



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

Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Announced
Date of inspection:	25 January 2022
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0035215

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 37 single rooms and 19 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre also has one end of life room, and a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

67

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 January 2022	09:30hrs to 18:45hrs	Liz Foley	Lead
Tuesday 25 January 2022	10:30hrs to 18:45hrs	Niall Whelton	Support

What residents told us and what inspectors observed

Residents were very positive about their experience of living in Oakfield Nursing home. Good centre governance supported residents to have a good quality of life and provided safe services for residents. The service had already identified fire risks which inspectors found on inspection and had an improvement plan in place. Inspectors observed practices, greeted many residents during the inspection and spoke at length with four residents to gain an insight into the lived experience in the centre.

On arrival inspectors were guided through the centre's infection control procedures before entering the building. Alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Staff were observed wearing the correct PPE and frequently performing hand hygiene.

The centre was warm and appeared clean throughout and there was a relaxed, homely and friendly atmosphere. The centre was laid out over three levels with the ground and first floors consisting of four main corridors. The lower ground floor was limited to one corridor and had its own dining room and day room which overlooked a sensory lavender garden. The ground floor overlooked garden spaces and many bedrooms had doors opening out onto the grounds. There was a choice of communal spaces that residents could use on the ground floor including, an oratory/day room, visitors room large dining/day spaces and quiet room. The first floor had been totally refurbished and now contained accommodation for up to 16 residents. A large sitting room overlooked the centre's garden and there was access to a safe enclosed balcony with and adjacent dining room. A library room was also available on the first floor. Residents could access all levels of the centre via a passenger lift. There was suitable seating throughout and the centre was decorated to a high standard.

Residents appeared well cared for and were relaxed and engaged in the company of other residents and staff. Inspectors observed a lively karaoke session in the morning with residents participating and singing their favourite songs. The layout of the centre allowed the two groups of residents from each side of the centre to interact safely across a wide corridor during group activities. Activity schedules were clearly displayed in pictorial format on the notice board at the reception area and residents gave positive feedback about the choice and quality of activities provided in the centre. Residents stated that weekly mass was important to them and were happy that they could continue to practice their religious beliefs, particularly during periods of restriction from COVID-19. Religious services from all denominations could be facilitated in the centre.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to

COVID-19 and had kept them informed as things happened. Residents were happy with the arrangements in place to keep them safe and felt they could have visitors as they wished but some were looking forward to the future where life might get back to normal.

Residents expressed high levels of satisfaction with the service provided, for example, their bedrooms, the quality and choice of food, their routines, access to the hairdresser and laundry services. Residents said they were encouraged to give feedback and would have no hesitation in expressing any concerns or requests. They were highly complimentary of the staff in the centre and stated they were always responsive, kind, and could not do enough for them. Inspectors observed many examples of discreet and person-centered care throughout the day.

Several visitors were observed in the centre during the day and two visitors took the time to speak with inspectors. They expressed high levels of confidence in how the centre was run and were reassured that their loved one was being well cared for. One family member who visited daily stated the care was excellent and there was ongoing clear communication from the centre on all matters.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Effective governance and management systems were supporting quality and safety improvements and ensured that residents received high standards of care. There was a proactive approach to management and issues identified by inspectors had already been identified by the provider for, example, improvements required to fire doors and appropriate plans were in place to manage these risks.

Knockrobin Nursing home limited were the registered provider for Oakfield Nursing Home. The company had two directors who were both involved on the daily operations of the centre. The centre were part of a group of nursing homes which had four centres in total. There was a stable management team in the centre who were supported by a senior group care and standards manager and other group resources for example, human resources. An experienced person in charge worked full time and was supported by an assistant director of nursing, two clinical nurse managers and a competent team of nurses, health care assistants, activity staff, housekeeping, laundry catering, maintenance and administration staff.

This was a short term announced risk inspection completed in order to inform the opening of 16 additional beds in the centre and the provider representative was on site during the inspection. The centre was registered for 91 beds, 16 of which could

not be occupied until an inspection of the premises had taken place. Inspectors found that some improvements were required in order to ensure there were effective fire containment measures in place. The registered provider had contracted a competent fire safety person to assess fire safety in the centre and had a plan of works in place to address any of the risks identified. Inspectors found that overall there were high levels of compliance with the regulations.

