



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
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	03 September 2020
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0030342

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.

Number of residents on the date of inspection:	51
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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 3 September 2020	09:00hrs to 17:00hrs	Geraldine Jolley	Lead

What residents told us and what inspectors observed

Residents told the inspector about how their daily routines had changed in recent months due to the COVID-19 pandemic. While the centre did not have an outbreak residents said that the restrictions to visits and the stringent infection control procedures that had to be adopted by everyone made life feel very strange and unpredictable. They told the inspector that nurses and carers kept them up to date with information on the virus and said that had been well informed about the varied changes that had been introduced.

Residents said that the person in charge, the staff team and the activity coordinator had worked hard over the past few months to keep them in good spirits and had helped them cope with the separation from their families. The inspector observed that the majority of residents were using the communal rooms and that a range of activities were taking place. One-to-one activities were carried out in residents' bedrooms if that was their choice and ensured that residents who were frail were not isolated or lonely. The inspector saw group activities that included word games that provided stimulation and great entertainment for those taking part. The activity coordinator showed the inspector the activity programme and this conveyed that a variety of interesting activities took place daily.

Residents told the inspector that they hoped life would return to normal very soon and that the usual relaxed atmosphere that had prevailed in the home prior to COVID-19 restrictions would return. Overall, everyone who communicated with the inspector was positive about the care and treatment provided to them and expressed confidence in the staff team. Residents said that information was communicated to them clearly and said that staff took time to listen to them and answer their queries. Staff expressed positive views about their roles and said they were committed to ensuring the centre had a happy atmosphere which contributed to creating a positive environment for the residents.

Residents were happy with the food and meals they received. They said that meals were varied and that there were good choices offered at mid-day and in the evening. Residents also commented on how helpful staff were and said that nothing was a problem for them.

Residents were satisfied with their bedroom accommodation, confirming that they had sufficient space for their personal belongings and clothing. They said staff looked after their possessions and kept their bedrooms clean and tidy. The inspector saw that household staff cleaned all areas thoroughly including frequently touched area such as handrails.

Capacity and capability

The provider, person in charge and staff team focused on providing a service that was person-centred and met residents' wishes and care needs. This was confirmed by residents who spoke with the inspector and contributed to ensuring that the well-being and safety of the residents was prioritised. The leadership, governance and management structure was unchanged from the previous inspection completed on 28 August 2018. The lines of responsibility and reporting relationships were clear and reflected the information outlined in the statement of purpose. Staff knew who to report to and views conveyed to the inspector indicated that staff felt supported by the management structure. All staff had completed their mandatory training in addition to other relevant courses to enable them to provide safe and person-centred care.

The actions outlined in the last report had largely been addressed. Records of the routine fire safety checks were completed and additional handrails were in place in hallways. There was improved emphasis on the management of falls with assessments and falls prevention measures in place to prevent further incidents however more rigor was needed in the review of falls to ensure that all contributory factors were considered including staff deployment to ensure the prevention strategy was fully informed and effective.

While the number of staff on duty during the inspection was sufficient the inspector concluded that staff allocations for night duty needed to be kept under review in the context of the occupancy of the centre, the size and layout of the building and the dependency needs of residents particularly their evacuation needs in an emergency. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Records showed that there were arrangements in place to manage an outbreak of COVID-19 in the centre. There were good supplies of personal protective equipment items and staff were observed to be diligent and use all items appropriately in accordance with good practice guidance. Three nurses have been trained to take swabs for COVID-19 for staff when the serial tests are underway. However the inspector noted that some resources available to staff required review to ensure they could work safely and protect themselves and residents. For example the sluice area was very small and did not facilitate the separation of soiled and clean items and equipment to clean items such as bedpans and commodes was not available. There was good communication arrangements for staff to ensure they were kept up to date and staff handovers were used to convey the latest guidance from Health Protection Surveillance Centre (HPSC).

