

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Oakwood Private Nursing Home
Centre ID:	OSV-0000373
Centre address:	Circular Road, Ballaghaderreen, Roscommon.
Telephone number:	094 986 1033
Email address:	info@oakwood.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oakwood Private Nursing Home Limited
Provider Nominee:	Declan McGarry
Lead inspector:	PJ Wynne
Support inspector(s):	Gearóid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	14

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 June 2017 09:50 To: 21 June 2017 18:10

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

In applying to renew registration of the centre the provider has applied to

accommodate a maximum of 61 residents who need long-term care, or who have respite, convalescent or palliative care needs. This is the same level of occupancy which the centre is currently registered to accommodate.

The inspectors observed practices, the governance system, clinical and operational procedures and records required by regulation and the physical environment to inform decision making on this registration renewal application inspection. The provider, person in charge and those as participating in management were knowledgeable of the regulatory requirements. They were committed to providing person centred, evidence-based care for the residents.

Questionnaires from residents and relatives were received and the inspectors spoke with residents during the inspection. The collective feedback from residents was one of satisfaction with the service and care provided.

Residents' healthcare needs were met with referrals to medical and allied health professionals. Residents had required access to GP services and out-of-hours medical cover was provided. Residents had access to allied health professionals to include speech and language therapy and a dietician. The provider employs a physiotherapist. Practices were satisfactory to ensure each resident was adequately protected by the medicines management procedures.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable.

Resident had a variety of choices and meals. Relatives were positive in their comments about the meals including the quality. All laundry was done onsite. Residents and relative were complimentary of how their clothes were looked after.

Eighteen outcomes were inspected. Eleven outcomes were judged as compliant with the regulations and six as substantially in compliance. One outcome namely, safeguarding was judged moderate non-compliant with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review. The provider was aware of the requirement to notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

The inspection evidenced the service provided was reflective and as described within the statement of purpose and its mission statement.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service. The provider demonstrated knowledge of the legislation and of his statutory responsibilities. Records confirmed that he was committed to his own professional development.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was evidence of investment in upgrading the facilities and services, professional development of staff and sufficient staff deployed to meet residents' care needs.

There is a system to review the quality and safety of care and quality of life in place. There were systems in place to capture statistical information in order to review the quality of care and identify trends for areas of improvement in clinical data, environmental matters and document control management. A comprehensive audit of accidents or falls by residents was completed. A detailed nutritional audit program is well developed. A health and safety and hygiene audit of the building was completed periodically by the health and safety officer.

An annual report on the quality and safety of care was compiled with copies made available to the residents or their representative for their information as required by the regulations.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each resident had a written contract of care signed in agreement with the provider. A sample of these, including that of a recently admitted resident, were reviewed by inspectors. Contracts clearly stated the regular fee payable, the services to be provided under that fee, and services which would be facilitated by the provider which would incur an additional charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied by the resident was a single or shared room.

The provider discussed with inspectors that there were plans to improve informative signage in the centre. More prominent posting of information was discussed on aspects such as the menu choices or the daily activities which were available but were not posted in such a way as to catch residents' attention or be visible and accessible to residents. Inspectors were told that aids had been ordered of the time and date to help orientate residents with a dementia to time and place. Each bedroom was provided with a residents' guide to the centre.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was being managed by a qualified and experienced nurse. She has appropriate qualifications, sufficient practice and management experience to manage the residential centre and meet its stated purpose, aims and objectives.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. She has good clinical experience and management skills. She routinely attends training to implement current evidenced based best practice in care of the older person. She is supported in her role and responsibilities by a senior nurse.

She maintained her professional development and attended mandatory training required by the regulations. There was evidence the person in charge has engaged in ongoing professional development training and attended study days and seminars. A valid and up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was available.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and

ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored, maintained in a secure manner and easily retrievable.

