



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	26 November 2019
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0028184

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 35 single rooms and 20 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre also has one end of life room, a fully equipped gym and a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment and residents with intellectual disabilities. Within the centre there is one unit with 11 bedrooms that provides care for individuals that benefit from a higher staff/resident ratio in order to meet their individual needs. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 94 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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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
Tuesday 26 November 2019	10:00hrs to 19:00hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

The inspector met with residents and some residents' relatives who were visiting the centre during the inspection. Most expressed their great satisfaction with most aspects of the service they received.

Residents said they were very satisfied with living in the centre, and that they felt 'safe and well looked after'. Residents and relatives who spoke with the inspector said that staff were 'kind' and 'caring'; but at times could be 'very busy' such as at meal times.

Residents' relatives who spoke on their behalf said 'the centre was bright and cheerful and the staff are always welcoming'. Residents and staff were satisfied with the spaces and facilities available to them during visiting.

Residents reported to the inspector their satisfaction with their rooms and storage for their personal items. Residents were happy with the arrangements in place to launder their clothes and for the return of their clothing to them. Residents reported that their choice of daily routine was respected and facilitated in the centre and that they were satisfied with the choice of food.

There was a varied programme of activities available for residents to participate in and enjoy in the centre. Residents reported they particularly enjoyed the weekly bingo and arts and crafts. The inspector observed residents from all areas of the centre enjoying an arts and crafts session, while enjoying mince pies, cups of tea and chatting with other residents.

A family member reported to the inspector that their relative enjoyed spending quiet time in their room and this choice was respected by the staff. This family member went on to praise the activity staff who they reported made lots of effort to ensure that their relative was aware of all activities occurring in the centre and was provided with every opportunity to participate if they chose to do so. The centre's staff also coordinated and facilitated regular outings in the centre's mini-van to a variety of attractions in the local area for residents.

Capacity and capability

This was an unannounced inspection to inform a registration process and to monitor ongoing compliance with the Regulations. The centre's management team planned to register three additional single bedrooms with full en-suite facilities on the first floor.

Six actions from the last inspection were followed up to bring the centre into compliance with the regulations. The inspector noted that all actions had been progressed by the provider, however, some had not yet been completed, resulting in two actions being repeated in the compliance plan.

In the centre there was a robust governance and management structure in place. This included a well defined management structure with clear lines of authority and lines of reporting. Staff were aware of their roles and responsibilities. The person in charge worked full time and was well supported at organisational and operational level. There was a comprehensive arrangement in place for provision of on-call support, ensuring a senior member of the team was available to the staff at all times.

There was a proactive approach taken and arrangements in place to monitor the quality of safety of the care and service delivered in the centre. There was a comprehensive schedule of audits in place and outcomes were monitored to inform ongoing areas for improvement. Regular feedback was sought from residents by the management to inform changes required in service.

Staff were skilled and knowledgeable and knew residents well. Some concern regarding staffing levels was identified during the inspection in the area of housekeeping. The management undertook to review this.

Staff were appropriately supervised and facilitated to attend mandatory and professional development training. The person in charge confirmed that all staff had Garda Vetting and that there was arrangements in place so that all new staff completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Registration Regulation 4: Application for registration or renewal of registration

A provider submitted a complete application to register the increased footprint of the designated centre. The application included the information set out in Schedule 1

Judgment: Compliant

Regulation 15: Staffing

The inspector observed that staff were knowledgeable regarding the needs of residents and skilled when providing care. Review of recent call bell audits, by the inspector, showed a trend of reduced waiting-times for residents; this evidenced the staffs' commitment to providing timely care and support to residents. Residents

confirmed this to the inspector, stating that 'although at times staff could be busy' that mostly their needs were attended to in a timely fashion.

