



Report of an inspection of a Designated Centre for Older People

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| Name of designated centre: | Oakwood Private Nursing Home |
| Name of provider: | Oakwood Private Nursing Home Limited |
| Address of centre: | Circular Road, Ballaghaderreen, Roscommon |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 August 2018 |
| Centre ID: | OSV-0000373 |
| Fieldwork ID: | MON-0022268 |

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 61 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The original part of the building is single story and the new extension is organised over two floors with lift and stair access. Sufficient communal accommodation is available and includes sitting rooms, dining areas, an oratory and visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents.

The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

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| Current registration end date: | 17/11/2020 |
| Number of residents on the date of inspection: | 48 |

How we inspect

To prepare for this inspection the inspector or 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 |
|----------------|----------------------|------------------|------|
| 28 August 2018 | 09:30hrs to 17:30hrs | Geraldine Jolley | Lead |

Views of people who use the service

The inspector was told by residents and their visitors that the centre was a good place to live, had a calm atmosphere and suited their needs. Residents said their rooms were comfortable and well furnished. They said that the layout of rooms was changed to suit their preferences. The staff team were described as being very caring and several residents commented on the ways they took a personal interest in their progress and well-being.

A theme in discussions with residents was that they felt valued, listened to and that staff worked hard to ensure they were well cared for during the day and at night. Residents described the activities available and said they enjoyed painting, music sessions, sing a longs, exercise and gardening. Residents told the inspector that their experience of raising issues was positive. Five residents said that when they had expressed views on aspects of life such as activities, how they wished their care to be undertaken or food that their views had been taken into account and arrangements that suited their needs put in place.

Residents also said they were happy with the meals provided. They said there was always a choice and said that catering staff checked if they enjoyed their meals daily.

Visitors said that they were given a warm welcome and could visit whenever suited them and suited residents. Throughout the inspection residents were seen to be treated with dignity and respect, choices were being respected, and staff were working to ensure residents were comfortable in the areas they chose to sit in. Residents said that they felt safe and secure in the centre.

Capacity and capability

The operation and management systems in the centre were well established and the inspector found that the governance, management and oversight of the service was good. There were systems in place to review the quality of the service provided to residents. The actions outlined in the report of the last inspection completed on 21 June 2017 had largely been completed. Contracts of care now described the room each resident occupied, all staff including ancillary staff were provided with training on protection and safeguarding and care plans conveyed how the social care needs of residents were met and included the outcomes of reviews undertaken.

There was a clearly defined governance structure with distinct lines of authority and accountability. The service being delivered to residents was observed to be in keeping with the centre's objectives as described in the statement of purpose. There were systems in place to review the service and the inspector saw that changes were made to improve practice and meet residents' needs more effectively. For example residents who were vulnerable to falls were reviewed and changes were made to prevent further incidents. Residents were also reviewed to ensure that their care reflected their abilities and independence and this resulted in residents being able to go out independently and with visitors when they wished.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. There was a minimum of two nurses on duty during the day in addition to the person in charge. Staff were familiar with residents' needs, knew their daily routines and were observed to engage with residents in a person centred and meaningful way. They had appropriate qualifications for their roles and this was supplemented with regular training on topics relevant to care practice. The person in charge is appropriately qualified and experienced and has kept her skills and knowledge up to date attending courses and training events.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available.

Regulation 14: Persons in charge

The person in charge has been in this role several years. She meets the criteria required for person in charge and has kept her skills and knowledge up to date by attending training courses and information sessions relevant to care and management.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and a varied skill mix of staff to support residents' personal and social care needs over the 24 hour day. The inspector observed that staff were familiar with residents' needs and day to day routines. Social care staff were available daily and staff recruited were noted to have varied skills to ensure they could comprehensively support residents' particular needs.

Staff were recruited in accordance with good practice guidance and staff records were audited to ensure that all training completed was recorded and that required

records were readily accessible.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place. Training records confirmed that all staff had completed training on the statutory topics within the required time-frames and had also completed training on dementia care, cardiopulmonary resuscitation, infection control and restraint management.

Judgment: Compliant

Regulation 21: Records

All records were maintained safely and securely. The person in charge was knowledgeable about the legislation in relation to personal identifiable information. Information was readily accessible in record viewed.

Some of the records related to the fire safety measures were not up to date. A recent service of the fire alarm and the checks of fire exits completed the previous week were not included in the record.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were established governance and management systems in operation. Residents were consulted about the service and their views were considered when making changes or used to prompt changes.

The provider representative and person in charge have allocated resources to upgrading the premises and the setting provides a good environment for residents. The inspector found that specialist equipment was provided for residents who needed it and appropriate supplies were available to support the activity programme.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents have contracts that describe the services provided. An action plan in the last report had been addressed. Contracts now specify the room residents are to occupy. The fees charged were clear and services that incur extra charges were itemised.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were supplied as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were addressed promptly and there was oversight of how complaints were managed as required by regulation 34. The centre had no active complaints at the time of the inspection.