A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. The directory of residents' contained all information required by schedule three of the regulations and was maintained up to date. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

A current certificate of insurance cover was available. The registered provider was adequately insured against risks, including loss or damage to a resident's property

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Policies read had been reviewed by the person in charge and were maintained up to date.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager has been notified to the HIQA to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Attendance at training in the relation to the detection, prevention and response to abuse of vulnerable adults was only mandatory for the nurses and care assistants, and optional for ancillary staff in the centre. As a result of this, some of the staff in kitchen, laundry, cleaning, and administrative roles had not attended any such training, despite their roles of interacting with residents.

A number of care staff had received training in caring for residents with dementia or responsive behaviours, and in the management of restrictive practices. Further training was planned in this area for other staff.

The centre facilitated the safeguarding of money for residents. The facility was secure with controlled access, and a balance book was maintained logging withdrawals and deposits which were double signed. Inspectors reviewed a sample of residents' finances and found the actual amounts to match those in the records. The centre did not act in the role of pension agent for any resident.

There was a policy on restraint management (the use of bedrails and lap belts) in place.

In line the national policy a restraint free environment was promoted. At the time of this inspection 17 residents had their bedrails raised, of which ten were at the residents request as an enabler. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. The rationale for the use of bed rails was outlined. The enabling function of bedrails used as an enabler was documented in care plans reviewed.

There was good access to the psychiatry team. The community mental health nurse visits the centre routinely to review residents and is available to nursing staff via the phone to discuss any concerns. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values.

Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed that residents were treated well with safety and support provided appropriately.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre maintained an up to date health and safety statement and emergency plan, which outlined the procedure to be followed in the event of an evacuation. Arrangements were in place if returning to the centre premises is not a viable option.

Routine checks of escape routes, the fire fighting equipment, the alarm system and emergency lighting were recorded. Certification of testing and servicing of fire detection and prevention equipment was available and current. The doors compartmentalising the bedroom corridors had mechanisms to self close to contain zones of the building.

Residents had personal emergency evacuation plans (PEEPs). These were available at the nurses' station. This PEEP folder clearly and concisely outlined the evacuation requirements of each resident in the centre, including mobility aids, staff assistance and verbal prompts.

Fire drills were taking place in the centre, however they were incorporated into the weekly alarm test and as such, no notes were kept on these beyond the date of the

alarm trigger, except for two recent night drills in which some notes were recorded on the procedure followed. There were no reports on the regular fire drills noting the time taken to complete, the location of the simulated fire, the people involved, and the actions staff took to respond, such as identifying residents in the zone with extra assistance needs or potential lack of cooperation. For future staff learning, the information lacked detail on potential delays impacting the efficiency of the evacuation, and how the response procedure would differ to account for factors such as the simulated fire being in the area of the centre in which bedroom doors did not self-close.

All staff had received fire safety training in 2017 and were familiar with their role in fire safety procedures. Inspectors spoke with cleaning and laundry staff who displayed good practice in infection control, such as having separate mops and buckets for use in different types of rooms, and how to handle changes in their routines when a resident is ill or if there is an outbreak of infection. The cleaner's store was appropriately equipped and secured.

The centre maintained a risk management policy which included the risks specified under regulation 26(1). The centre did not have a risk assessment completed on residents who smoke.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified in plans of care and changes communicated to staff at shift handover.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored

safely and securely.

All medicines were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked to ensure all prescription orders were correct for each resident.

Photographic identification was available on the medicine chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets reviewed were legible. The prescription sheets were legible and separately identified the regular medication, (p.r.n) medication (a medicine only taken as the need arises) and short term medication.

The administration sheets were reviewed as required by the action plan of the last inspection to provide clear directions on the times medicine should be administered. Administration charts were signed by the nurse following administration of the medicine to the resident. These recorded the name of the medicine and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager has been notified to the HIQA to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were 47 residents in the centre during the inspection. All residents were residing in the centre for long term care.

