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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Oaklands Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Bolden (Nursing) Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Derry, Listowel, Kerry</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18 June 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000260</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029725</td>
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About the designated centre

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

Oakland’s Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 51 residents in a mixture of 28 single and 11 twin en-suite bedrooms. Communal accommodation consists of two spacious lounges and a large dining room. There are two enclosed gardens for residents use which can be easily accessed from the centre. The centre is located in a rural location approximately four miles outside of the town of Listowel. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 38 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 18 June 2020</td>
<td>09:40hrs to 16:30hrs</td>
<td>Ella Ferriter</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 18 June 2020</td>
<td>09:40hrs to 16:30hrs</td>
<td>Noel Sheehan</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

On this inspection there were 38 residents living in Oakland's Nursing Home. The feedback received from residents spoken to was positive, and indicated that they were satisfied with the care they were receiving, the food they were served and the range of activities. Residents particularly spoke positively about staff, describing them as pleasant, kind and caring. Inspectors observed staff treating residents respectfully, and it was evident that they were familiar with their personal preferences. Due to restrictions on visiting due to COVID-19, the inspectors did not have the opportunity to speak with relatives of residents.

The inspectors observed that there was insufficient staff supervision, in particular in relation to ensuring that staff were adhering to infection control best practice. There was a positive dining experience offered to residents and inspectors observed residents enjoying their dining meals and being assisted and supervised appropriately. However, there were not systems in place to facilitate residents to social distance while dining, which was contrary to recommendations pertaining to reducing the risk of the transmission of infections.

Capacity and capability

This was an unannounced risk-based inspection conducted over one day. Similar to findings of the recent inspections, of February 2020 and May 2020, it was found that the Registered Provider, Bolden (Nursing) Limited had not ensured that there was a robust management structure in the centre.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, requires that there shall be a person in charge of a designated centre. On the day of this inspection, there was no person in charge of Oakland's Nursing Home, and interim arrangements had not been identified to the Chief Inspector as requested, since the previous inspection. The registered provider confirmed that there was no person in charge in the centre from May 8th to June 18th, 2020. The inspectors acknowledge the registered provider was actively attempting to recruit a person in charge, that would meet the regulatory requirements.

The role of a person in charge in a designated centre for older people is paramount to the safe delivery of care to residents. The responsibilities of the person in charge include monitoring and management of areas such as residents healthcare, individual assessment and care planning, end of life care, training and staff development, food and nutrition, notification of incidents, medicines and pharmaceutical services, management of admissions to the centre and staffing. The
person in charge is the clinical lead of the centre, and this role is required to ensure
standards of clinical quality and safety are maintained. As a result of the fact that
there was no person in charge in the centre, and a clear absence of clinical
oversight, an urgent action was issued to Bolden (Nursing) Ltd. This stated that
urgent attention was required, to safeguard the safety and well being of the
residents living in Oakland's Nursing Home, and requested that these failings be
addressed immediately.

There were significant gaps in the management structure of Oakland's Nursing
home. This impacted on the oversight of the centre and the quality of care being
provided to residents. On the day of inspection there was a General Manager
working full time in the centre, who was also the named registered provider
representative. Similar to the findings of the previous inspection, the inspectors
found that the registered provider Bolden (Nursing) Ltd was overly reliant on one
person. Sufficient contingency arrangements had not been put in place to ensure
that centre could continue to operate safely, if that person became ill. Inspectors
were informed at the previous inspection of May 7th, 2020 that a newly recruited
nurse had been identified to act as an interim Clinical Nurse Manager (CNM),
however, this role had not commenced, and was still awaiting formal approval from
the registered provider on June 18th, 2020. There was no evidence of meetings
between the two board members of Bolden (Nursing) Ltd, since March 2020 and
it appeared that communication had broken down.

The General Manager had submitted a notice of resignation to Bolden (Nursing) Ltd,
and was currently serving her notice period. Inspectors were informed that the date
for official ceasing of employment could not yet be confirmed, and it was either July
2nd, 2020 or July 26th, 2020. Confirmation of this date from Bolden (Nursing) Ltd
was outstanding. Although a replacement general manager had been appointed to
commence on July 2nd, it was evident that there was no arrangements in place for
a formal handover and induction period for this new employee. The inspectors
viewed this handover as a critical component of safe care delivery, to ensure
operational efficiency of the centre, and in the provision of accurate reliable
information.