The inspector observed that one of the sluice rooms in the centre was unclean at the time of the inspection. There was visible signs of grime and water marks over surfaces, a toilet brush strewn on top of the work counter and an old armchair stored in the corner. The inspector was informed that this room is usually cleaned weekly but had been missed due to prioritization of other tasks. The inspector noted from meeting records that there had been a recent reconfiguration of household staff resulting in a reduction in total working hours per week. In light of the extending size and footprint of the centre and the identification of an unclean area, this reconfiguration was raised as a concern by the inspector with the management. The inspector was assured this would be reviewed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The action identified from the last inspection was followed up and found to be completed. Staff training records were viewed by the inspector; staff mandatory training requirements were facilitated and noted as up-to-date. A robust review system to ensure appropriate oversight of staff training was in place and a schedule of ongoing training planned to ensure staff remained up-to-date with mandatory training. Furthermore staff were facilitated to attend training to support their professional development and to ensure that staff had the necessary skills to meet residents' needs.

The person in charge outlined changes made following the last inspection to ensure staff were well-supervised according to their role at all times. This had resulted in a nurse's station being created in the dementia specific unit and the allocation of a staff nurse to oversee the care provided to these residents who were accommodated there.

Judgment: Compliant

Regulation 22: Insurance

Confirmation of up-to-date insurance to cover injury to residents or loss and damage of residents' property was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

The centre had robust governance and management procedures in place. The person in charge worked full time in the centre and was supported in her role by the assistant director of nursing (ADON) and clinical nurse manager (CNM). The ADON and CNM provided senior clinical on call cover over night and at weekends to ensure that staff always had a senior member of the team to liaise with for issues arising.

There was strong corporate support available to the person in charge. Members of the senior management were on site at the centre two to three times a week and there was evidence of monthly senior management meeting held in the centre. The person in charge met with staff from all departments regularly to review practice in all areas and to share findings from auditing and promote learning.

There were clear lines of authority; each member of the team had their role and responsibilities defined and there was good processes for communication between team members. There was sufficient resources provided to meet the needs of residents.

Comprehensive systems were in place to monitor quality and safety of the service. The person in charge prepared weekly operational and clinical reports for the senior management team to review and ensure good oversight of the services being provided. There was clear evidence that information collated by measuring key clinical indicators and of analysis of audits. This information was reviewed at governance and management meetings. An extensive schedule of audits was in place; actions plans were developed from these audit and informed continuous quality improvement.

There was evidence of consultation with residents in the planning and running of the centre. Regular resident meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements and required changes in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was updated with all necessary information prior to the inspection and was in line with the information outlined in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had an up-to-date policy and procedure to manage complaints. A summary of the complaints procedure was displayed prominently in the reception hall beside the newly renovated piano bar for residents' and relatives' information. Details on display included the nominated complaints officer in the centre, investigation procedure, the appeals process and ombudsman contact details. The centre had links with an advocacy group. Contact details for accessing an advocate were on display throughout the centre.

A record of complaints raised by residents and relatives was maintained in the centre. The records included details of the investigations carried out in relation to the complaints and of the prompt actions taken to resolve the complaint. Residents and relatives who spoke to the inspector confirmed that they were happy to bring issues to any staff member but in particular to the person in charge who was referred to as very approachable. Residents also confirmed that prompt action was taken to resolve complaints and generally there was a high level of satisfaction.

Judgment: Compliant

Quality and safety

Overall the service provided to residents living the centre was good. The inspector found that residents' enjoyed a good standard of life in the centre and that their health and nursing needs were met to a good standard. Each resident's social and healthcare needs were assessed and informed comprehensive individual care plans that contained person-centred details, reflecting residents' individual care preferences.

Residents were accommodated in bright and spacious bedrooms on the ground and lower floors of the centre. Residents had sufficient space to store their personal items and valuables. The additional three bedrooms inspected for registration were located on the first floor and were found to be in line with the requirements of the

regulations. The provider planned to carry out additional building works on the first floor before these were occupied.

The centre's reception area had recently been renovated and now included additional interesting spaces such as a piano bar and comfortable sitting areas for residents to enjoy. Generally the centre was well maintained and decorated to a good standard with lots of interesting items on display, colourful wall paper and comfortable and bright furniture. There were a number of well maintained outdoor spaces that residents could access and spend time in.

