



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

## Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 November 2022
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0037799

## About the designated centre

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

The centre offers long and short term care for 56 adults over the age of 18 including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose built, single storey and has a safe cultivated garden for residents' use. All bedrooms are single with full en-suite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries as well as the local general hospital.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 10 November 2022	09:05hrs to 17:05hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Residents living in this centre were supported to live a good quality of life where their rights, choices and privacy were protected and promoted by the staff team. There was a relaxed atmosphere in the centre and observations confirmed that staff were aware of residents needs and were able to communicate with residents in an informed manner. Residents spoke highly of the staff team and confirmed that staff were caring, kind and considerate. One resident said " staff have a tough job to do".

There was evidence found on this inspection that the provider was keen to come into compliance with the regulations. A number of actions had been carried out by the provider which improved residents health and social care outcomes. These actions are described in more detail under the specific regulations and under the themes of quality and safety and capacity and capability.

While there is an acknowledgement that compliance levels are improving there are still recurring non compliance's found in relation to infection control, premises and governance and management. These issues are described in greater detail under their respective regulations.

This was an unannounced inspection carried out over one day by an inspector of social services. Upon arrival the inspector was guided through the infection prevention and control protocols required on entry to a designated centre. The inspector observed residents receive their visitors throughout the day. A number of family members spoke with the inspector and were positive about the care and support that was being provided to their loved ones. In particular family members confirmed that they were kept updated on the health of their relatives on a regular basis.

The inspector observed that residents were comfortable in their surroundings. Communal areas were well attended by residents throughout the day while a small number of residents remained in their rooms. Communal areas were tastefully decorated with the day room displaying items of art created by residents. There were secure garden areas that were popular with residents particularly during the summer months and facilitated barbecues and other events.

Some residents were observed to require support with their personal care needs, observations confirmed that this was provided in a discreet manner taking into account the needs of the individual resident. A number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were afforded time and space to communicate their views. All residents who expressed a view to the inspector said that they felt safe and secure living in the centre. The complaints policy was advertised in a prominent place near to the nurses station and residents confirmed that they could speak to any member

of the team if they had a concern or a complaint.

Residents confirmed that they could choose where to have their meals and that this was respected by the staff team. The dining room was well laid out to facilitate communal dining. The menu available on the day of inspection included chicken curry, beef stew and a roast chicken option. Residents who required modified or specialised diets were also catered for, catering staff demonstrated a good awareness of residents individual requirements.

The provider was reviewing internal storage facilities and had arranged the construction of an external storage facility located near to the centre with a view to identifying more suitable location for the designated centre's sluice facility.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of service delivery.

## Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services to monitor the registered providers compliance with the regulations and to follow up on the provider's compliance plan commitments arising from the inspection carried out over two days in May 2022. The findings of this inspection are that the registered provider had carried out a number of actions in order to achieve compliance with the regulations and these are discussed in more detail under the theme of quality and safety.

The provider had made a number of positive changes in relation to the oversight of the centre in terms of using information collected to improve outcomes for residents however further actions were still needed to ensure that risks were assessed, monitored and reviewed at senior management level. Some audits were found to be ineffective in identifying areas where improvements were needed and this is discussed in more detail under regulation 27. In addition the inspector found that there were actions needed to ensure compliance with regulation 31 notification of incidents.

The registered provider of the centre is Oakwood Private Nursing Home Limited. There are two directors involved in the company one of whom is the provider's representative and is also the person in charge of the centre. The person in charge is supported in their role by a team of nursing staff, healthcare assistants, activity co-ordinators, household, catering, administration and maintenance staff. There was a defined management structure in place which identified lines of authority and accountability however the registered provider confirmed that it was still their intention to recruit a suitable person in charge who met the requirements of regulation 14. Previous attempts by the provider to recruit a person in charge had

not been successful at the time of this inspection.

The provider was required to update documentation submitted to renew the registration of the designated centre. This included an update to the centres statement of purpose and floor plans in order to accurately describe the services available in the centre and their current location.