The procedure was on display and the contact details for the Ombudsman's Office were described.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the required policies and procedures were in place and were accessible to staff.

Judgment: Compliant

Quality and safety

The inspector found that the centre was providing good quality care and support to residents. Residents' health and social care needs were met through appropriate staff deployment, good access to doctors and allied health professionals, and the availability of a varied social activity programme. The inspector found that there was good emphasis on supporting residents to remain independent and on helping them maintain contact with the local community. Very frail residents were also supported to be as active as possible and to continue with their usual lifestyles. Residents were encouraged to go out with family and to go to local shops when they needed supplies.

There were care plans for all residents and these were based on a range of assessments that identified residents' health and social care needs. Care was regularly reviewed by nurses and medical staff to ensure good healthcare outcomes for residents. There were varied risk assessments completed and where risk was identified a care plan was put in place. For example, where repeated falls had been an area of risk this had been reviewed and discussed with doctors, the resident and family members. A prevention plan was put in place which was found to have the desired outcome and the resident had not had further falls. The overall prevention and risk management of falls could be enhanced by using a falls prevention model to assess and manage residents at risk.

Residents told the inspector that staff enquired about their well-being regularly and arranged appointments if there were aspects of their health that required review. Residents said they were given information about the centre and said that family members had visited prior to their admission to make arrangements on their behalf. The inspector saw records that confirmed that assessments were completed prior to admission to determine the setting was suitable and that any equipment or specialist arrangements required could be put in place.

There were details on lifestyle, occupation, hobbies and interests recorded and used by staff to plan care and social activities. Residents said that they enjoyed taking part in painting, crafts, games and gardening. The inspector saw that residents were involved in the organisation of the activities and helped with setting up games and equipment. Staff provided other social care options for residents who required one to one support or who needed high levels of care. Residents who liked to spend time on their own or in their rooms were visited regularly by staff who knew how they liked to spend their time and ensured they had their newspapers, books and preferred radio stations switched on.

The building is well organised having been extensively refurbished in the last five years. A new two story extension has been integrated with the original building. There is good natural light throughout and it is maintained to a high decorative standard. There were features that enhanced the accessibility of the environment for people with dementia or sensory problems. Hallways were unobstructed and there were areas where residents could sit and take a rest as they made their way around the building. There were several communal rooms that residents could use during the day. Some rooms were kept quiet and free from activity so that residents

had a choice of where they wished to spend time. There was an oratory that residents used for prayer and quiet time. While there were hand rails and grab rails in most areas there were some areas where such supports were lacking which presented a hazard for residents who needed support when walking around.

There was access to safe outdoor gardens. Raised beds had been planted with flowers. Vegetables that included potatoes and tomatoes had been planted in pots and residents were prompted to take interest in their growth during activity sessions. Residents' rooms are single or double occupancy. Rooms viewed were organised according to residents' preferences and were personalised with furniture, books, plants and ornaments belonging to residents.

There were systems in place to keep residents safe and protected from harm; and risk was minimised by the arrangements in place. For example, water was dispersed at a safe temperature, fire drills were completed regularly and call bells were accessible to residents in all areas. Equipment including fire alert and control equipment was serviced regularly and records confirmed this. Orientation to the fire safety system was provided for new staff and fire training was scheduled for these staff in May.

There was a system in place to prevent and detect possible abuse situations. Residents said they felt safe and well cared for in the centre. Many said that concerns about safety had prompted their admission. Staff could describe the actions they would take if they suspected abuse or if an incident took place. There were training and refresher sessions planned regularly to ensure all staff remained familiar with the safeguarding procedures.

Regulation 10: Communication difficulties

Residents' communication needs were known by the staff who supported meaningful engagement, including an awareness of non-verbal communication approaches.

Judgment: Compliant

Regulation 11: Visits

Visitors said they were made welcome and greet warmly by staff when they visited . A visitors' record was maintained to ensure were aware of who was in the building. There was a private room where residents had the option of receiving their visitors. This was suitably furnished and had seating for several people.

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| Judgment: Compliant |
| Regulation 12: Personal possessions |
| Residents had adequate space to store and keep personal possessions in their rooms. Clothes were well cared for and returned from the laundry in a short time the inspector was told. Items were marked to prevent loss. |
| Judgment: Compliant |
| Regulation 13: End of life |
| Staff had recorded residents' end of life wishes and there were policies and procedures in place to guide staff when undertaking end of life care. The support of the palliative care team was sought when required. |
| Judgment: Compliant |
| Regulation 17: Premises |
| The centre provided a comfortable and homelike environment that met the needs of the residents. There were some toilets/shower facilities and parts of the hallway in the original building where there was a hand rail on one side only or where handrails were absent which did not support staff when prompting residents with walking and created a hazard for residents who wished to be independent. |
| Judgment: Substantially compliant |
| Regulation 18: Food and nutrition |
| There was a varied and nutritious menu available daily. The dining room was attractively laid out with adequate space for residents to sit comfortably at tables to have their meals. Residents knew the catering staff well and said that they always provided an alternative meal if they did not wish to have the main meals prepared. |

They said they liked the home made cakes and bread particularly on their birthdays when a cake was always made to mark the event.