The person in charge was committed to providing a good service and sought regular feedback from residents and families to improve practice and service provision. Throughout the COVID-19 lockdown there was increased communication with families to ensure they were up to date with residents health and general

morale. Residents told the inspector that regular communication with their families had helped them cope with the loss of visits and had alleviated some of their fears, anxieties and loneliness. The number of complaints to the centre was very low, and a review of records showed that when complaints were made they had been managed promptly in line with the centre's procedures.

The person in charge maintained good levels of oversight in relation to the delivery of care and the implementation of infection control measures. She knew all residents well and residents told the inspector that she was available to talk to without delay if they needed to talk to her. Throughout the inspection, staff were observed adhering to infection prevention and control measures that included social distancing in accordance with public health guidelines, including during break times.

Registration Regulation 4: Application for registration or renewal of registration

The information required for the renewal of registration was provided.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge has been in role several years and is appropriately qualified and experienced. She has a full time role as required by regulation 14. Training records confirmed that she had updated her knowledge and skills by attending training on topics that included wound care, venepuncture, aseptic technique, delirium and dementia and resuscitation decision making during 2019 and 2020.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill mix scheduled during the day were appropriate to ensure residents had good quality care in line with the statement of purpose however night duty staffing levels required review to ensure they were appropriate taking into account the size of the building, residents' dependency levels, that one fire zone accommodated 12 residents and the need for contingency planning if staff had to be absent due to COVID-19 restrictions. There was a minimum of two registered nurses on duty in addition to the person in charge during the day. At night there was one nurse and two carers on duty from 22.00 to care for the 51 residents accommodated. The inspector acknowledges that the person in charge

keeps the centre's occupancy at 50-52 which is well below the registered capacity of 61 however the inspector was not assured that the three staff on night duty was adequate to ensure the safety and well being of residents in this large spread out building. This judgement is based on the difficulty staff would have if the fire compartment that accommodated 12 residents had to be evacuated in an emergency and the review of falls and incidents in the centre that conveyed that 11 of 23 falls took place at night.

The staffing rosters evidenced that the centre has a relatively stable workforce however the departure of students who had worked full-time over the last few months and who can no longer work due to completing placement commitments meant that additional staff had to be recruited and recruitment to replace these staff was ongoing.

All nurses had valid registration with the Nursing and Midwifery Board of Ireland (NMBI). The statement of purpose conveyed that there were nine nurses including the person in charge employed which reflected the information on the duty rota and the training record. Care staff employed also reflected the duty rota and the trainign record information.

There were no volunteers working in the designated centre. A sample of staff files were examined and were found to contain the information required by Schedule 2 of the regulations, including proof of professional registration, training and An Garda Síochana vetting.

The person in charge had identified an area where residents could be isolated if there was a suspected or confirmed case of COVID-19. Contingency arrangements to limit staff movement between this area and other areas in the centre had been considered. There were arrangements to ensure that only dedicated staff were providing care to residents who were newly admitted to the centre and had to be isolated or who were suspected of having COVID-19 symptoms. The staff team had worked hard to ensure that they adhered to public health guidelines and restricted their movements when not at work to reduce risk to themselves and residents during this critical time. The person in charge said that regular reminders about this and any new guidance on COVID-19 were part of the daily handovers.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses on safeguarding vulnerable adults, moving and handling and fire safety. The person in charge had ensured that all staff working in the centre had attended necessary training on infection prevention and control, hand hygiene and how to put on and take off Personal Protective Equipment (PPE). Catering staff had completed food safety training and

this was valid to 2023.

In discussion with the inspector staff demonstrated good knowledge of the current guidance; Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. The inspector observed that staff implemented good infection control practices when hand washing, social distancing and completing cleaning tasks.

The registered provider had effective systems in place for staff development and supervision, which included induction programmes for new staff, probation periods, regular supervision and staff meetings. The record of staff meetings conveyed that topics that included the personal care of residents, the use of PPE, the completion of records, social distancing and managing the centre should an outbreak occur were discussed.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained the required details.

Judgment: Compliant

Regulation 21: Records

The required records were maintained. Storage arrangements for records were appropriate and ensured security and safety.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that residents received a consistent and high standard of care and support that met their needs. There was a good governance and management structure that ensured that the provider and person in charge could achieve and sustain compliance with the regulations.