There were 13 residents with maximum care needs. Eleven residents were assessed as highly dependent. There was an advanced age profile amongst the residents accommodated. There were nine residents over 90 years and 12 over 85 years old. Twenty of the residents had a diagnosis of dementia, cognitive impairment or Alzheimer's disease as either their primary or secondary diagnosis. Ten residents required the assistance of a full body hoist and two a sit to stand hoist to meet their moving and handling needs safely.

There was a good emphasis on personal care and ensuring wishes and needs were met. Staff were knowledgeable of resident's preferred daily routine, their likes and dislikes. Clinical observations such as temperature, blood pressure, pulse were assessed routinely.

There were plans of care in place for each identified need in a computerised format. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of verbal consultation with residents or their representative. However, the outcome of formal reviews of care plans was not documented.

Since the last inspection there was evidence of improved personalisation of care plans. However, social care assessments were not completed for all residents. The interventions outlined in some plans of care require review to accurately describe the care problems being managed and the interventions to guide staff. By way of example, some care plans for responsive behaviours or dementia problems did not describe what the resident can still do for themselves, who they still recognise or outline to what stage their dementia has progressed. Similarly care plans for responsive behaviours did not always detail clearly the full extent of some of the issues being managed for residents with complex mental health problems. The detail of potential triggers and deescalating

techniques require review to provide more detail to guide staff interventions.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There were two residents with vascular wounds at the time of this inspection. There was evidence in the files of access to a vascular clinic. Professional expertise provided was followed. Wound care plans and records were updated to reflect the status of the wound following each dressing. The interventions used in practice were outlined in the related care plans.

Nursing notes were completed on a twice daily basis and provided a detailed clinical record of each resident's health, condition and treatment given. When an acute health problem was being managed the daily nursing notes described well the interventions, the residents' progress and response to treatment.

Residents had access to GP services and there was evidence of medical reviews. A physiotherapist is employed privately by the provider and is available to review all residents and provide guidance to nursing staff. The physiotherapist undertakes individual and group exercise to promote mobility, improve respiratory function and develops passive exercise regimes for more frail residents.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The original centre of the building is a single storey bungalow. This has been extended in the recent past with the addition of two-storey building of eight twin apartments connected to the main building by a corridor. The centre was well heated, ventilated, clean and decorated to a high standard. The design and décor of the building was comfortable and homelike. Bedrooms were appropriately decorated and personalised to the residents' preference.

Walkways and corridors were free of steps, trip hazards and obstructions. Corridors

were oriented in a circuit which allowed residents to mobilise around independently in circuitous pattern. Longer corridors had seating where residents could sit and rest, or use a quiet space to relax away from the living rooms. While rails were present along all corridors, inspectors discussed with the provider the suitability of the rails lining the corridors of the older section of the building and their ability to sustain the weight of someone, as some points did not appear especially sturdy and secure to the wall. Assistive grab rails were absent from the shower facilities in the newer section of the premises.

The centre had a nicely designed enclosed courtyard garden which had seating and was easily accessible as part of the circuit corridor walkway. The centre had a well equipped onsite laundry, kitchen and oratory, and a centrally located nurses' station which had good view of the communal day room. There was private space in which residents could receive visitors in private.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre had a complaints policy and the procedure for making complaints was posted in the front lobby of the centre. The person in charge was identified as the complaints officer who would manage complaints and ensure they are appropriately responded to. The procedure identified the person appointed to receive appeals in the event of the complainant not being satisfied with the outcome of the matter, as well as contact details for the Ombudsman.

The centre maintained a complaints log detailing the date and details of all complaints received, the actions taken in response of same, the outcome of the complaint and a note on whether or not the complainant was satisfied with the outcome. The same level of attention was given to recording and investigating complaints received verbally as those received in a formal submission. There was a low number of complaints received overall and there were no concerning trends or recurring matters of complaint in the records.

