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>
</tr>
</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>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07 May 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000260</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0029370</td>
</tr>
</tbody>
</table>
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 50 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: | 40 |
How we inspect

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 7 May 2020</td>
<td>11:30hrs to 14:00hrs</td>
<td>Ella Ferriter</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 7 May 2020</td>
<td>11:30hrs to 14:00hrs</td>
<td>Susan Cliffe</td>
<td>Support</td>
</tr>
</tbody>
</table>
Capacity and capability

This was a short term announced inspection, which was undertaken to determine the preparedness of the registered provider, and the designated centre to manage an outbreak of COVID-19, under key governance, leadership, management and quality and safety regulations. It was evident that the general manager/person in charge and staff were committed to the delivery of quality care to residents during the Covid-19 pandemic, and had invested time and resources in a preparedness plan and training.

However, notwithstanding the good work of the general manager, and staff on the ground in the centre, it quickly became apparent that the registered provider 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. The identified deficits in governance and management in the centre were such, that instead of a regulatory assessment preparedness for an outbreak of Covid-19 contingency planning, a regulatory compliance inspection was conducted.

Similar to findings on the previous inspection of February 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 responsibilities of the registered provider, general manager and the person-in-charge were placed on a single individual with the registered provider failing to support that individual.

The person functioning as the general manager/person in charge, was responsible for the service on a day-to-day basis, and was also the registered provider representative. This role incorporated clinical oversight of care to residents as well as the management of essential resources such as food, utilities and personal protective equipment. There was also the additional responsibility of monitoring staff training, recruitment and induction of new staff, and staff rostering. A newly recruited nurse had been identified, on the day prior to inspection, to act as an interim Clinical Nurse Manager and support the person in charge in this role, however, formal induction into this senior management role had not commenced. In addition, changes to the composition of the legal entity that the registered provider made two weeks before the inspection, had not been notified to the Chief Inspector as required by the regulations.

The totality of the above findings are contrary to previous commitments made, in the representation to a notice of proposed decision to cancel the registration of this designated centre, on the basis of which the notice was withdrawn. In conclusion, the inspectors deemed the current governance and management arrangements an urgent risk to the delivery of a safe, appropriate, consistent and effectively monitored service.
### Registration Regulation 6: Changes to information supplied for registration purposes

Changes to the composition of the legal entity that the registered provider made two weeks before the inspection, had not been notified to the Chief Inspector as required by the regulations.

**Judgment:** Not compliant

### Regulation 14: Persons in charge

The person in charge was working full time in the centre on the day of inspection, and was primarily employed as a general manager. She had stepped into the role as person in charge in February 2020, due to a vacancy occurring in that role in the centre, and in the interim of the recruitment of a suitable replacement. The person in charge was knowledgeable in relation to the day-to-day operations of the centre, and had developed as comprehensive a contingency plan as possible, in the absence of more fulsome support from the registered provider.

**Judgment:** Compliant

### Regulation 15: Staffing

A review of current staffing had taken place, which included a plan in the event of a significant shortfall of staff due to an outbreak of Covid-19. Part time staff had agreed to increase their hours and annual leave would be cancelled if required. Contact has been made with an agency, and they had confirmed that they currently have staff available. An additional RGN had been recently recruited, and was due to commence work in the coming days.

As per the centres policy, all staff are required to declare that they are asymptomatic at the start of each shift, and they also must confirm that they have not been in contact with a known COVID-19 positive person. In addition to this, all staff have their temperature checked at the beginning of each shift and again later in the day. These details are reported to the HSE crisis management team in CHO 4 daily via a template. The uniform policy is strictly enforced and monitored by the person in charge. Measures had been put in place to ensure social distancing amongst staff, and currently there were no staff working between other designated centres. Consideration had been given to the psychological impact of the Covid-19 pandemic on the staff and the necessity to support their well being. A video presentation had been delivered pertaining to this topic, and a psychological support service was available to staff as an additional support.
Judgment: Compliant

**Regulation 16: Training and staff development**

Training was ongoing in Oakland’s Nursing Home and was being monitored by the person in charge. All staff had received up to date training specific to COVID-19 which included how to minimise the risk of infection, as advised by the HPSC and the HSE. Training had also been provided in infection control, hand hygiene and in the appropriate use of PPE. This training was supplemented by visual demonstrations in the centre. The requirement for training was communicated at daily meetings with staff at shift handovers, and recorded on the training matrix.