The registered provider and person in charge had good oversight of the service provided to residents. The inspector noted that while the service achieved compliance in many areas, oversight of infection control measures such as

equipment required for sanitation, how staff could respond if evacuation of the centre was required and night time staffing levels needed attention to ensure appropriate standards of safety were in place and could be maintained by staff.

The inspector noted that there was good focus on person centred care and this was confirmed by residents who relayed how their particular care needs and choices were met. Residents described having a choice about how they spent their day and said that there were regular activities and if they did not wish to take part or wished to spend time alone staff respected this and were available to talk to if they wanted a chat. This person-centred approach reflected the aims set out in the centre's statement of purpose.

There were audit, management and review systems in place to assess the effectiveness and safety of the service. Risk management and quality assurance frameworks were in place. The quality of care and experience of residents was monitored and altered in response to their feedback. There were regular audits of critical areas that included falls, nutrition, restrictive practices and medicines management. Where areas for improvement were identified, actions were taken to improve practice. For example, sensor or motion mats were put in place to help prevent falls where residents were assessed to be at risk. However the inspector found from reviewing the record of falls and incidents that almost half of the incidents recorded took place during night time hours and resources such as staffing levels at night time was not considered as a factor that may be relevant as part of the falls prevention strategy.

There was a plan in place for responding to COVID -19 and this had been updated in accordance with the revised guidance as it was released. Residents and their families were consulted about their experiences of living and having contact with the centre. The outcome of these consultations was discussed with staff and used to make changes where needed. The inspector found that residents had been informed about the restrictions related to the COVID-19 pandemic and residents spoken with felt they had been supplied with sufficient information.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents were issued with a contract of care that outlined the fees to be charged and any services that incurred an additional cost.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review as some of the essential information was not provided. The missing information included how residents are facilitated to access services they are entitled to under the general medical services agreement and full descriptions of all rooms including bedrooms and ensuites.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge ensured that all incidents that required notification were advised to the office of the Chief Inspector in a timely manner. Additional information was provided when requested.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of the inspection. The complaints record was available and this contained details on the nature of the complaint, the investigation carried out, the follow up communication with the resident and family and how the matters were concluded. There was information on the complainant's level of satisfaction with the outcome.

Staff were familiar with the complaints process and residents reported feeling comfortable with speaking to any staff member if they had a concern. All residents the inspector talked with throughout the inspection confirmed high levels of satisfaction with the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required Schedule 5 policies were available and had been reviewed in the past three years. In addition, comprehensive policies and procedures specifically related to COVID-19 had been introduced. Other policies which had been affected by the pandemic had been revised to account for changes in guidance, for example the procedures relating to visitors, end-of life care and risk management. Staff who spoke with the inspector were knowledgeable about COVID-19 procedures and were observed to maintain correct procedures in relation to social distancing and

handwashing.

There was good oversight of staff practice to ensure policies were implemented in practice. For example, the implementation of the uniform policy and surveillance for signs and symptoms of COVID-19 was undertaken twice a day for residents and staff in accordance with current infection control guidance. Temperatures of staff and residents were recorded twice a day to ensure early detection of changes and possible infection. Staff were regularly advised to restrict their contacts to protect themselves and others according to information supplied by the person in charge.

Judgment: Compliant

Quality and safety

Residents' daily routines had been significantly impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. The inspector found that the care and support provided to residents ensured that they had a good quality of life despite the public health restrictions particularly in relation to visits that had to be observed. Residents' medical, health and social care needs were met. Staff had implemented a daily social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Residents had a care plan which was based on an ongoing comprehensive assessment of their needs. This was implemented, evaluated and reviewed. Staff who communicated with the inspector were familiar with the signs and symptoms of COVID-19 and knew the pathway to report concerns regarding residents health and how to report to the local public health office. They had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Three nurses had been trained to take swabs for COVID-19 testing and staff were participating in the regular serial testing for staff.