Judgment:

Compliant

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Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Discussions with the nursing team evidenced that end-of- life care was person centred and respected the values and preferences of individual residents. Staff described the policy and protocols in place for end-of-life care.

There was good evidence of residents and relatives' involvement in residents' to meet end-of- life needs.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were two residents under the care of the palliative team. At the time of this inspection both residents were stable. The person in charge had engaged in continuous education in palliative care and pain assessment.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

Eighteen residents were prescribed supplements to help maintain a healthy nutritional status.

Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

Residents were provided with food and drink at times and in quantities suitable to their recommended dietary requirements. The food was properly served with sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There were 17 residents on a modified diet and 13 on thickened fluids. Six residents required full assistance with all their meals and four partial assistance or prompting.

There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits and dessert.

There was an emphasis on residents' maintaining their own independence. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the meals including the quality and variety in questionnaires submitted to HIQA.

There was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served. A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:

Residents were facilitated to vote in the centre. Priests were among the resident population who could say mass each morning, and this was well attended and appreciated by the other residents.

Resident forum meetings were held approximately every four months and inspectors reviewed minutes taken at the last few sessions. The minutes were detailed and included notes on each resident attending and what they contributed to the meeting. Even if residents had no feedback or suggestions to bring up, notes were still made on their agreement or engagement with topics of the session. Follow-up notes were recorded on actions and updates occurring as a result of what residents brought up at the meeting.

The majority of residents were observed spending the day in the primary central communal lounge, with some in a smaller sitting room at the front of the building. It was in this central room where the staff member acting as activities coordinator was observed spending most of their time with residents.

The activities coordinator had a list of activities held each day with which residents did and did not attend. These attendance lists were later audited to establish popularity levels of certain events, and resident who were chronically not participating in activities. For residents who lacked the capacity to, or chose not to, attend group activities, the person in charge advised that designated time was assigned to do one-to-one activities such as sensory therapy or sitting and chatting with the resident. Notes were not recorded for these sessions to note the times, duration, the exact activities done in each session, or the level of engagement and meaningfulness the resident had from the session.

Judgment:

Substantially Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All laundry was done onsite and the laundry facilities were appropriately staffed and equipped. Clothing was sorted individually by resident and labelled clearly.

Good infection control practice was being followed. The staff in the laundry room was

clear on the route for receiving, washing, drying and returning clothes, bedclothes, and reusable mop heads. They were knowledgeable on how procedures changed in the case of an infectious outbreak, soiled articles or in the event that a resident is ill.

The centre maintained a policy on residents' personal property and each bedroom had adequate storing for belongings.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The centre maintained policies on recruitment, training and development of staff.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection. The supervision arrangements and skill mix of staff were suitable to meet the needs of residents taking account of the purpose and size of the designated centre.

The action plan from the previous inspection was satisfactorily resolved in relation to staffing. Additional nursing staff have been recruited ensuring the person in charge has sufficient time allocated to oversee the governance and operational management required by the service. There are two nurses rostered throughout the day in addition to the person in charge. There are seven care assistants rostered from 8.00hrs until early afternoon. There are five care assistant rostered in the evening until 21.00hrs.

Inspectors reviewed a sample of personal files and found these to contain all documentation and information required under Schedule 2 of the regulations. Staff and management had evidence of them having been vetted by An Garda Síochána and nurses had confirmation of their 2017 registration with the Nursing Board of Ireland. The centre did not utilise any volunteers or external agency staff.

All staff had attended training in fire safety, manual handling, and infection control. Further training is required to ensure all staff working with residents are trained in dementia care and responsive behaviours. A sufficient number of staff were not trained in cardio pulmonary resuscitation (CPR) techniques. The person in charge had identified this and planned training in this area was scheduled.

