Centre name: Oakwood Private Nursing Home
Centre ID: ORG-0000372
Centre address: Hawthorn Drive, Athlone Road, Roscommon.
Telephone number: 090 66 37090
Email address: oakwoodnhros@gmail.com
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider: Oakwood Private Nursing Home Limited
Provider Nominee: Declan McGarry
Person in charge: Gerry Keane
Lead inspector: Geraldine Jolley
Support inspector(s): Thelma O'Neill
Type of inspection: Unannounced
Number of residents on the date of inspection: 55
Number of vacancies on the date of inspection: 0
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in
Designated Centres for Older People) Regulations 2009 (as amended) and
the National Quality Standards for Residential Care Settings for Older
People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of
which was to monitor ongoing regulatory compliance. This monitoring inspection was
un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: To:
17 January 2014 11:00 17 January 2014 17:00

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

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Summary of findings from this inspection
This unannounced monitoring inspection was carried out as part of the Health
Information and Quality Authority’s (the Authority’s) regulatory monitoring function
and was prompted by notifications of injuries to residents during November and
December 2013. The provider was requested to provide further information in
relation to these incidents through a provider led investigation. This report was
returned as requested by 9 January and reviewed by inspectors. The information
supplied did not indicate that two unexplained injuries resulting in fractures had been
fully and thoroughly investigated. The inspectors reviewed these incidents during this
unannounced inspection. They concluded from the information available that possible
causes for these injuries had not been fully explored and an Action Plan in this report
requires that these incidents are reviewed again to determine possible causes and to
identify areas for learning to prevent a recurrence.

The action plan from the last inspection which was a registration renewal inspection
carried out on 19 and 20 August 2013 were reviewed. Four actions were found to be
fully complete, three were partially complete and an action related to schedule 2
documentation in staff employment records was not checked.
Actions that were partially completed since the last inspection related to risk management, medication management, the use of restraint and having systems in place to effectively review the quality and safety of care and quality of life of residents.

The inspectors met with the provider Declan McGarry, the two nurses on duty, other staff and residents during the inspection. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident reports and policies and procedures. Residents that the inspectors talked to described the centre as “a good place to live” and said that staff treated them with kindness.

The inspectors found that the centre was visibly clean, warm, comfortable and had plenty of natural light. Residents' rooms provided them with appropriate space, were well furnished and many had been personalised by residents with their own ornaments and photographs. There was a range of specialist beds and chairs in use for residents who were vulnerable to the development of pressure area problems. The following areas were found to require improvement to comply with current legislation:

- Falls management required more rigorous review to protect residents and to ensure that staff have opportunity to learn from untoward events to prevent recurrences
- Systems for the review of the quality and safety of care and the quality of life of residents needed review to comply with regulation 39
- Aspects of medication management needed to be improved to ensure accountability
- Record keeping

These areas are discussed further in the body of the report and actions required are included in the Action Plan at the end of the report. The reports from all previous inspections of this centre can be accessed at www.hiqa.ie.
| Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. |

**Outcome 03: Suitable Person in Charge**  
*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Compliant

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

**Findings:**  
The person in charge Gerry Keane was not on duty on the day of the inspection. The provider Declan McGarry was in the centre and facilitated the inspection with the two staff nurses on duty.

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| Outcome 04: Records and documentation to be kept at a designated centre  
*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).* |

**Theme:**  
Leadership, Governance and Management

**Judgement:**  
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The required records were maintained and were available for inspection. Policies and procedures identified at the last inspection that required change to appropriately guide practice had been revised. The inspectors were provided with copies of policies on the
management of self-harm, elder abuse, aggression and violence. Infection control policies including the management of norovirus and restraint were reviewed during this inspection as they were relevant to the outcomes being reviewed.

The inspectors found that some records did not provide adequate detail to fully inform staff. The daily records completed by nurses did not provide a full account of the care and treatment provided to residents each day and some did not indicate the time the entry was made. For example, where a resident was being monitored for pain and a pain assessment record was being completed this was not referred to in the daily nursing record.

Directory of residents:
An action plan in the last inspection report required that all the information outlined in schedule 3 was included in the directory of residents. This had been addressed and the current directory was fully complete.

Visitors Record:
A visitors’ log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons in the premises should evacuation be required. This was not fully complete as entries were absent from 13 to 17 January 2014.

Accident records:
Some accident records provided good detail about the event however some did not contain factual substantiated information particularly where accidents were unwitnessed.

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**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The adult protection policy had been reviewed since the last inspection and provided sufficient information to guide and inform staff should a resident make an allegation of abuse. The procedure on how to manage an allegation of abuse against a senior member of the management team was detailed in the policy and the policy contained the contact details of the Health Service Executive (HSE) elder abuse case worker.
Measures were in place to protect residents from being harmed or suffering abuse. Staff were aware that there were policies and procedures to guide them to manage incidents of elder abuse. This included information on the various types of abuse and assessment, reporting and investigation of incidences.