Residents were supported to enjoy a meaningful life and there was a varied and interesting activities programme including organised trips out in the centre's bus. There was designated time for one-to-one activities for residents who required this level of activation and additional resources for these residents put in place since the last inspection.

Residents with responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported in the centre by staff who knew them well. The centre's restraint register required review to ensure all forms of restraint were included.

Residents' views were sought and valued by the provider to inform the running of the centre. Regular residents' meetings were held and residents were consulted with regarding their care and the service provided. Residents reported they felt safe in the centre and spoke very positively about the management and care team in the centre.

There was a proactive approach to the identification and management of risk in the centre and there were measures and procedures in place to ensure residents health and safety needs were met.

Regulation 12: Personal possessions

Residents were provided with sufficient storage space in their bedrooms for their clothing and personal belongings. Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions.

The provider kept a small amount of money in safekeeping on behalf of a number of residents for their day-to-day expenses. Records of transactions were maintained and balances checked by the inspector were correct. The person in charge confirmed that they did not act in the role of pension agent for collection of social welfare pensions for residents.

A laundry service was provided for residents living in the centre. Residents' clothing was discretely labelled to ensure safe return to each resident after laundering. There were no complaints logged or negative feedback from residents or their relatives

regarding the laundry service provided. Residents' clothes were observed by the inspector to be clean and well cared for.

Judgment: Compliant

Regulation 17: Premises

Overall the design and layout of the premises met the residents' needs. The centre was bright and warm throughout with a homely atmosphere. The centre had three levels; the lower level and ground floor provided accommodation for a total of 75 residents in 35 single bedrooms and 20 twin bedrooms. All bathrooms had full en-suite facilities with shower, wash-hand basin and toilet. Residents bedrooms were spacious and nicely decorated with residents' personal items and photos on display.

The three bedrooms for registration were observed by the inspector to be bright, spacious and in line with the requirements of the regulations. These bedrooms had full en suite facilities. The management outlined plans to the inspector to add a sluice room and further renovate communal space and additional bedrooms on the first floor. These plans had been submitted to the local authorities at the time of the inspection. The registered provider representative stated that no bedroom on the first floor would be occupied until all building and renovation work was complete in order to minimise disruption to residents. There was also a library room on the first floor where residents could spend time with relatives and visitors. A gym facility was also on the first floor which had treadmills, static bikes and other gym equipment; This was used by the centre's physiotherapist when creating and carrying out exercise programmes for residents.

On the lower level there was a dementia specific unit that accommodated 11 residents. Residents had access to a small outdoor sensory garden that contained lavender plants and sitting areas that residents and visitors could enjoy and spend time in. All levels were accessible by lift and stairs.

There was a number of communal spaces and rooms throughout the centre, these included the following; a chapel which also functioned as movie theatre on a weekly basis, three dining rooms, a library on the first floor and a number of sitting rooms. The centre's 'sun room' was used by residents to receive their visitors and contained facilities such as a coffee machine and comfortable seats and tables.

There was a well maintained secure outdoor garden for residents to enjoy which could be accessed from the main sitting room area. This contained sitting areas and a number of raised bed planters for residents use.

Extensive refurbishments on the ground floor had recently been completed. This resulted in a number of improvements as follows:

- The centre's reception and foyer area was restructured and redesigned and now included a 'piano bar' space and a number of sitting areas with electric

fire places and comfortable brightly coloured armchairs. The inspector observed residents enjoying these spaces with their families and visitors.

- The reception and foyer area had new flooring, bright decorative wall paper and paint work, creating a welcoming and interesting space to spend time in for residents.
- A room near the reception area of the centre had been re-designated for the storage of equipment such as wheelchairs.

Despite this increased allocation of space for the storage of equipment, the inspector observed that the storage space for equipment remained inadequate. For example, the inspector observed that there were a number of full body hoists located in the corridors and that there was an 'out of order' sign on a hoist that was located at the end of a corridor in a fire refuge point. This was removed immediately by the centre's staff.