Staff liaised with the community and acute services regarding admission and discharge arrangements and since the onset of COVID-19 residents admitted to the designated centre were cared for in single rooms for a 14 day isolation period. This was in line with the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

The inspector found that with the exception of falls prevention the standard of nursing that residents were provided with nursing care and health services that met their needs. This was confirmed by residents when they described the services provided. The records evidenced consultations with a variety of community professional services such as dietitians, speech and language therapists and

physiotherapists. Examination of care records conveyed that recommended treatment plans were followed with good outcomes for residents. For example, a treatment plan in relation to mobility conveyed that the physiotherapy programme was in place and was being followed by staff in relation to daily walking activity and the safe use of moving and handling equipment. Residents' general practitioners were recommencing on-site visits to carry out medical reviews of their residents.

The inspector found that aspects of the risk management policy required improvement to ensure safety standards protected residents and staff. For example:

- The sluice area was small and did not contain a bedpan washer to wash and sanitise bedpans or commodes at a high temperature. This was not identified as a risk to the effective management of infection control measures and the alternative measures in place for the sanitisation of equipment did not provide adequate assurance that these were fully effective
- The fire safety measures were known to staff and staff had ready access to information on all residents' evacuation needs however fire drills completed did not convey what type of exercise was completed or if a compartment was evacuated as part of the exercise. Up to date moving and handling assessments were available for residents with mobility problems and these clearly described the equipment and staff needed for all manoeuvres
- Falls prevention measures and reviews of falls did not take into account the possibility that staff supervision or staff availability could be a factor that would contribute to prevention of falls

Residents received palliative care based on their assessed needs and their end of life care wishes. Care was supported by specialist services and was aimed at ensuring residents were comfortable, had high quality care at end of life and were not alone at this time. Residents' nutritional and hydration needs were met and residents confirmed that meals were very good and that they had an opportunity to talk and chat at meal times. The inspector saw that residents' weights were regularly monitored and that where there was concern specialist advice and the addition of nutritional supplements had resulted in good outcomes for residents. There was good emphasis on continence promotion with measures in place to help residents remain continent and independent.

The inspector reviewed a sample of medicine management practices and found that staff followed best practice guidance that ensured that residents received their medicines as directed by their General Practitioner. However the inspector found that there was a consignment of unused medicines that were no longer required that should be returned to the pharmacy for disposal.

The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities. Residents' decisions not to participate in an organised social event was respected and an alternative activity of the resident's choice was made available. The inspector observed that staff and residents were making great efforts to bring the daily routine back to normal. Group activity was organised morning and afternoon in the communal areas with

appropriate social distancing arrangements in place. Staff were aware of residents' spiritual needs and made good efforts to ensure their spiritual well-being. There was space for residents to sit quietly away from activity sessions if they did not wish to take part.

The design and layout of the premises was appropriate for the current residents and ensured their comfort, privacy and well-being. The designated centre is a large spread out building part of which is organised over two floors. This area has lift access. Resident bedroom accommodation was provided in single and double bedrooms. Residents who spoke with the inspector reported that they were satisfied with their living arrangements and the space available to them. They told the inspector that they valued the range of communal spaces now that they could spend time out of their bedrooms. Residents said that staff took care of their personal possessions and treated them with respect.

Residents were well supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed and encouraged to participate in residents' lives while abiding by the current public health guidance regarding visits.

Regulation 11: Visits

There were adequate arrangements for residents to receive their visitors in private taking into account the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. Resident expressed satisfaction with the visiting arrangements and said they were very pleased to see family and friends again.

All visits were pre-arranged and there was a designated room available for visits. Visitors had their temperature checked on arrival and were requested to declare that they were symptom-free when entering the centre. There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

Judgment: Compliant

Regulation 12: Personal possessions

There were appropriate storage facilities for residents' clothing and personal possessions in bedrooms. Items of clothing were marked to prevent loss and all residents had a basket where their clothing was placed for delivery to their rooms.

Judgment: Compliant

Regulation 13: End of life

There were policies and procedures in place to guide staff when a resident's condition deteriorated and the resident was assessed as requiring end-of-life care. Staff were knowledgeable about the procedures and records showed that these were implemented in practice.