The staff training records showed that information on the principles of elder abuse, reporting and monitoring had been delivered to all staff and there was an ongoing refresher programme on this topic. During discussions with the inspector the staff demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse. The premises were secure. The front door is locked and there is a monitoring system for persons entering the building.

### Outcome 07: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The risk management procedures had been strengthened by the revised policies now in place to guide staff in the event of violence, aggression and self harm. However, risk management required further review to comply with Regulation 31(2) (d) arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspectors found during a review of accidents and incidents reported to the Authority that accidents where residents had sustained falls had been followed up with medical care and reassessment of their care needs. However, there was inadequate review of the circumstances around serious injuries that residents had sustained when they had falls that initially appeared not to have resulted in injury or when receiving care.

**Falls Management:**
There were measures to control identified risks and to prevent accidents to residents such as use of low/low beds, use of bedrails as enablers and falls mats. The areas where residents were sitting were supervised on the day of inspection. There was a falls risk assessment completed for all residents with an evidence based falls assessment tool and these assessments were reviewed regularly. Documentation of falls included a description of the event, time, whether it was witnessed or unwitnessed and actions taken post fall such as contacts made with doctors and with relatives. There was no information recorded on the first aid measures applied following falls other than
documentation of vital signs. The observations documented included temperature, pulse, respirations and blood pressure. Neurological observations were completed for residents where falls were unwitnessed.

The inspectors reviewed five notifications that had been made to the Authority that outlined significant injuries to residents during November and December 2013. The injuries sustained included a fall that had resulted in a cut which was treated in hospital, a pressure area rated at grade 2 and two fractures of unknown origin. The quarterly notifications were also reviewed. The provider had been asked to provide additional information regarding the serious injuries by 9 January 2014 through a provider led investigation report. The response was reviewed however the inspectors were not satisfied that an appropriately thorough investigation had been undertaken to establish the possible causes for the injuries that became apparent in the days following the accident event.

The inspectors found that the accident records and nursing assessments indicated that reviews were undertaken following falls to assess additional care needs and changes in healthcare status. Specialist post falls assessments were undertaken by the in house physiotherapist and her advice was communicated to nurses and carers in care plans. The physiotherapist is employed by the provider to be in the centre two days a week.

The inspectors reviewed the accident and incident records and cross referenced these with medical and nursing documentation to assess care and review practice in relation to falls incidents. There was satisfactory information in three of the records examined and in the provider response that explained how the injuries had occurred, however in two cases there was inadequate information provided to demonstrate that these unexplained injuries had been adequately investigated. In both cases residents were being assisted by staff at the time an incident occurred however the records available did not indicate the extent of the falls, how residents were subsequently moved, if equipment such as the use of a bed rail could have caused entrapment, if medical conditions, staffing levels or activity levels in the centre at the time could have been a contributory factor. It is a requirement of this report that these two incidents are reviewed in more detail and that possible causes are explored to inform staff learning and to prevent recurrences.

From the sample of records reviewed there was evidence that residents were sent to hospital for medical care when doctors were unable to attend the centre. The nursing notes indicated that doctors give advice by telephone and authorised transfer to hospital without assessing and reviewing the resident before transfer. Some accident records provided good detail about the event however some did not contain factual substantiated information particularly where accidents were unwitnessed.

Infection control:
There were two residents with clostridium difficile infection. There were appropriate arrangements for infection control in place. The infection control measures for this infection were known to staff who had the appropriate cleaning solutions in use and in stock. Hand gels were located at strategic points throughout the centre. Personal protective equipment was available and noted to be used by staff. Disposal containers were in close proximity to bedroom doors.
The inspectors were told that in one instance a resident who already had a course of antibiotic treatment and had been isolated was scheduled to attend hospital for further treatment but this had been deferred and a further antibiotic treatment regime was commenced in the centre. According to nurses, improvement had been noted and it was hoped that the most recent stool sample sent for analysis would be clear of infection. This resident had been in isolation prior to and since a short hospital admission at the beginning of the month and in view of the duration of this, the inspectors formed the view that if the infection persists that another review of the management of this infection should take place.

The sluice area was inspected. There was no racking for bedpans and a number had been left in the sink awaiting attention. The provider said that bedpans were rarely used and that they would be removed.

Moving and Handling:
Moving and handling assessments for all residents were available. Inspectors noted that these were reviewed following falls and changes made in accordance with dependency levels. All staff had been provided with training on moving and handling within the required time frames.