The Chief Inspector had also received unsolicited information of concern in relation
to the centre, since the previous inspection of May 7th, 2020. Issues of concern
included the governance of the centre, absence of a person in charge, food and
nutrition, infection control practices within the centre, medication management and
staff supervision. The registered provider was required to submit information of
investigation and action, in response to these concerns, which was reviewed by the
inspectors. These areas were also reviewed during the inspection, and are discussed
and actioned under the relevant outcomes of governance and management and
infection control.

The amount of nursing staff, care staff, domestic staff and catering staff levels were
adequate on the day of inspection, having regards to the needs of the residents and
the size and layout of the centre. Residents spoke positively about staff and
inspectors observed them treating residents with dignity and respect at every
interaction. There was evidence of staff meetings monthly chaired by the general
manager where topics such as risk, internal communication and COVID-19 were discussed. However, the inspectors found that there was an absence of clinical supervision of nursing and care staff. This was evidenced by an inappropriate understanding by staff regarding the use and disposal of personal protective equipment, poor oversight of care planning and residents records and inadequate monitoring of the clinical signs of infection.

The training matrix was reviewed, and it was found that mandatory training was up-to-date for all staff working in Oakland's Nursing Home. A review of a sample staff files found that a written reference for recently recruited nurse had not been obtained, and there was not always evidence that a formal induction had taken place. A review of one residents' records, who had been transferred to acute services from the centre, indicated that all relevant information about the resident was not provided to enable continuity of care.

Residents had a contract of care detailing the terms on which the resident shall reside in the centre. Incidents and accidents were accurately recorded and reported to the Chief Inspector as required. The complaints were recorded in line with the requirements set out in the regulations. Issues were followed up to ensure the concern was remedied, and that the complainant was satisfied with the outcome. In conclusion, the inspectors deemed the current absence of a person in charge and inadequate governance and management arrangements in Oakland's Nursing Home an urgent risk to the delivery of a safe, appropriate, consistent and effectively monitored service.

**Regulation 14: Persons in charge**

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, legally requires that there shall be a person in charge of a designated centre. This person must be a registered nurse, with experience in nursing older persons, have three years management experience and have obtained a management qualification. On the day of inspection there was no person in charge of Oakland's Nursing Home. The post had been vacant from from 07 May 2020. The inspectors acknowledge that the registered provider was actively attempting to recruit a person in charge, that would meet the regulatory requirements.

Judgment: Not compliant

**Regulation 15: Staffing**

From an examination of the staff duty rota, and communication with residents and staff, it was the found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of 38 residents living in Oakland's Nursing Home.
Residents spoke very positively of staff and indicated that staff were caring and kind. Staff were observed by inspectors treating residents with respect and dignity.

Judgment: Compliant

**Regulation 16: Training and staff development**

The provision of mandatory training was up-to-date for all staff, in key areas such as fire safety, moving and handling, safeguarding and responding to responsive behaviours. Additional training for all staff in response to the COVID-19 pandemic had taken place, in areas such as infection control and hand washing. However, the inspectors were not satisfied that staff were appropriately supervised, which will be addressed under regulation 23.

Judgment: Compliant

**Regulation 21: Records**

All records as requested during the inspection were made readily available to the inspector. Records were well maintained and stored securely. A sample of staff files viewed by the inspector found that one recently recruited nurse did not have two written references, including a reference from the person's most recent employer. Review of staff records also found that there was not documentary evidence of induction of new staff, in all instances. Residents' records were reviewed by the inspector who found that they generally complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, a copy of correspondence from the designated centre to the acute sector relating to one resident, was not kept in the relevant record. Therefore, the inspectors were not assured that information accompanied the resident to hospital and review of correspondence from the acute hospital supported this finding.