Where decisions about end of life care were made including decisions advised in advanced care directives, such decisions were recorded and staff adhered to the choices made by residents and their preferences for care at end of life. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the community palliative care team were established and records showed that their expertise was sought for residents as appropriate.

The inspector was told that arrangements for visits at the end of life on compassionate grounds were in place and were facilitated in line with infection prevention and control guidance.

Judgment: Compliant

Regulation 17: Premises

Oakwood Nursing Home provides continuing, convalescent and respite care for up to 61 residents. The centre is comprised of a single storey building and a newer two storey extension linked to the original building by a hallway. The extension has lift and stair access between floors. This area is organised in an apartment style layout. Each area has two single bedrooms, a shared shower/toilet and washing facility, a kitchen/dining and sitting area. There are communal assisted toilets in close proximity to communal areas. Residents' bedrooms were personalized with photographs, ornaments and pictures. The inspector noted that residents had good access to televisions, radios, papers, magazines and books.

Communal areas included several sitting rooms and dining space, an oratory, a hairdressing room, a therapy room and quiet rooms. Residents had access to garden space that was accessible and had been attractively cultivated with flowers and shrubs. The premises and grounds were well maintained. The building was well lit and well ventilated. Residents had access to appropriate equipment which promoted their independence and comfort. Specialised assistive equipment and furniture that residents may require, was provided. For example, assisted hoists with designated slings, wheelchairs, alarm mats and cushions, specialist beds and mattresses and respiratory equipment was available. Service records were available and found to be up-to-date. A functioning call bell system was in place and call bells

were appropriately located throughout the centre.

The centre had a large kitchen complete with cooking and storage facilities. Catering staff had designated changing and toilet facilities.

The following areas required attention:

- The wash hand-basin in the laundry was not easily accessible
- The sluice was very small and did not facilitate staff in the management and separation of clean and soiled items effectively and it did not contain a bedpan washer to enable staff to wash equipment at high temperatures
- Some radiators showed evidence of wear and tear that included paint damage.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to supplies of drinking water and juice and the menu was varied. There was a choice available at mealtimes. The meals offered to residents were attractively presented and served with care. Residents told the inspector that the food was always good and that staff prepared alternatives to the main meals if they requested this. Residents identified as having weight loss, had a detailed care plan in place which was updated following dietitian review. The inspector saw that nutrition was provided in line with each resident's nutrition care plan and that supplements were available if prescribed.

Staff were available to assist residents at mealtimes and were observed doing so in a supportive and discrete manner.

The dining area was well organised and the inspector found that the food serving arrangements were appropriate to meet residents' needs with appropriate social distancing in place. Residents spoke very highly of the food served and said there was plenty of choice available at meal times and that snacks were offered regularly throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

Residents told the inspector that they had been told about the restrictions related to managing COVID-19 and said they were kept up to date with changes. Several said they were pleased to be told about the resumption of visits and how these were to be managed. All residents the inspector spoke with knew when their family or

nominated visitors were due to come in.

Judgment: Compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and an up to date risk register was used to identify and assess risks in the designated centre. A comprehensive COVID-19 risk assessment had been completed and there were contingency plans in place for staffing, resources for PPE, infection control and environmental hygiene, catering and visiting arrangements.

The inspector saw that accidents and incidents were reviewed and prevention measures such as additional supervision and specialist equipment such as sensor mats were measures put in place to prevent further falls. The inspector reviewed the incident record and found that two falls had resulted injury and these were appropriately reported to the office of the Chief Inspector. There were 23 incidents recorded from 10 June to 1 September and 11 of these took place during night time hours. While all incidents were reviewed to identify prevention measures the review did not identify staff availability as a possible factor and the inspector concluded that incident reviews should be more comprehensive to ensure all possible factors that could contribute to incidents formed part of the risk management process. The inspector saw that prevention measures put in place such as sensor mats had resulted in preventing falls and alerting staff expediently.

