multipurpose room, opposite the sitting room. A small group of residents with dementia attended color therapy during the inspection which was facilitated by a volunteer. The centre had engaged very well with volunteers and some of the additional activities provided by volunteers included knitting group, men’s group, music and bingo.

There was however a number of residents with advanced dementia, who were not provided with opportunities to participate in activities in accordance with their interests and capacities. The inspector observed that three residents who attended a group activity, slept through the activity and two residents at the rear of the room were withdrawn and passively sitting in their chairs not engaging in any way, despite the best efforts of the staff member. These residents were not offered alternative activities. Social care plans for some of these residents did not contain sufficient detail to guide staff in providing suitable activities and one of the sample viewed did not have a social
There was suitable equipment available, such as rummage boxes and fiddle blankets, which were stored in a cupboard in a communal room. However, these were not individualized and opportunities for residents to use them were missed. Many of these residents were unable to communicate their needs or wishes and some staff were not aware of the likes/dislikes and preferences or how to engage with individual residents socially. One of the activities team was trained in the provision of a specialist sensory focused activity for residents with dementia. Although the range of activities provided suited many of the residents, inspectors formed the view that residents with advanced dementia often did not have opportunities to participate in activities in accordance with their interests and capacities.

Visitors were welcome in the centre and quieter communal spaces were available to facilitate visits. Self-service refreshments were available to all visitors. Inspectors observed many visitors throughout the day.

**Judgment:**
Non Compliant - Moderate

### 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:**
Systems were in place to ensure that the complaints or concerns of residents with dementia or their representatives were accessible and responded to appropriately. There was evidence that complaints were taken seriously and feedback was welcomed.

The complaints procedure was displayed in the centre and in the residents' guide, which was accessible to each resident. The person in charge was the nominated complaints officer for the centre. The inspectors found that residents with dementia and their families knew how to make a complaint. Complaints were documented separately to a resident's care plan and those viewed were investigated with outcomes communicated to the complainant and the level of satisfaction recorded.

Learning from investigation of complaints informed improvements in service provision. A person other than the complaints officer was assigned to review the process to ensure complaints were appropriately managed in line with the centre's policy. Advocacy services were available to assist residents with making a complaint if necessary.

**Judgment:**
Compliant
**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Inspectors found that, on the day of the inspection, there was sufficient staff numbers to meet the assessed needs of the residents in the centre, particularly those with dementia. However inspectors were not assured that staffing levels were consistently adequate to meet the needs of residents. Systems to ensure that all staff had mandatory training needed to be strengthened. The person in charge took immediate action to to ensure that all nurses on night duty staff had fire safety training.

A planned and actual staff roster was in place, with changes clearly indicated. The roster reviewed by inspectors reflected the staff on duty, on the day of the inspection. All leave or absences were filled by the centre’s own staff and did not require the use of agency staff. The management team outlined how staffing levels were under constant review and amended in response to residents' needs. This was evidenced by the fact that care hours were recently increased by six hours in the evenings, and an activities assistant had been recruited in January 2019. Inspectors spoke with many residents throughout the inspection, and two residents told inspectors that they sometimes had to wait a long time at night to have their call bells answered. Call bell audits for four days indicated that an average of 16% of call bells were not responded to within five minutes with a high of 21% on one day. Ongoing review and management of call bell response times is required to ensure the needs of all residents are being met in a timely manner.

A suite of mandatory and other training was available to staff to support their professional development, including cardiopulmonary resuscitation (CPR), infection prevention and control, advanced care directives and wound care. A training matrix demonstrated the training that was completed by staff. Not all staff had attended training in dementia care or in managing behaviours that challenge, this was an incomplete action from the previous inspection. The matrix also indicated that a small number of staff did not have sufficient training in fire safety. Some of these staff were rostered on night duty in the 7 days following the inspection and were therefore responsible for the safe evacuation of residents in the event of a fire. For this reason, inspectors issued an immediate action plan to ensure that all outstanding staff received fire safety training. Following the inspection, the person in charge confirmed that fire safety training had been scheduled for 10 April 2019, and that in the interim only staff with the required training would be rostered on night duty. All staff had completed up-to-date moving and handling training and all but two staff had up-to-date training in the prevention, detection and response to abuse. Following the inspection, the person confirmed that training had been arranged within the next month for the following
areas: the prevention, detection and response to abuse and challenging behaviours.