Judgment: Not compliant

**Regulation 23: Governance and management**

The findings on inspection were that there were significant shortcomings in governance and management of the centre by the registered provider Bolden (Nursing) Ltd in particular:
- There were gaps in the management structure which resulted in poor outcomes for residents. There had been no person in charge working in the centre since May 7th, 2020 and the Clinical Nurse Manager had not been replaced since November 2019.
- There were not management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Inspectors found that auditing of practices had not taken place since February 2020.
- There was not appropriate clinical supervision of nursing and care staff, evidenced by inadequate understanding regarding the use and disposal of PPE, unsatisfactory oversight of care planning and residents records and insufficient monitoring for signs of infection.

**Judgment:** Not compliant

**Regulation 24: Contract for the provision of services**

Residents had a written contract of care and statement of terms and conditions agreed with the registered provider of the centre. A sample of contracts of care were reviewed. Each contract included details of the services to be provided, and the fees to be charged, including fees for additional services.

**Judgment:** Compliant

**Regulation 3: Statement of purpose**

The centre was not operating as per the centres statement of purpose, in relation to its organisational structure and staffing compliment. There was currently no person in charge of the centre and no Clinical Nurse Manager. The amount of health care attendants employed was stated as being 20 in the statement of purpose, however, were found to be 16 on the day of inspection. The statement of purpose had not been reviewed and revised to reflect current vacancies in the centre.

**Judgment:** Not compliant

**Regulation 31: Notification of incidents**

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.
**Judgment:** Compliant

### Regulation 34: Complaints procedure

On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint, and records evidenced whether or not they were satisfied with the outcome.

**Judgment:** Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. Residents spoken to gave positive feedback in relation to all aspects of care in Oakland's Nursing Home. The inspectors observed that residents appeared very well cared for, and staff were respectful and kind at every opportunity.

Residents had good access to nursing and medical care and were referred as appropriate to allied health and specialist services. There was evidence of regular medical reviews of residents. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The dietitian visited the centre, and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. A sample of care plans reviewed by the inspector were person-centred and individualised. However, improvements were required in ensuring residents were consulted in the care planning process. End of life care plans were also not updated in all instances, and required review.

Mealtimes were seen to be social occasions, and the majority of the residents had their meals in the dining room. The chef and kitchen assistant served food at dinner from a heated display unit in the dining room. Food was attractively presented, and there was evidence of choice. Catering staff were familiar with the prescribed diet of each resident and of their individual likes and dislikes. Care staff were seen to assist residents appropriately and conversed with the residents throughout the meal. However, some tables accommodated seven residents and it was noted that social distancing could not be adhered to, which would reduce the risk of transmission of infection.
The centre was clean and nicely decorated. Bedrooms were adequate in size for each resident, with sufficient room for storage of personal property and possessions. There was adequate private and communal accommodation. The frequency of cleaning had been increased in response to the COVID-19 pandemic. However, improvements were required in relation to infection control practices of staff, in particular regarding appropriate wearing of face masks, hand hygiene, disposal of personal protective equipment and in the monitoring for signs of infection. There was a corporate and clinical risk register maintained in the centre that identified risks and outlined the measures and actions to control the risk identified. However, there was not reference in the risk register to the potential clinical risk to residents as a result of the absence of a person in charge.

Residents were consulted with daily, and formally through residents meetings. There was access to activities seven days per week, and review of the schedule demonstrated a varied and interesting programme. The inspectors observed some different activities taking place during the inspection such as bingo, a quiz and group word search. Residents were facilitated to practice their religion.

**Regulation 11: Visits**

Scheduled visits had commenced in line with national recommendations. Infection control precautions were in place for visitors, including the provision of PPE and recording visitor’s temperature. Information pertaining COVID-19 visiting restrictions and precautions were displayed at the entrance to the centre. There was evidence that residents and relatives had been communicated with, in relation to the visiting arrangements.

**Judgment:** Compliant

**Regulation 17: Premises**

The centre was clean, bright and easily accessible. There was adequate communal space for residents, including two day rooms and a dining room. Residents also had access to an enclosed garden. On the day of inspection a small leak in a roof was awaiting repair, and a washing machine required attention of an electrician, as it had ceased.