Maintenance records were reviewed and showed that all equipment was regularly serviced. The inspector saw that equipment in use such as hoists and wheelchairs was in good condition.

Judgment: Substantially compliant

Regulation 27: Infection control

The person in charge advised the inspector on the infection prevention and control measures necessary on entering the designated centre. These processes included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering and temperature checks. Residents who spoke with the inspector said that while these measures seemed strange in the beginning they found them reassuring and necessary to ensure safety as COVID-19 was such a threat to everyone.

The premises was clean, tidy and well organised. The antibacterial gel dispensers were located at regular intervals throughout the centre, information posters were

displayed and markings on the floor reminded personnel to abide by social distance practices.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was accessible and available and staff used it in line with current guidance. The inspector observed good hand hygiene practices on the day of the inspection and staff were using PPE appropriately. Staff were knowledgeable and confident when they described to the inspector the cleaning arrangements and the infection control procedures in place that included the use of antibacterial sprays. The centre did not have an outbreak of COVID-19 and staff were participating in the regular COVID-19 serial tests for the virus.

A new digital scanning system had been introduced to monitor staff and visitors' temperature in a contactless manner. Staff temperatures were recorded twice daily and staff were aware of the local policy to report to their line manager if they had any illness symptoms. There was a staff uniform policy and all staff changed their clothes when coming on duty and before leaving the centre.

The person in charge was requested by the inspector to obtain the advice of an infection control specialist in relation to the sluice arrangements to ensure good practice standards for the effective sanitisation of equipment were in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had a fire safety policy and associated procedures to guide and inform staff in a fire alert or fire situation. Fire training and fire drills had been completed in January, March, April and May of this year. The centre has a fully integrated L 1 fire alarm system. Staff knew what to do if the alarm was activated. Fire drill records showed that staff were informed about fire exits, door closures and how information was displayed on the fire alarm panel. However the records did not convey what type of fire exercise was completed during fire drills, did not indicate if a fire compartment was evacuated or if there was any learning as a result of the exercise. There is one compartment that can accommodate up to 12 residents and the inspector judged that this area should be evacuated as part of the fire drill exercises to ensure that staff could evacuate it safely and in a timely way. The person in charge said the occupancy of the centre is maintained at 50-52 and this area does not accommodate more than 5-6 residents. However the inspector noted that there is one nurse and two carers on night duty and the information available from fire drills did not convey that the centre could be evacuated safely if an emergency situation arose. The person in charge was advised to have a fire safety expert review the fire prevention arrangements to ensure they are appropriate and safe taking into account the size of the building. Since the inspection the person in charge has confirmed that advice was sought and that work is underway to reduce

the size of two fire compartments.

The local fire brigade has visited the centre to become familiar with the layout and eight staff have been trained to fire warden standard. There were daily checks of all fire exits and fire fighting and fire alert equipment was noted to be serviced regularly.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were clear policies and procedures in place to ensure that medication practices were safe however the arrangements for the disposal of unused medicines required review as some medicines had not been returned to the pharmacy in a timely way. Residents had their medicines reviewed on a four monthly basis. There was a good system in place to ensure medicine supplies were delivered safely.

A sample of residents' prescriptions and administration records were reviewed and these showed that medicine was administered safely in accordance with the prescription. If medicines were not administered the reason for this was clearly recorded. The details to ensure safe administration such as drug allergy status, resident's name and photograph and the route, dose, time for each medicine to be administered was available. Regular audits of medicine practices had been carried out to ensure safe practices were consistently maintained.

Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines. The stock balance was checked twice a day with two nurses signing and dating the register at the change of each shift.

The inspector found that while the medicine storage arrangements were safe a quantity of unused medicines that were no longer required had not been returned to the pharmacy for disposal in line with good practice guidance and the centre's procedure for the disposal of medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the

care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

The effects of social isolation had been individually assessed for each resident and suitable alternatives implemented to ensure the residents remained connected with their families. In their daily interactions staff were observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans. Active monitoring and surveillance for signs and symptoms of COVID-19 was carried out in line with the current guidance and residents' vitals signs and baseline measurements were recorded a minimum of twice a day.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of tissue viability nurse specialists and dietetic input.