An induction process was in place for newly-recruited staff, which included close supervision of these staff members. Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection.

A sample of staff files were reviewed by the inspector and these were found to contain all of the information required by Schedule 2 of the regulations, including evidence of completed An Garda Síochána vetting. The person in charge confirmed that all staff working in the centre had completed the vetting process prior to commencing employment. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A number of volunteers were operating in the centre at the time of the inspection. Inspectors found that they all had An Garda Síochána vetting disclosures in their files. Volunteers' roles and responsibilities were also set out in writing.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

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

**Findings:**
The location, layout and design of the premises was found to suitably meet the residents' individual and collective needs in a comfortable and homely way. The person in charge outlined plans to redecorate various parts of the centre in the weeks following the inspection, as well as provide new furniture for residents' bedrooms.

The centre provides accommodation for 75 residents in 35 single bedrooms and 20 twin bedrooms over two floors. All bedrooms have full ensuite facilities. Residents' rooms were bright and nicely decorated. It was clear that residents and their families were encouraged to personalise the bedrooms with ornaments and furniture from home. An assisted bathroom was available in the centre, and was decorated with brightly coloured objects and flowers.

There were a number of communal rooms located across three floors of the building including a large chapel, a library, three dining rooms and two sitting rooms. A room dedicated to arts and crafts was situated on the second floor and staff supported residents to access this for a variety of activities. A sun room, containing a coffee
machine, was regularly used as a quiet space and to host visitors. This was being used by various residents and visitors throughout the inspection. The dining rooms were decorated in a homely manner, with brightly coloured tablecloths on each table. A smoking room was available to residents and was configured in a way that allowed staff to safely supervise residents, if required.

A secure garden was accessible from the ground floor, which contained a variety of flowers, shrubbery and garden furniture. The person in charge also outlined plans to develop a dementia-friendly garden that would be accessible from the first floor.

Signage and colour was used to support residents' navigation of the centre, both in communal spaces and in residents' bedrooms. Personalised signs outside residents' bedrooms to help people recognise their rooms, as well as signs on residents ensuite toilets, were seen throughout the building. Corridors were marked with contrasting colours to distinguish them. Residents' independent mobility was supported through the use of handrails that were fitted on both sides of corridors and in toilets and showers. Residents were seen to be mobilizing around the centre throughout the day either independently or with the support and supervision of staff.

Inspectors identified that there was insufficient storage space within the centre, this was also an action from the last inspection. A linen cupboard was located in an assisted bathroom, and three wheelchairs were also being stored in this room during the inspection. Inspectors also observed an armchair being temporarily stored in a sluice room, and found that assistive equipment was often placed in the corridor outside communal rooms while activities were taking place. The person in charge stated that a plan was currently being developed to address storage issues in the centre.

While call bells were visible and available in the majority of rooms, inspectors found that mobile call bells were missing from two communal rooms.

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:**

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

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<th>Oakfield Nursing Home</th>
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<td>Centre ID:</td>
<td>OSV-0005701</td>
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<tr>
<td>Date of inspection:</td>
<td>22/03/2019</td>
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<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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans did not reflect the level of person centered care provided. Some residents did not have an end of life plan and some did not have a social care plan. Behavioural support plans were not updated as per behavioural assessments which influenced an inconsistent approach to managing responsive behaviours.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
All residents will have a plan of care within 48 hours of admission which will be based on pre-admission assessment, a comprehensive assessment on admission and ongoing assessment and will include end of life care planning and behavioural support plans as indicated.