There was a suitable number and skill mix of staff available to support residents and the inspector observed residents being assisted and supported in a prompt but unhurried fashion. A review of staffing records confirmed that the provider had maintained additional nursing staff input at night and the increased health care assistant hours during the morning was still in place.

There were improvements noted regarding the provision of mandatory training within the required timeframes and there was additional training provided in responsive behaviours, cardio pulmonary resuscitation (CPR), dementia care and restrictive practice. Staff confirmed that they had attended training and felt that it improved their practice.

The provider had maintained improvements regarding the update of policies to come into compliance with regulation 4. Staff were aware of key policies and were able to discuss with the inspector how these policies could be used to protect and promote residents rights. There was widespread knowledge among the staff team as to how the complaint's policy could be used to ensure residents had access to quality services and how residents could be supported use this policy to raise complaints.

## Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre, in order to progress the application a number of amendments were required to the documents provided, this included

- An updated statement of purpose to accurately describe the facilities available in the centre.
- A revised floor plan to indicate the number of buildings to be registered.
- Assurances were required in relation to the provision of adequate sluicing facilities to meet the assessed needs of the residents.

Judgment: Substantially compliant

## Regulation 15: Staffing

There were sufficient numbers of staff with an appropriate skill mix to meet the assessed needs of the residents and the layout of the designated centre. The person in charge ensured that there was nursing staff on duty at all times in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed mandatory training in safeguarding vulnerable adults and fire safety, as well as manual handling. In addition, they had also completed a suite of other relevant courses to enable them to deliver the highest standards of care to the residents living in the centre. In their conversations with the inspector, staff were found to be knowledgeable and confident in their role

Judgment: Compliant

### Regulation 23: Governance and management

While the registered provider had improved their systems to monitor and evaluate the quality and safety of services provided, there were still some gaps found on this inspection which required actions in order for the provider to achieve full compliance with the regulations, this was evidenced by:

- Infection prevention and control audits that did not identify risks associated with the storage of incontinence supplies in toilets.
- Cross contamination risks were not identified regarding the relocation of the sluice facility.
- Inadequate oversight of risk at governance meetings.
- Changes to the layout of the centre were not notified to the office of the chief inspector in a timely manner.
- Three day and quarterly notifications did not always contain the required information as set out under the regulations.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the services and



<p>facilities provided by the designated centre. This document contained information required under Schedule 1 of the regulations. An update to this document was required to accurately reflect the facilities available in the designated centre.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Regulation 31: Notification of incidents</b></p>
<p>The registered provider did not update the office of the chief inspector in respect of all incidents that required a three day notification. In addition quarterly notifications did not fully account for all areas described under schedule 4 of the regulations.</p>
<p>Judgment: Not compliant</p>
<p><b>Regulation 34: Complaints procedure</b></p>
<p>There was a complaints procedure in place which had been reviewed in December 2021 and which met the requirements of the regulations. There were no complaints received since the previous inspection in May 2022. The complaints procedure was advertised in the centre and was accessible for residents and their families.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 4: Written policies and procedures</b></p>
<p>The policies and procedures required under Schedule 5 of the regulations were available and had been updated by the registered provider.</p>
<p>Judgment: Compliant</p>
<p><b>Quality and safety</b></p>
<p>Overall, residents were found to receive a good standard of health and social care. The provider had carried out a number of actions in order to achieve compliance with the regulations and these are described in more detail under the relevant regulations relating to fire precautions, care planning, healthcare, protection and resident rights. There were however a number of regulation's where continued non</p>

compliance's were found with regard to regulation 27 infection control and regulation 17 premises both of these non compliance's had the potential to have a negative impact on resident health and social care outcomes.

A review of documented assessments and care plans for a number of residents confirmed that care interventions were based on information gathered from these assessments and from discussions with residents and their families. The detail recorded in resident care plans confirmed that there was a holistic approach to care planning and that residents individual needs were identified and interventions developed in a person centred manner. Care plans reviewed on inspection were found to be developed and reviewed within the required timescale set out under regulation 5.