There was a procedure for new admissions and residents returning from hospital that ensured their safety and protected other residents. Staff were aware of the isolation procedures and where residents would be isolated.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical, allied health care support and social care to meet their needs and ensure they experienced a good quality of life. Residents had a choice of general practitioners (GP).

As a contingency arrangement to prevent the spread of infection, there had been a reduction in GP visits to the centre during the early stages of the pandemic but telephone consultations and virtual clinics were facilitated to facilitate GP and specialist reviews. Records showed that residents continued to have access to medical treatment and appropriate expertise in line with their assessed needs, which included access to psychiatry of later life and palliative services as required.

Visiting by health care professionals had resumed at the time of inspection. There was a physiotherapist who visited the centre twice weekly and services such as occupational therapy, speech and language therapy, dietetics were also available if required. Consultant geriatrician services were also available via GP referral.

There was an extensive and varied social care programme that was facilitated by a member of staff dedicated to social care. The inspector saw that residents enjoyed varied activities throughout the day. During the early stages of lockdown residents said they made good use of the garden as the weather had been fine. They told the inspector that this had been a big help to their mental well being when they could

not see friends and family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were no residents in the centre that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) at the time of inspection.

The vast majority of staff had attended training in dementia and in their discussions with the inspectors they described person-centred interactions they employed to alleviate residents' fears during the outbreak.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that bedrails were used by eighteen residents. These were only put in place as a last resort following detailed risk assessments and alternatives were discussed with residents and were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

Staff were up to date with training in safeguarding vulnerable people from abuse. The person in charge said that this training had been moved to an on-line course which staff were completing as part of their refresher training.

The centre had two residents where ward of court arrangements were in place and one where it had agent responsibility at the request of family. The system for managing these arrangements was clear and transparent. All transactions and communications with the associated bodies were recorded.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector said that they felt safe in the centre and

that their rights, privacy and expressed wishes were respected. The inspector spent time observing residents and staff engagement at varied periods during the day. The atmosphere in the centre was calm and relaxed, and there was a sense of comfort and well-being. Residents looked well-groomed and their clothes were in good condition.

There were facilities in place for recreational activities which were now organised for groups of six to facilitate social distancing. There were specific activities organised for residents with dementia care needs. Residents were observed to enjoy the activities in their small groups with word search games noted to be well organised and particularly stimulating for those taking part. Other activities including crafts and painting featured in the programme regularly and residents said these were also fun and sociable times. In addition, for residents who chose to spend time in their rooms or sitting quietly the inspector noted that they had regular staff contact and opportunity for plenty of conversation. Residents had access to safe and well-maintained gardens that they said they used regularly. These were noted to be accessible, safe and attractively cultivated to provide interest for residents.

Residents spoken with said they understood the reasons for recent restrictions and described the worries they had about the virus. Some said that they listened to the news regularly and read the daily papers for updates and others said they only watched the news periodically as they found they became very anxious about the progress of the virus. They all commended the staff for their care and support and for ensuring that they could maintain regular contact with their families. Residents had access to video messaging to facilitate them to stay in contact with their families and also a SMART TV that the activity coordinator said produced very good images and improved accessibility of information.

Residents reported that their views were listened to and records of residents meetings showed that issues raised or suggestions made by the residents were taken into account when planning aspects of the service. For example, if residents reported not liking or liking particular foods or dishes the menu was adjusted.