Care plan training will be provided for all staff nurses scheduled for 01.05.2019. Training will be provided to Activity staff on focused Social Mental and Emotional Wellbeing Care planning by 31.05.2019.

ABC recording charts are currently in place. A new responsive behaviour analysis sheet has been designed and implemented which correlates all information obtained from ABC charts and helps identify root causes and interventions and assists in completing focused behavioural care plans.

A comprehensive handover sheet for all direct line staff including nurses and health care assistants has been implemented that outlines the individual needs of each resident and is updated daily. This aids in communicating information from care plans to staff to ensure a consistent approach to resident care.

Proposed Timescale: 30/05/2019

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an inconsistent approach to managing responsive behaviours. Major impact was on individuals who were impacted by the behaviours of others and by the environment.

2. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Further training in challenging behaviour has been arranged for 24.05.2019 to ensure all staff will have completed training in dementia training or behaviours that challenge by 30.06.2019.

ABC recording charts are currently in place. A new responsive behaviour analysis sheet has been designed and implemented which correlates all information obtained from ABC charts and helps identify root causes and interventions and assists in completing focused behavioural care plans.

A comprehensive handover sheet for all direct line staff including nurses and health
care assistants has been implemented that outlines the individual needs of each resident and is updated daily. This aids in communicating information from care plans to staff to ensure a consistent approach to resident care.

Training will be provide to all nurses scheduled on 01.05.2019
Training will be provided to Activity staff on focused Social Mental and Emotional Wellbeing Care planning by 31.05.2019
All residents presenting with behaviours that challenge will have a focused positive behaviour support care plan.
Reconfiguration of staff allocation is planned which will include the placement of a nurses station in the ground floor 11 bedded unit and provide continuous nurse presence from 7:30am – 8pm. By 30.06.2019

Proposed Timescale: 30/06/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some residents with advanced dementia did not have opportunities to participate in activities in accordance with their interest's and capacities'.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
Activities schedule has been reviewed and a separate schedule now in place using the additional 22 hours which focuses on residents who have reduced capacity to verbalize their needs and will include individual 1:1 and group activities.
Care plan training will be provide to all nurses scheduled on 01.05.2019
A comprehensive handover sheet for all direct line staff including nurses and health care assistants has been implemented that outlines the individual needs of each resident and is updated daily. This aids in communicating information from care plans to staff to ensure a consistent approach to resident care.
Additional financial input to assist in providing identified equipment and activities to meet the need of the residents such as rummage boxes and fiddle blankets.
Training will be provided to Activity staff on focused Social Mental and Emotional Wellbeing Care planning by 31.05.2019

Proposed Timescale: 31/05/2019
**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not assured that staffing levels were consistently adequate to meet the needs of residents over a 24 hour period.

**4. Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
On the day of inspection staff levels were found to be sufficient to meet the assessed needs of the residents. Going forward staffing levels will be kept under review for number and skill mix to continue to ensure they meet the needs of the residents and any identified issues are addressed.
Call bell auditing in place to review calls and response times and to identify any issues that need to be addressed and actioned.

**Proposed Timescale:** 31/05/2019

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of staff did not have up-to-date training in fire safety and in the prevention, detection and response to abuse.

A number of staff had not completed training in either dementia care or behaviours that challenge. This was identified at the previous inspection.

**5. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Fire training was carried out on 10.04.2019. All staff currently up to date. Going forward all staff will have fire training complete before being assigned to night duty.
Safe guarding of vulnerable adults training was conducted on 27.03.2019. All staff currently up to date.
Training in behaviours that challenge scheduled for 24.05.2019 to ensure all staff have training in dementia care or behaviours that challenge by 30.06.2019
Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Call bells were absent from two communal rooms in the centre.

There was insufficient storage space in the centre, an issue which had also been identified at the previous inspection.

6. 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:
A weekly room check audit in place which includes communal areas of the nursing home and will ensure call bells are provided in all required areas.
Reconfiguration plans for the nursing home will provide additional storage space for equipment and will be completed by 30.06.2019