There was regular access to medical services with weekly visits from general practitioners. Access to allied healthcare services were in place while a referrals based system was in place to access a number of services from the Health Service Executive such as physiotherapy and occupational therapy. Systems to improve the oversight of clinical observations were in place with key performance indicators found to be reviewed at governance meetings.

There was good knowledge among the staff team of residents care needs. A number of staff interactions with residents were observed during the day. Staff were observed to liaise with residents in a respectful manner. Where staff required access to resident rooms they were seen to announce their arrival before entering resident rooms. Staff were trained in safeguarding and were knowledgeable about the different types of abuse that could be found in designated centres.

The provider had introduced measures to further strengthen the protection of residents finances in instances where they acted as pension agents. The provider had put arrangements in place which ensured that residents social welfare payments were separate from that of the limited company. A review of schedule 2 records confirmed that the provider had carried out all of the required checks before staff were allowed to commence work in the centre.

While the provider had a system in place to identify risk and maintained a risk register, risks associated with infection prevention and control were not routinely identified and therefore had the potential to cause harm to the residents. These risks are described in more detail under the regulation 27.

Works to widen the final exit doors had been completed and an additional exit door had been installed in the laundry facility. The completion of these works enhanced the fire safety measures in the centre and improved evacuation facilities. A review of compartment fire doors indicated that all gaps identified at the previous inspection had been removed and that they were suitable to prevent the spread of smoke from one compartment to another.

Resident rooms were well organised and were found to be clean and warm. At the time of this inspection not all storage cupboards had been replaced however the provider confirmed that they were on order and were waiting for the manufacturer to deliver the remaining storage cupboards. Communal areas were tastefully

decorated and were suitable for the needs of the residents.

Residents were able to access all areas of the designated centre without restriction, this included access to communal garden areas. Garden areas were well maintained and at the time of this inspection a section of a lawn area was in the process of being replaced. Resident's views on the service were accessed through resident meetings which were arranged on a quarterly basis. Minutes of these meetings were maintained by the provider. The ambiance in the TV room had improved since the last inspection. The inspector observed organised activities being provided to residents in this area and it was also observed that communication between staff and residents had also improved. Interactions carried out by staff with residents was found to be based on person centred approach as opposed to being solely task orientated which was observed on the last inspection.

### Regulation 17: Premises

While the provider had made improvements to ensure the premises is suitable to meet the needs of the residents there were still outstanding works that required completion,

- At the time of the inspection 50% of rooms identified as requiring storage upgrade has been completed.
- The relocated sluice facility was not appropriate and did not meet the required standard.
- A number of tiles were damaged as a result of improvement works to the laundry and required replacing.

Judgment: Not compliant

### Regulation 26: Risk management

The provider had policies and procedures in place to identify and respond to risks in the designated centre. They met the regulatory requirements and included specified risks.

Judgment: Compliant

### Regulation 27: Infection control

On the day of the inspection a number of barriers to effective infection prevention

and control (IPC) were identified, these included

- The sluicing facility had been relocated to an unsuitable area. There was insufficient space available for the installation of suitable racking to allow commodes or urinals to dry. The existing drying rack was placed adjacent to the sluicing machine and posed a risk of cross contamination.
- There was no suitable hand hygiene sink in the sluice facility.
- There was no hazardous waste bin located in the sluicing facility.
- Records were not available to confirm that the sluice machine had been serviced
- Seating in a gazebo used by staff and residents was not suitable as it could not be adequately cleaned due to wear and tear.
- The IPC audit was not sufficiently robust as it did not identify areas of risk.
- Inappropriate storage of incontinence wear was found in numerous toilet facilities throughout the centre and were at risk of cross contamination.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. Suitable fire fighting equipment was located throughout the designated centre and was found to be well-maintained and regularly checked by the centres fire engineers. Fire maps and information on evacuation were displayed in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of the plans created to support residents with their health, personal and social care needs. These plans were initially created through assessments conducted before and following admissions. They were seen to be reviewed four monthly or if the resident's needs changed.