**Judgment:** Substantially compliant

**Regulation 18: Food and nutrition**
The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs. They were offered choice and menus viewed indicated there was variety. Residents that required specific diets and/or special consistencies of food, were facilitated accordingly. The inspectors viewed the modified diets, which were presented in a very attractive and appetising format. Residents’ nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents’ by a dietitian, and timely intervention from speech and language therapy when required.

<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
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<tr>
<td>The general risk register was in place with hazard identification and control measures. This was updated with COVID-19 related risks. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. However, the risk to residents as a result of lack of clinical oversight and management of the centre currently, had not been assessed.</td>
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<tr>
<th>Regulation 27: Infection control</th>
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<tbody>
<tr>
<td>The centre was clean, and there was adequate cleaning staff employed in Oakland’s Nursing Home. Cleaning regimes had been enhanced since the COVID-19 pandemic to reduce the risk of transmission of infection. Staff had undertaken training in infection control and hand washing. However, improvements were required in infection control practices, as inspectors observed:</td>
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- residents were not maintaining social distancing in the dining room, to reduce the risk of transmission of infection.
- health care workers were not wearing surgical masks when providing care within two metres of residents, to reduce the risk of transmission of infection.
- staff temperatures were not being documented twice a day in all instances, and there was no clinical oversight to ensure this was being monitored.
- inappropriate disposal of personal protective equipment
- infection prevention and control audits were not being conducted |

| Judgment: Not compliant |
## Regulation 29: Medicines and pharmaceutical services

The pharmacist was facilitated to meet their obligations under the relevant legislation issued by the Pharmaceutical Society of Ireland. Registered nurses had undertaken training in medication management. Medicinal products were stored securely at the centre. Medication records were reviewed by the inspectors, and demonstrated that medications were administered in accordance with the directions of the doctor who prescribed them.

**Judgment:** Compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were generally personalised, and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. However, inspectors found that when care plans were revised four monthly, that they were not always done so in consultation with the resident concerned. Improvements were also required in end of life care planning for all residents, to ensure that end of life wishes and preferences of residents were elicited and recorded. Individual assessment and care planning had also been found to be non compliant in inspections of October 2019 and February 2020.

**Judgment:** Not compliant

## Regulation 6: Health care

The inspectors found that residents’ overall healthcare needs were met, and that they had access to appropriate medical and allied healthcare services. There was evidence of regular review by general practitioners, as well as regular review of medication. Inspectors were satisfied that residents weight changes were well managed. All residents were weighed monthly. Wound care practices were evidence based and documented appropriately.

**Judgment:** Compliant

## Regulation 9: Residents’ rights

All residents spoken with were complimentary of staff, and of the care they provided. The inspector observed that all interactions between staff and residents
were conducted in a caring and respectful manner. Residents stated that they felt safe in the centre. The centre ensured that the rights and diversity of residents were respected and promoted. Residents’ choice, privacy, dignity and independence were safeguarded. Residents were assisted to get up in the morning at a time of their choosing.

Residents were consulted with on a daily basis by the general manager and staff. Formal residents' meetings were facilitated two monthly, and there was evidence that relevant issues were discussed. The inspector noted that generally issues raised by residents were brought to the attention of the general manager, and appropriate action was taken in response.

A programme of appropriate activities were available, and there was one full time and one part time activities coordinator employed in the centre. The inspectors observed a number of different activities taking place including bingo and word search. Residents were encouraged to participate in activities, while adhering to social distancing.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 24: Contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents’ rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Not Compliant</td>
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Outline how you are going to come into compliance with Regulation 14: Persons in charge:
The Chief Inspector, on 9 July 2020, when issuing the first draft of the report on the Inspection of 18 June 2020, afforded the Provider a deadline of 30 July 2020 by which to submit a Compliance Plan by which to achieve effective compliance with Regulation 14 of the Care & Welfare Regulations.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

| Regulation 21: Records | Not Compliant |

Outline how you are going to come into compliance with Regulation 21: Records:
The Provider confirms that it has taken all necessary steps to ensure that the person currently registered by the Chief Inspector to be the Person-in-Charge of our Centre will arrange for all professionally qualified nurses employed by the Provider in the Centre to ensure that a copy of the letter when a resident is transferred to the acute sector is retained and uploaded in timely fashion to the computerized care planning system which the Provider has provided within the Centre.