The centre was managed as two separate units as part of the centre's contingency plan to prevent and reduce the impact of COVID-19. Staff were allocated to each side of the centre and did not cross over during their shift. The provider had a clear staffing plan in place to manage the increasing number of residents planned for additional new beds on the first floor of the centre. Staff who spoke with inspectors were competent and knowledgeable of the residents' needs and of their specific roles and responsibilities.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. One nurse in the centre was nominated the infection control lead and they had completed additional training in infection prevention and control. Inspector noted that fire training was due to take place in the days following the inspection as part of the centre's ongoing training schedule.

There was good oversight of clinical care and key performing areas which was evident in the comprehensive and ongoing schedule of audits completed in the centre. Audits were objective and informed ongoing quality improvements. Meetings did not always have an action plan however this was not impacting on the quality or safety of the services provided. The provider was undertaking to review documentation of meetings to ensure quality improvements were clearly monitored and completed in the centre.

Inspectors followed up on six pieces of unsolicited information that had been submitted to the chief inspector since the last inspection. Only one of these complainants made a concern directly to the service. Four of these related to residents' rights and visiting procedures which were reviewed and found to be compliant. One related to medications and was found to have been well managed and one related to an incident of flooding in part of the centre which the provider had notified to HIQA and had managed well in the centre. A sample of complaints made were viewed and found to have been well managed within the centre's complaints policy and learning informed quality improvements.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. There was a minimum of two nurses on duty at all times. Night time

staffing levels were in line with the centre's contingency plan for an outbreak of COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

Good oversight of care standards and risk management was evident in the high levels of satisfaction with the service and high standards of care observed. Residents were supported to live a good life in this centre and care provided was appropriate and person centered. Some fire risks were found on inspection however the provider had identified these issued and were undertaking works on-site to reduce these risks and hoped to be in full compliance by the end of March.

From a safety perspective, the registered provider was demonstrating a proactive approach to fire safety and was seeking out ways to improve the safety for residents in the centre. Inspectors saw that fire doors throughout the centre had a label with an asset number to identify each door. This was to facilitate auditing of the fire doors periodically in the building. The inspector saw one such audit and this was going to inform the programme of remedial work to fire doors. The provider had arranged for a staff member to complete a course specific to fire door inspection, in order to complete the audits. The provider had also arranged for a fire safety assessment of the centre. There was a time bound action plan in place to address any identified deficiencies and these were explained to the inspectors. Notwithstanding the above. the inspector identified some further fire safety deficits for which assurance was required. These are explored further in Regulation 28.

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were providing a safe environment for residents and staff. Protocols for surveillance, testing and reducing the impact of

COVID-19 remained in place and the vaccination programme for COVID-19 had been completed.

Staff were guided with a daily cleaning plan and cleaning schedules which ensured that the centre was cleaned to a high standard. Staff were trained in the use of chemicals and a dosing system was in place. The team of housekeeping staff were competent with procedures for cleaning and were familiar with specific solutions for cleaning in the event of an outbreak in the centre. High touch cleaning in communal areas was completed at a minimum of three times per day and at additional times by night staff. The laundry was laid out in a way that supported good infection control practices and staff here were competent in procedures for managing contaminated laundry. Hand hygiene sinks were not available at the point of care to promote best practice with hand hygiene, the provider had in place access to alcohol hand gel in convenient locations throughout the building.

Apart from improvements required to fire doors in the centre the premises was meeting the requirement of the regulations and appropriate to the needs of residents. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Care plans were person-centered and based on appropriate assessment of resident's needs with validated assessment tools. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident or their care representative.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, speech and language therapist, dietician and chiropodist. A physiotherapist and occupational therapist routinely attended the centre to provide individual assessment. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

Visiting was in line with the national guidance for residential centres. The provider had put in place many measures to ensure that all residents could continue to receive their visitors in a safe manner. For example, there were custom built visiting pods at the windows off the reception area with dedicated phone numbers to ensure the quality of communication was good through a window barrier. Other safety procedures included temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the designated visiting areas and outside in the gardens if weather permitted. There was evidence that additional restriction to visiting was only applied following a risk assessment and following advice from the department of Public Health.