Judgment: Compliant

**Regulation 23: Governance and management**

The person in charge was the named COVID-19 lead in Oakland’s Nursing Home, and she had formulated a comprehensive COVID-19 preparedness plan. It was evident that there was daily contact with the crisis management team in CHO 4, and the names and contact details of these team members were available in the centre. The Emergency Management Team (EMT) comprised of staff in the centre who reported to the person in charge, and had been established in response to the COVID-19 pandemic. It was evident that the EMT met weekly, and discussed issues such as staffing, supplies, medication, PPE, communication, facilities, laundry services and risk management. Minutes of these meetings were viewed by inspectors.

Contact had been initiated with public health in an advisory capacity, as well as to organise viral testing for residents and staff. Adequate resources such as hand hygiene supplies, oxygen, equipment and PPE had been sourced. The premises had been reviewed in relation to planning for isolation, and cohorting of suspected or confirmed COVID-19 residents. A corridor consisting of 10 single rooms had been identified, to operate as a discrete zone if required. The centre currently had ten vacant beds, which allowed for residents who may have previously shared a room, to be accommodated on their own. Admissions were being assessed on an individual basis, and confirmation of a negative Covid-19 test result was requested before acceptance. The person in charge had organised all information relating to COVID-19 in a specific folder which was accessible to all staff working in the centre.

It was evident that there was a commitment to the delivery of quality care to residents during the COVID-19 pandemic, and that time and resources had been invested in developing preparedness plan. Similar to findings of the previous inspection of February 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 responsibilities of the registered provider, general manager and person-in-charge were placed on a single individual, with the registered provider failing to support that individual.

Bolden (Nursing) Limited did not have adequate arrangements in place should the person in charge be absent from her role. If the person in charge, who is also the general manager, was to be absent, there were no contingency arrangements or measures in place to ensure effective management of the centre, and safe appropriate and consistent delivery of care to residents. A newly recruited nurse had been identified on the day prior to inspection, to act as an interim Clinical Nurse Manager, however, formal induction into this senior management role had not commenced.

The person in charge was also a director of the registered provider, Bolden (Nursing) Limited and the authorised registered provider representative of that legal entity, in its interactions with the Chief Inspector. Responsibility for these roles include day to day management of the centre, including responsibility for resource management, recruitment, rostering staff, purchasing food, waste management and ensuring utilities were provided such as heat and electricity, as well as clinical oversight of care to residents. The registered provider failed to demonstrate, that it had sufficient resources and contingency arrangements in place to ensure the safe and effective delivery of care to residents if an unexpected absence of this individual occurred. The inspectors viewed this as an urgent risk, one which was escalated, considering the unique challenges the COVID-19 pandemic brings, to the delivery of care and services to residents in designated centres.

Judgment: Not compliant

**Regulation 31: Notification of incidents**

The person in charge demonstrated an understanding of her requirement to submit notifications pertaining to suspected and/or confirmed Covid 19 cases within the centre.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

The person in charge had organised all information relating to Covid-19 in a specific folder which was easily accessible to all staff working in the centre. This included the
HSPC and HSE guidelines, which were updated as new information was published. The centres policies in relation to pandemic management, infection prevention and control, risk management, training, staffing, laundry and linen management, the use of PPE were reviewed and updated.

Judgment: Compliant

**Quality and safety**

From discussion with the person in charge and review of documentation, it was apparent that there was a commitment to the provision of quality care for residents. Residents had been consulted with in relation to the current public health emergency, and had received training on the necessity for hand washing and cough etiquette. New measures to promote social distancing had been introduced in the dining room and in the communal day room. Residents continued to have opportunities to participate in activities, facilitated by a full time activities coordinator. Residents were observed by inspectors mobilising to the dining room for their lunch. They were engaging and well presented. Staff were observed providing support and assistance as required.

The risk register had been reviewed and updated to reflect the risk posed by Covid-19 to staff and residents. Infection control practices within the centre, such as environmental cleaning were enhanced and being monitored by the person in charge. There was appropriate access to medical and healthcare for residents. Care plans had been reviewed and updated. Although visiting was restricted as per national recommendations, residents were encouraged to maintain contact with their friends and families via letter, postcard, telephone and video calling.

**Regulation 10: Communication difficulties**

Staff communicated with residents regarding the background to the Covid-19 measures in place, including restricted visiting. Education sessions had been provided to residents in relation to hand hygiene and cough etiquette. Relatives are communicated with via phone and email by the person in charge, in relation to current Covid-19 restrictions. Social contacts for residents with their friends and families was being maintained via phone calls, video calls, letters and postcards. A mobile phone had been purchased for residents use, which had applications for video calling.