The Provider, by way of further assurance to the Chief Inspector, confirms that it has developed and rolled out Policy HS-011 – Medication Management for Discharge, Transfer, Leave and Respite Care. This policy outlines the information that is to accompany any resident when being transferred out of the Centre and the Provider is assured by the new Person-in-Charge of the Centre that this policy will be reinforced going forward with all nursing staff in the Centre.
The Provider confirms that it commenced a review of all records of the Centre on 2 July 2020 to ensure that all information required through Schedule 2 of the Care & Welfare Regulations is in situ,

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Provider ensured the appointment of two directors to the Board of Directors of the Company on 2 July 2020, in compliance with Company Law, following the notice of resignation received from the former director/Operations Manager on the day after the Inspection of 18 June 2020. The directors in compliance with Company Law and the Health Act are responsible ultimately for the operation of the Company. The Provider has ensured that one of the members of its Board of Directors is appointed to be the Registered Provider Representative in compliance with the Chief Inspector’s regulatory requirements. The Provider has ensured the appointment of a new General Manager of the Centre who is also a director of the Company. The General Manager is responsible for the day-to-day operation of the Centre and is a person participating in the management of the Centre and duly registered as a fit person by the Chief Inspector to run the Centre.

We are satisfied to advise that the Chief Inspector has registered, prior to 30 July 2020 (i.e. the regulatory deadline for this Compliance Plan) a new Person-in-Charge of the Centre, in circumstances where the Provider has attended to the employment in that position, in anticipation of the appointment by the Provider of an incumbent on a longer-term basis subject to the registration decisions of the Chief Inspector. The Provider has arranged the employment of a CNM.

All persons within the management structure are clear as regards their reporting lines and accordingly, the Provider is assured that the governance and management of the Centre is now robust in the wake of the challenges posed by recent resignations.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

| Regulation 3: Statement of purpose | Not Compliant |
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Provider confirms that it has updated the Statement of Purpose to reflect the recent changes in the management of the Provider and our Centre and following the recruitment of new staff and the recent registration decisions of the Chief Inspector, as is appropriate.
We underline that the Chief Inspector has confirmed to the Provider that she has registered the Centre to accommodate a maximum of 51 residents. Therefore, the staffing levels presented by the Provider in our Statement of Purpose, as appropriate, are on the basis of care delivery to the full complement of 51 residents. The Provider underlines that at the time of the 18 June 2020 Inspection, 38 residents resided in our Centre.
We underline that in their written reports on both recent inspections of our Centre on 7 May 2020 and 18 June 2020, the Inspectors (to include the Deputy Chief Inspector) assessed the Provider to be fully compliant with Regulation 15 of the Care & Welfare Regulations with regard to staffing requirements, to include an unequivocal statement:...it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of 38 residents living in Oaklands Nursing Home”.

<table>
<thead>
<tr>
<th>Regulation 17: Premises</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider confirms that it operates a Maintenance Log Book in which any faults to equipment are logged on an ongoing basis at an appropriate juncture.

Where equipment within the Centre suffer faults, repairs where possible are carried out inhouse. However, where such repairs cannot be carried out inhouse, they must be outsourced to external contractors.

The Provider, having conducted a review of this items, is assured that repairs are carried out in a timely manner and in a manner respectful of public health requirements governing COVID-19, which as may be reasonably be expected may give rise to some delays which the Provider is satisfied will where they arise be kept to an absolute minimum.

<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 26: Risk management:
As we understand it, through her Inspectors on 18 June 2020, the Chief Inspector expresses concern as on 18 June 2020, the former Operations Manager had not made an entry in the risk register by reference to:

(i) the management of the Centre; and
(ii) the clinical oversight of the Centre.

From the Provider’s review of matters, we believe that the former Operations Manager may have been justified in her decision not to enter risks in the Risk Register concerning the management of the Centre as she was until 2 July 2020, a member of the Board of Directors of the Provider and employed as the Operations Manager of the Centre and may, reasonably, have considered that there were no risks to the management of the Centre as a professionally qualified person and a person considered by the Chief Inspector to be a fit person to be a Person-Participating-in-Management (the “PPIM”).