Information on the latest guidance on the prevention and management of COVID-19, including the visiting arrangements that were in place available for 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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-0030342

Date of inspection: 03/09/2020

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Having had the opportunity to speak with HIQA and given their request for me to change my current structures within the Home, taking on board the potential risk should I have an outbreak of COVID 19 and with regard to current IPC advice, I am creating two distinct pods as discussed.</p> <p>I am currently planning a re-organisation within my Home in that I am dividing my current staffing compliment and residents into these two pods. Each pod will operate in isolation to minimize the impact should there be an outbreak of Covid 19 in the Home. As part of this re-organisation, we have started the process of recruiting additional nurses from abroad and they are due to take up post, one in December and another two in February. In addition, I am actively recruiting via a recruitment agency, additional HCWs and housekeeping staff to increase my staffing cadre both to meet present needs, potential outbreak situation and in the longer term, working towards full occupancy. I continue to review staffing levels to ensure that the number and skill mix of staff is appropriate to meet the needs of residents having regard to their needs, dependency levels and the size and layout of the nursing home.</p> <p>Having taken on board your concerns with my night time staffing levels, I will be rostering an additional staff member for night duty on the forthcoming rota.</p> <p>The fire compartments accommodating 12 residents highlighted during our recent inspection have each been split into two sections thus increasing overall safety and improving evacuation times.</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire-drills have been carried out during night time hours and learning from these drills has changed practices and improved outcomes. Evacuation times were considerably reduced as demonstrated in our latest fire drill report. By reducing compartment sizes and having evacuation equipment readily available (such as wheelchairs either in the room with the resident or stored safely at an easily accessible point without obstruction to exits) fire drill evacuation times have reduced leading to improved outcomes. Each resident's PEEP has also been revised to ensure it shows the most effective means of evacuation for that individual, eg a resident who is able to mobilise independently or using a zimmer frame could be evacuated more safely if a wheelchair was used. Therefore, each resident's PEEP has been individually assessed and amended as appropriate to ensure evacuation can take place in a safe and timely way. All staff are aware of these changes and all changes are incorporated into our regular training.</p> <p>Audits are carried out on incidents and all possible prevention strategies are now considered including additional staff in order to minimize or prevent harmful incidents.</p> <p>Infection control measures have been reviewed and a bedpan washer is ordered and paid for which will take 4 to 6 weeks to arrive. In the meantime, multiuse of items is avoided and where this proves difficult disinfecting solutions as per IPC guidelines are used to sanitise items.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A detailed description of all rooms including bed rooms and en-suites has been updated and forwarded to HIQA as part of our Statement of Purpose and Function. The statement of purpose has been reviewed and services to residents are clearly described. Residents who have medical cards are entitled to the services provided under the GMS system and are referred for these services. The nursing home continues to advocate on behalf of all residents to access and avail of these services.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In keeping with best practice in relation to infection prevention and cross contamination</p>	

a bed-pan washer is ordered and I am awaiting delivery.
 The clothes shelving in the laundry has been rearranged and the wash-hand basin is now easily accessible.
 The radiators presenting with paint damage have been repainted.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
 Falls prevention measures for residents at risk of falls have been reviewed and there have been no recent incidents following the revised measures.
 On-going regular auditing is taking place and identified areas for improvement continue to be addressed.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 I have consulted with the public health infection control team and I am implementing their advice. A bedpan washer is ordered and awaiting delivery and will be located in a separate designated room for this purpose only.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The 2 compartments of concern regarding evacuation discussed during your recent visit have each been split into two sections thus increasing overall safety and improving evacuation times particularly at lower staff level times following assessment and guidance from our engineers and architects. The detail of the change to the fire compartments has been forwarded to the fire officer. Learning from fire drills continues to inform practice to ensure evacuation can be carried out in a safe and timely way resulting in reduced evacuation times. To consolidate our training and learning development all PEEPs have been amended as per the recommendations from our latest night time fire drill findings.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Medicines belonging to residents that have passed away RIP have been returned to the pharmacy and going forward all nursing staff are aware to adhere to this practice. This practice is built into the medication audit.</p>	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	28/02/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	23/11/2020
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	28/01/2021

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	23/11/2020
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/11/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	23/11/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in	Substantially Compliant	Yellow	23/11/2020

	Schedule 5 includes the measures and actions in place to control the risks identified.			
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	15/12/2020
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	23/11/2020
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques	Not Compliant	Orange	23/11/2020

	and the procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Orange	23/11/2020
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	23/11/2020
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal	Substantially Compliant	Yellow	23/11/2020

	products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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	23/11/2020