Judgment: Compliant
Regulation 11: Visits

Visiting in the centre had been restricted since the 6th of March 2020, and notices on the door of the centre explained the rationale for this. Families had been communicated to in relation to visiting restrictions via phone, letter and email. Visiting on compassionate grounds for residents at the end of life was facilitated, with adequate control measures in place to maintain visitors safety.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk register which had been updated to reflect the risk of Covid-19 on residents and staff working in the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The person in charge assured the inspectors that national public health advice and infection control guidance was being followed at all times. Staff had received training in infection control and hand hygiene. The inspectors were informed that there were adequate supplies of anti-bacterial soap, paper towels and alcohol based hand gels. Waste facilities were available and there was liaison with the local waste management company. Laundry was laundered on site and was segregated as recommended. There was an adequate compliment of cleaning staff, and the inspector was informed that enhanced cleaning was being preformed. There were systems in place to monitor cleaning within the centre by the person in charge.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were subject to regular review. Staff members were aware of the atypical presentation features of Covid-19, and the procedures to be enacted if a resident displayed signs off illness or deterioration. End of life care plans had been reviewed, to ensure that residents wishes had been recorded in the event that they become ill. Care plans of residents with known behaviours that challenge had also been reviewed, to put strategies in place to ensure that these residents are safe in
the event of a Covid-19 outbreak. Consultation with residents, families and general practitioners had informed this documentation.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place for medical review of residents within the centre. Local general practitioners continued to attend the centre, to review residents. There was also access to medical advice via phone and email. The centre had the additional support of the local geriatrician attached to University Hospital Kerry. Contact to the centre had been made and phone details were available. Psychiatry for old age was also accessible to residents. The local pharmacist was delivering medication directly to the centre, and was available for consultation.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to monitor restrictive practices, to ensure that they were appropriate and in line with national policy. Care plans to support residents and guide staff with behaviors that challenge were in place. Consideration had been given to the appropriate management of these residents if they were to have suspected or confirmed Covid-19.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to identify and respond to safeguarding concerns as required. All staff working in the centre had training in safeguarding vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Residents still had the opportunity to participate in activities. There was a full time
activities coordinator employed in the centre. Activities were facilitated while adhering to social distancing, and in one to one sessions. There had been consultation with residents and families in relation to relocating to alternative accommodation within the centre if required, for reason of isolating or cohorting. Communication with families and friends was being maintained via phone calls, letter writing and video calling. Residents were also being facilitated to continue to practice their religion with the rosary daily and mass weekly. Residents were encouraged to sit outdoors in the secure courtyard, if the weather permitted. Residents meetings which were scheduled monthly, had not taken place in April, however were due to recommence in May.

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>Registration Regulation 6: Changes to information supplied for registration purposes</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>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 23: Governance and management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</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>
</tr>
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<tbody>
<tr>
<td>Registration Regulation 6: Changes to information supplied for registration purposes</td>
<td>Not Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:
The Registered Provider confirms that immediately following the Inspection on 7 May 2020, the Support Inspector provided written confirmation to the Registered Provider on 8 May 2020 that the Registered Provider was permitted until 11 May 2020 to submit the NF33A notifications to the Chief Inspector to registration@hiqa.ie. The Registered Provider, in reliance on the regulatory permission and Registration Regulation 6(5), attended to the submission by e-mail of the required notifications by the deadline of 11 May 2020 through the Centre’s Registered Provider’s Representative, who is referred to in the Inspection Report.

| Regulation 23: Governance and management | Not Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Registered Provider confirms that following the Inspection, the Registered Provider engaged in focused correspondence with the Chief Inspector/Support Inspector with a view to addressing the non-compliance identified. Following the Inspection, one member of the Board of Directors provided formal notification to the Chief Inspector of her decision to resign her position as a director of the Registered Provider on 2 July 2020 as well as notifying her decision to resign as the Registered Provider Representative of the Centre on 2 July 2020. The Registered Provider took immediate steps to engage a highly qualified and experienced professional to replace the resignee and our appointment in
this regard is notified to the Chief Inspector on the statutory notification forms. The new
office holder will also take over the role of the Operations Director of the Centre on the
departure of the resignee from that position on notice to the Chief Inspector. The
Registered Provider is currently deploying all necessary resources with a view to
engaging a suitably qualified person to replace the former Person-in-Charge who
resigned from that position after the Inspection and our ongoing efforts in this regard will
be detailed in responses to separate assurance forms issued by the Support Inspector.
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 23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>25/05/2020</td>
</tr>
<tr>
<td>Regulation 23(b)</td>
<td>The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.</td>
<td>Not Compliant</td>
<td>Red</td>
<td>25/05/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management</td>
<td>Not Compliant</td>
<td>Red</td>
<td>25/05/2020</td>
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<tr>
<td>systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
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