To ensure ongoing compliance with Regulation 26, the Provider confirms that upon the appointment of the new General Manager of our Centre on 2 July 2020, having regard to the resignations of the former incumbent from all registered positions on the same day, the fact that no Person-in-Charge was registered for the Centre was recognised by the Provider as a risk to the Centre and was registered as same. To address with that risk, between 2 July 2020 and 30 July 2020 on constant notice to the Chief Inspector the Provider was engaged in a recruitment exercise to secure the appointment of a new Person-in-Charge for our Centre.

A PIC is now registered by the Chief Inspector as the Person-in-Charge of our Centre and this appointment/registration has occurred in anticipation of appointment of any other Person-in-Charge of our Centre who may be registered in that position by the Chief Inspector from time to time. Accordingly, all positions in our Centre’s Governance & Management are now filled by persons registered by the Chief Inspector as fit persons in advance of the deadline for submission of this Compliance Plan on 30 July 2020 and the perceived risks are historic and abated.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

<table>
<thead>
<tr>
<th>Regulation 27: Infection control</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Provider notes that a different regulatory inspection team appointed by the Chief Inspector to conduct the 18 June 2020, assessed that the Provider – through the same former Operations Manager – was not compliant with the same Regulation 27 requirements within the Centre and that “improvements were required”, by specific reference to the Inspectors’s consideration of compliance with specific public health
In order to assuage all and any concerns relating to our Centre’s compliance with public health guidelines, the Provider underlines that no resident in our Centre is, or has ever been diagnosed as COVID-19 positive and we point to same as to the effectiveness of our steps to ensure adherence with public health guidelines.

Respectful of the fact that the Chief Inspector in the Regulation Handbook (Chapter 13:5) requires the Provider to regard the Centre as the residents’ home, the Provider assures the Chief Inspector that it has taken all practical steps since the appointment of the new Operations Manager on 2 July 2020 to ensure that residents maintain social distancing in the dining room of the Centre, their home.

Within the same time frame, the Provider has imposed an unequivocal obligation which requires all nursing and care staff within the Centre to wear surgical masks in the Centre, while having practical regard to the fact that employees employed within the Centre enjoy employment rights to eat and drink in their workplaces, consistent with the HPSC guidelines.

The Provider confirms that staff temperatures are recorded twice daily and reviewed by the senior nurse on duty.

As there has been no COVID-19 outbreak in our Centre, the Provider ensures compliance with the HPSC guidelines which permit that “in the absence of a specific known infectious disease risk, the mask and other items may be discarded as domestic waste”.

As previously advised to the Chief Inspector, the Provider has made necessary arrangements to reinstate in-house audits going forward and to set up a schedule of audits to be completed, the timeframe in which they are to be completed and learning outcomes from the results.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

<table>
<thead>
<tr>
<th>Regulation 5: Individual assessment and care plan</th>
<th>Not Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Provider is assured that upon the registration by the Chief Inspector of the Centre’s new Person-in-Charge prior to 30 July 2020, the Centre’s new Person-in-Charge will take all steps necessary to ensure that the residents’ care plans are reviewed as residents’ needs change and will complete a review of all care plans at regular intervals not exceeding 4
months. If care plans need to be revised following this review, they will be done in consultation with the residents concerned and where appropriate their families. The Provider is assured that end of life care planning will, at all material times, be provided to ensure that end of life wishes and preferences of our Centre’s residents are recorded.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 14(1)</td>
<td>There shall be a person in charge of a designated centre.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 14(3)</td>
<td>Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years’ experience of nursing older persons within the previous 6 years.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 23(b)</td>
<td>The registered provider shall ensure that there</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 27</td>
<td>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</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 03(1)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>22/07/2020</td>
</tr>
<tr>
<td>Regulation 03(2)</td>
<td>The registered provider shall review and revise the statement of purpose at intervals of not less than one year.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/07/2020</td>
</tr>
<tr>
<td>Regulation 5(1)</td>
<td>The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/07/2020</td>
</tr>
</tbody>
</table>