The care plans provided clear and detailed guidance on how to most effectively support residents with their assessed needs. Records confirmed that residents were supported to engage in the care planning process and where this was not possible then family members were approached for their input into the formulation of person centred care plans.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to local general practitioners (GP) as well as specialist treatment and expertise in line with their needs. GPs visited the centre weekly or more frequently if required and out of hours medical support was also in place. Specialist expertise was available via referral and included access to physiotherapy, occupational therapy, dietetic services, chiropody, and optician.

A review of medical records indicated that there were sustained improvements regarding the monitoring of clinical indicators such as falls, wound care, weight monitoring and infections.

Judgment: Compliant

## Regulation 8: Protection

Staff had attended training in safeguarding of vulnerable adults, and were aware of how to identify and respond to alleged, suspected or actual incident of abuse.

The registered provider had ensured that there were appropriate measures in place to protect residents' finances. In instances where the provider acted as a pension agent, residents' finances were kept separate from those of the business. Financial records including statements were available for residents and/or appropriate family members.

Judgment: Compliant

## Regulation 9: Residents' rights

Throughout the day the inspector observed residents being offered choice and timely support by the staff team. Staff were observed speaking with and assisting residents in a positive and friendly manner which respected people's privacy, dignity and independence.

Two activity co-ordinators were on-site on the day of the inspection and were seen to lead on a number of activities throughout the day. These activities included word searches, card playing and an interactive exercise activity. An activity schedule was in place and advertised in the centre.

Resident committee meetings were found to be held every three months where residents were kept up to date on news and events related to the designated

centre. There was positive resident engagement at these meetings with key service areas discussed such as meals, activities and laundry facilities.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0037799

Date of inspection: 10/11/2022

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:            An updated Statement of Purpose and revised floor plan have been submitted to the inspectorate.            Assurances regarding plans to re-site the sluicing facilities were provided on the day of the inspection as detailed under regulation 27 in this compliance plan.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The risks associated with the storage of incontinence wear in the toilets have been addressed by placing a lock on the storage cupboard as required by the inspector. The risk register will be reviewed at each monthly clinical governance meeting and follow up actions taken as required.</li> <li>• We have arranged for an IPC professional to visit the centre on the 30th January to provide guidance on the relocation of the sluicing facilities. Work will commence on same following this visit.</li> <li>• We have added risk of cross contamination to our environmental hygiene audit tool to prompt the auditor to look for this risk in rooms when conducting the audit.</li> <li>• In future, all changes to the layout of the centre will be notified to the office of the chief inspector in a timely manner.</li> <li>• Going forward, we will ensure that three day and quarterly notifications contain the</li> </ul>	

required information as set out under the regulations.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: An updated statement of purpose and revised floor plans have been submitted to the inspectorate.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: We will ensure that going forward all notifiable incidents will be submitted within the required timeframe.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Since the inspection, storage upgrades have been completed on additional rooms and we will ensure that all storage upgrades are completed by the end of May 2023. We have arranged for an IPC professional to carry out a site visit on the 30th January 2023 to advice on the relocation of the sluicing facilities and will commence work on same following this visit. The damaged tiles in the laundry have been replaced	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection	

control:

- We have engaged the services of an IPC professional to assist with the relocation and design of the sluicing facilities to ensure they are compliant with infection prevention and control requirements.
- The new sluicing facility will have a suitable hand hygiene sink.
- A hazardous waste bin has been located in the current sluicing facility and will be available in the new sluicing facility.
- The Record of servicing of the sluicing machine were not visible at the time of the inspection. We have since relocated this record in the sluice room to ensure it is visible.
- Seating in the gazebo used by staff and residents will be replaced.
- Risk of contamination has been added to the environmental hygiene audit for the centre.
- Locks have been placed on all cupboards used to store incontinence wear in toilets.

## 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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/05/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	06/01/2023

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	30/03/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/12/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	06/01/2023