The rights of residents were supported and protected. Staff were observed to respect residents' autonomy, privacy and dignity. Residents had control over their daily lives and could exercise choice in how to spend their day. This was evidenced as residents were seen to eat meals at times to suit them rather than the centre and

had access to the outside spaces and quiet rooms indoors. Activities were provided over six days per week by a team of dedicated activities staff. There were two activity staff on duty in line with the centre's contingency plan for COVID. Residents were regularly consulted with about the organisation of the services, for example, some residents missed art therapy and the provider had recently found an external artist to provide art classes in the centre. Care had been taken in a recent and comprehensive audit of activities to ensure that all residents' preferences and needs were considered and catered for.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents. It was well maintained and promoted their privacy and comfort.

Judgment: Compliant

Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks, including those specified in regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Facilities for and access to staff hand wash sinks were less than optimal throughout the centre, this was not in line with the national standards for infection prevention and control. There was a limited number of dedicated clinical hand wash sinks in the centre, and some sinks were not compliant with the national standards for infection prevention and control in community services (2018). Resident's sinks should not be used by staff for hand washing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required in relation to the identification and management of fire safety risks. The safety arrangements for an external smoking shelter near to a fire exit were not adequate. The shelter did not have a call bell and the fire blanket and fire extinguisher were located inside the centre. In the event that the exit door shut these could not be accessed quickly in an emergency and there was also the additional risk of a resident being locked outside. There was an oxygen cylinder for emergency use on a medical emergency trolley. The cylinder was loose and was at risk of getting damaged. The provider was required to seek expert advice to ensure the oxygen cylinder was safely stored.

Assurance was required from the provider in relation to the aspects of the fire containment strategy and fire compartment boundaries at the upper level. The provider confirmed this would be reviewed by the third party fire safety expert to provide the requisite assurances.

While there was an action plan in place regarding upgrade and replacement of some fire doors, inspectors found more could be done in the interim period to ensure the fire doors were effective to contain fire. For example, the closing device to the kitchen door required adjustment to ensure it would shut.

The inspector noted some minor holes in fire rated construction which required sealing up.

To ensure adequate means of escape, further emergency exit signage was required. One of the escape doors from a dining room required the lock to be changed from a key lock to a thumb turn. The locks to the garden gates were provided with a key in a coded box on the outside of the gate. The gates should have a similar arrangement on the garden side of the gate so that it can be opened if required during evacuation.

There was a nurse station within the stairs enclosure at lower ground floor, within which additional smoke detection was required. Assurance was also required that all attic spaces were provided with smoke detection where required.

The emergency response plan did not reflect new evacuation aids which had been

recently been implemented.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate person-centered interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following restrictions due to COVID-19 and there were opportunities for residents to participate in group or individual activities as preferred. Facilities promoted privacy and service provision was directed by the needs of the residents

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0035215

Date of inspection: 25/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will complete a review of all existing clinical hand wash sinks, identify those that are considered to be not compliant and assess if it is possible to have them replaced within the confines of existing water supply services and waste services infrastructure.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The following points were identified by the Inspector (Estates and Fire Safety)</p> <p>The external smoking shelter has been fitted with a call bell. The fire blanket and fire extinguisher have been positioned within the smoking shelter. Completed</p> <p>A suitable holder that will accommodate the oxygen cylinder and attach to the emergency trolley has been ordered. 16/03/22</p> <p>.</p> <p>A report was submitted to the Inspector (Estates and Fire Safety) on 21/02/22 indicating the fire containment strategy and fire compartment boundaries at the upper level. The report also contained details of the works to be carried out. 31/03/22</p> <p>The closing device to the kitchen door has been adjusted. A number of fire doors were adjusted following the inspection to improve their effectiveness. Completed</p>	

The minor holes in fire rated construction identified by the Inspector (Estates and Fire Safety) will form part of the overall fire sealing strategy following completion of the works outlined in the action plan submitted to the Inspectorate on 13/01/22.

31/03/22

The additional emergency exit signage had been fitted. Completed

A thumb turn lock has been fitted to the dining room escape doors.

Key coded box has been fitted to the garden side of the gates. Completed

An additional smoke detector has been fitted in the area of the nurses station at the lower ground floor. Completed

The subject of smoke detection in attic spaces has been addressed in the report submitted to the Inspector (Estates and Fire Safety) on 21/02/22 31/03/22

The emergency response plan has been updated to reflect the new evacuation aids. Completed

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/03/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	18/02/2022

	including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	27/01/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Substantially Compliant	Yellow	18/02/2022

	event of fire, of all persons in the designated centre and safe placement of residents.			
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