The inspector followed up on an action from the last inspection regarding the availability of mobile call bells for residents in communal rooms. One sitting room and the centre's designated smoking room did not have a call bell on the day of this inspection.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date policy in place to inform the process of risk management in the centre. A risk register was maintained and there was evidence that this was reviewed and regularly updated by the centre's management.

There was a robust system in place for the review of all incidents and adverse events involving residents. There was evidence that incidents were reviewed, investigated and escalated as required. Learning identified from these processes and analysis was communicated to staff to ensure learning and ongoing improvements through regular staff meetings and daily handover summaries.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The centre had completed the move to a new IT system to record residents assessments and individual care plans. Actions identified during the last inspection in March 2019 were followed up on this inspection and found to be complete. A sample of care plans were reviewed by the inspector. End of life assessment and care plans and behavioural support care plans were found to be person-centred and contained

sufficient detail to direct staff when providing support and care to residents. The inspector observed that staff implemented residents' care plans and consulted with residents or their family on their behalf, as appropriate, regarding any changes needed. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents living with dementia were periodically predisposed to episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Following the last inspection, all staff had been facilitated to attend training in managing responsive behaviours and there was an ongoing schedule of training for staff planned on this important topic. The inspector saw that residents' responsive behaviours were well-managed with person-centred and supportive de-escalation strategies implemented by staff who were knowledgeable and knew residents well.

There was evidence of analysis of the triggers of responsive behaviours. This information was used to develop behavioural support care plans that also contained the most effective person-centred de-escalation strategies to guide staff to provide consistent and effective care.

A minimum restraint environment was promoted by the person in charge and staff. This was reflected in the low use of physical restraint. For example 7 of the 70 residents (10%) living in the centre used bed rails at the time of the inspection. There was evidence confirming assessment of need for full-length bedrails and details of alternatives trialled were recorded. Safety and risk balance assessments were completed to ensure bed rails were safe for residents to use prior to implementation and while in use.

A restraint register was maintained in the centre which contained details of physical restraints; this required review to include all forms of restraint used in the centre; for example, environmental restraints.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were encouraged to have their say and supported to participate in the running of the centre. Residents' meetings were held every six weeks and satisfaction questionnaires completed regularly to inform feedback on the service

provided. Residents' meetings were minuted and action plans developed. There was good evidence of meaningful discussion in the meeting minutes examined by the inspector and evidence that actions were completed.

The inspector observed that staff were kind, respectful and professional in their interactions with residents. Residents and relatives confirmed that staff were always 'very welcoming and kind'. Residents' religious preferences were supported and facilitated; a weekly mass was celebrated in the centre and arrangements for local clergy from various denominations to attend the centre as required were arranged.

There was a varied and interesting activity programme in place for residents in the centre and the inspector observed residents through out the inspection enjoying and engaging in various group activities. The inspector also spent time observing activities in the dementia specific unit during the inspection. There was a sing-along session for residents facilitated by an activity coordinator and an impromptu reminiscence session with residents about Christmas and baking. The management of the centre informed the inspector that additional resources had been sourced for some residents with one-to-one needs on this unit. This included additional dedicated hours every week for one resident and additional resources like rummage boxes and fiddle blankets for other 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0028184

Date of inspection: 26/11/2019

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Staff levels in the household department will be kept under continuous review to ensure that the standard of cleanliness within the home is maintained • Daily and weekly chore lists and audits will be implemented to assist in monitoring compliance. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Storage areas will be reconfigured to include storage space for full body hoists when they are not in use. • All equipment not in working order will be removed from work areas immediately while awaiting repair. • Daily check system implemented to ensure call bells are in all communal areas. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:	

- Restraint register updated to include all identified restraints including environmental restraint, such as; coded locked doors, sensor mats, wandering alarms, motion alarms and the temporary removal of mobility aids.
- Risk assessments in place for all identified restraints.

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.	Substantially Compliant	Yellow	31/01/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2020
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance	Substantially Compliant	Yellow	31/01/2020

	with national policy as published on the website of the Department of Health from time to time.			
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