Residents dietary intake was monitored where concerns or risk was identified in relation to changing weights.

Judgment: Compliant

Regulation 20: Information for residents

Residents and visitors told the inspector that they were informed about visiting arrangements, how to complain and how their care was managed. They confirmed that they were regularly updated regarding the progress of their relatives and were promptly informed if changes became evident.

Judgment: Compliant

Regulation 26: Risk management

The centre maintained a risk management policy and procedures were in place to guide staff when managing responsive behaviours and events that included residents going missing from the premises, infections and accidents.

A record of all incidents was maintained, This was reviewed and the inspector saw that factual and substantial information was recorded about each incident. The actions taken by staff were clearly described. Where residents sustained unwitnessed falls , Nurses maintained a record of neurological observations to detect change and to enable them to detect evidence of deterioration promptly to prevent further problems. Some residents vulnerable to falls were noted to have had a series of falls. This was assessed and measures put in place to prevent further problems which was noted to have had good outcomes for residents. There were sensor mats, cushions and call bells available to assist with falls prevention. The inspector formed the view that an evidenced based falls prevention programme should be explored to guide practice particularly when complex situations arise. .

Judgment: Substantially compliant

Regulation 27: Infection control

The areas of the centre inspected were visibly clean. Staff had access to hand gels and were observed to use these frequently throughout the day. Training records conveyed that all staff had completed training on infection control procedures.

Judgment: Compliant

Regulation 28: Fire precautions

The action plan in the last report was addressed. There were records of fire drills that outlined the time of the drill, who had attended and the activity that was undertaken. Staff could describe what they were expected to do when the fire alarm was activated.

The fire register was not kept fully up to date as daily checks of the exits had not been recorded for the previous week and a recent service of the fire alarm had not been included.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The arrangements for the storage and management of medicines met the standards for safety and security. A blister pack system was in use and medicine administration records were clear and easy to read.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care records included initial assessments and care plans provided guidance to staff on how residents' needs were to be met. Residents were involved in the compilation and review of their care plans.

The inspector found that dementia care needs and social care interventions were included in care plans. The way dementia impacted on day to day life in relation to the effect of short term memory for example was described. The social plans for

residents outlined their interests and the individual and group activities they liked and attended. The absence of information on dementia and social care had been included for action in the last report.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was being provided to residents, in line with their identified health and social care needs. The recommendations and treatment programmes provided by specialist services that included tissue viability nurses and physiotherapists were included in care plans and were being followed by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Arrangements were in place to ensure that where any restrictions were used in the centre they were individually assessed as being appropriate and were the least restrictive option to ensure the well being of residents..

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse, including effective recruitment practices and access to advocacy services. All staff had received mandatory training in relation to detecting, preventing and responding to allegations of abuse. Staff interviewed were aware of their responsibility to identify and report any matters of concern they noted or were told about.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had the right to exercise choice and had their needs and preferences taken into account in planning how the service was delivered.

Residents described how staff met their needs and respected their choices. They said that they could get up and go to bed at times that suited them. They also said that their independence and privacy was respected,

There were regular residents' meetings where they could discuss and relay their views about the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management | Substantially compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0022268

Date of inspection: 28/08/2018

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Daily checks are carried out on all fire exits to ensure they are kept clear. These are now recorded daily in the fire record book by the nurse on duty after checks have been undertaken.</p> <p>Records of the fire alarm checks are at all times maintained on a certificate beside the fire alarm. In addition these checks will now also be recorded in the fire maintenance record book.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Additional hand rails are now in place along the hallways to aid and support the mobility and independence of our residents.</p> <p>All toilets and shower facilities have hand rails fitted. We continue to assess on an on-going basis the need for further hand rails or other supports based on our residents needs/requirements.</p> | |
| Regulation 26: Risk management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Presently on admission of a resident there is a falls risk assessment carried out with each resident using a recognised tool. This is reassessed 4 monthly or earlier if circumstances change.</p> <p>In addition to this assessment we are now using the NICE clinical guidance for</p> | |

Preventing Falls in Older People (published 2013). NICE guidelines states "All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualized multifactorial intervention. Following treatment for an injurious fall, older people should be offered multidisciplinary assessment to identify and address future risk and individualised intervention aimed at promoting independence and improving physical and psychological function." These guidelines will be used to guide interventions when carrying out our post incident review. |

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Daily checks are carried out on all fire exits to ensure they are kept clear. These are now recorded daily in the fire record book by the nurse on duty after checks have been undertaken.

Records of the fire alarm checks are at all times maintained on a certificate beside the fire alarm. In addition these checks will now also be recorded in the fire maintenance record book.

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 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Substantially Compliant | Yellow | 30/09/2018 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 01/09/2018 |
| Regulation 26(1)(b) | The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified. | Substantially Compliant | Yellow | 01/09/2018 |
| 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 | 01/09/2018 |