Staff were overall knowledgeable of the residents, their needs, histories and personalities, and were observed speaking with residents in a friendly and polite manner.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Oakwood Private Nursing Home
Centre ID:	OSV-0000373
Date of inspection:	21/06/2017
Date of response:	02/08/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) (Amendment) Regulations 2016.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:

There is a contract of care in place for each resident outlining the terms on which the resident resides in the centre and this is signed by the resident or next of kin and signed by the proprietor or on behalf of the proprietor.

Room type whether private or semi-private is now indicated on each contract.

Proposed Timescale: In place

Proposed Timescale: 02/08/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ancillary staff members were not obliged to attend safeguarding training, and so half of the laundry, cleaning, kitchen and administrative staff had not received said training.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

All care staff and nursing staff have received training in safeguarding. All ancillary staff members will receive training in safeguarding during the month of August.

Proposed Timescale: 31/08/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

No risk assessment had been completed on residents smoking on the premises.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The risk management policy includes smoking as a hazard. There is a smoking room provided for residents who like to smoke. A care plan is now in place for each resident who smokes detailing the actions taken to ensure residents safety.

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Notes on fire drills such as duration, people involved and points raised during the process were not consistently recorded to keep staff aware of the most efficient procedure for evacuating the centre in the event of a fire, such as keeping notes on time taken, potential delays, changes to procedure based on location and residents involved.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

Fire training and fire drills are periodically carried out with all staff ensuring that all staff and where appropriate residents are aware of the procedure to be followed in the event of fire. In addition to our training records there will now be fire drill records detailing times, duration of drill, potential delays or site-specific changes and these will be recorded in the Fire Log Book.

Proposed Timescale: 31/08/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Social care assessments were not completed for all residents. The interventions outlined in some plans of care require review to accurately describe the care problems being managed and the interventions to guide staff. Dementia problems did not describe what the resident can still do for themselves, who they still recognise or outline to what stage their dementia has progressed.

Care plans for responsive behaviours did not always detail clearly the full extent of

some of the issues being managed for residents with complex mental health problems. The detail of potential triggers and deescalating techniques require review to provide more detail to guide staff interventions.

5. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

A comprehensive assessment of care needs is carried out on all residents. Care plans are in place for all residents with diagnosis of dementia or who are assessed as requiring assistance with Recreation and Social interaction. Residents who are assessed as independent in this area do not have care plans for these problems. Care plan interventions and evaluations outline the progression of the individual with dementia and their present condition/ability.

One resident who did not have a care plan for challenging behaviour is for review by the psychiatric team and a care plan is now in place covering Communication and Mood.

Proposed Timescale: 31/08/2017

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The outcome of formal reviews of care plans was not documented.

6. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

Reviews of care plans are carried out 4monthly or more often depending on changes in the resident's condition/requirements.

A record of formal reviews of care planning carried out with the resident or where appropriate with next of kin will be maintained.

Proposed Timescale: 30/09/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Assistive grab rails were absent in some of the showering facilities and handrails in the corridor of the older section of the building require review to ensure their suitability and safety.

7. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Assistive grab rails are in place in all shower rooms and all handrails secured safely.

Proposed Timescale: 31/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Notes were not recorded form activity sessions to note the times, duration, the exact activities done in each session, or the level of engagement and meaningfulness the resident had from the session.

8. Action Required:

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

Please state the actions you have taken or are planning to take:

Activities continue to be planned and carried out to ensure residents have opportunity to participate in activities in accordance with their interests and capacities. Records are maintained of activities and of residents who participate in the activities
For residents who have one-to-one activity, the activity therapist will now document the type of activity, the time, the duration and the level of engagement/meaningfulness for the resident

Proposed Timescale: 31/08/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Further training is required to ensure all staff working with residents are trained in dementia care and responsive behaviours.

A sufficient number of staff were not trained in cardio pulmonary resuscitation (CPR) techniques.

9. Action Required:

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

Please state the actions you have taken or are planning to take:

Training in dementia and responsive behaviours and CPR is scheduled for all staff who are not up to date.

Proposed Timescale: August and September 2017

Proposed Timescale: 30/09/2017