An action plan in the last report required the provider to take all reasonable measures to prevent accidents with specific reference to the use of wheelchairs without footplates. The inspectors noted that the majority of wheelchairs did not have footplates in place. This was discussed with the physiotherapist, nurses and the provider. Inspectors were told that risk assessments had been undertaken and wheelchairs were used without the footplates to protect residents from skin tears which had been a problem according to the provider. They were also used in some cases by residents who self-propel their wheelchairs and move around independently. Despite this the inspectors formed the view that the risk of residents’ feet becoming caught on the floor when moving could be significant as it was not clear which residents did not require the footplates or how this information was made available to care staff.

**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Medication is administered through a monitored dosage system. The inspector reviewed a sample of drug administration charts. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The inspectors found that nurses were knowledgeable about the medication in use and could describe the arrangements clearly. A dedicated fridge used to store medications which required cold storage was operating within an appropriate temperature range and was checked regularly by nurses.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. Nurses kept a register of controlled drugs. An inspector checked a selection of the balances and found them to be correct and reflected the balances recorded in the controlled drugs register. An action plan in the last report identified that only one check of the controlled drugs was completed daily and required that appropriate medication practices were put in place. This action had been completed.

The prescription charts reviewed were clear and legible. In this centre nurses transcribe medication which is then signed by residents’ doctors. However the signature of the transcribing nurse was not on the charts examined. There were also charts where each drug was not individually prescribed and the inspectors saw that this issue had been discussed by the provider with prescribing doctors and correspondence related to this was on file. The procedures for prescribing medication should be reviewed to ensure appropriate accountability measures are in place that meet good practice guidance and professional standards.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Staff were aware of the notifications that had to be made to the Authority and accidents and injuries had been appropriately notified.
As discussed under outcome 7 some accident reports were not fully complete.

**Outcome 10: Reviewing and improving the quality and safety of care**  
*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**  
Effective Care and Support

**Judgement:**  
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
The actions required from the previous inspection were partially completed. While the person in charge had a process for collecting information on aspects of the service that included the use of bedrails, psychotropic medication and falls it was not clear what improvement strategies had been put in place as a result of all audit activity. For example, the inspectors saw that the use of a bedrail was the option of choice as an enabler without any information to indicate that other less restrictive measures had been considered or discussed with the resident.

A report on the quality and safety of care and quality of life of residents was not available as described in regulation 39.

**Outcome 11: Health and Social Care Needs**  
*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**  
Effective Care and Support

**Judgement:**  
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Assessment and care planning:
The inspectors reviewed five care records with particular emphasis on the management of critical events such as falls, changes in health care needs and the management of infection. In general the standard of assessment and care planning was satisfactory. All information in relation to care was available in one file ensuring that information was easily accessible to nurses. A range of evidence-based assessment tools were in use to identify risks related to nutrition, falls, pressure area problems and to identify overall dependency. The inspectors noted that care plans were reviewed at the required three month intervals and that the contribution of residents and their relative/s had been included to inform care practice. There was timely access to dietetic and speech and language services the inspectors were told.

The centre was fully occupied with 55 residents. All residents had been admitted for long term care except one who was admitted for a period of respite care. The inspectors noted that the majority of residents, 67% were in the maximum to high dependency care category. Residents had a range of care needs including complex medical conditions, dementia and mental health problems.

The nursing staff confirmed that they had input from mental health professionals when required and there were appropriate assessments and care plans in place for residents with mental health problems.

A narrative record of the residents’ health and treatment given was recorded daily. While some records were informative and reflected care plans the inspectors found that this was not consistent. For example a care record described a difficulty with maintaining adequate nutrition however this resident did not have her weight recorded since November. Another resident had a pain assessment record in use but this was not referred to in the daily records.

The inspectors were told that in one instance a resident who already had a course of antibiotic treatment and had been isolated was scheduled to attend hospital for further treatment but this had been deferred and a further antibiotic treatment regime was commenced in the centre. According to nurses improvement had been noted and it was hoped that the most recent specimen sent for analysis would be clear of infection. This resident had been in isolation prior to and since a short hospital admission at the beginning of the month and in view of the duration of this the inspectors formed the view that if the infection persists that another review of the management of this infection should take place.

Pressure area care:
There was one pressure area care problem being treated at the time of this inspection. This had been notified at grade 2 and had improved since then. It had been assessed and documented appropriately by nurses. The extent of the wound was evident with photographs indicating changes to the wound site evidence of progress and change. A
specialist pressure relieving mattress was in place. Nurses were confident that they had appropriate care interventions in place which had resulted in the improvement. The inspectors were told that access to specialist tissue viability advice was not readily accessible. In view of the dependency care needs of residents the provider is required to ensure that this expertise is available when required to guide nurses and ensure up to date evidence-based care.

End-of-life care:
The inspectors were satisfied that staff provided end-of-life care to an appropriate standard. Staff said they had established good links with the local palliative care team. All rooms were single which provided privacy for residents and family members at this time. Relatives that an inspector talked to confirmed that they were satisfied with the care their relative received.

### Outcome 17: Residents clothing and personal property and possessions

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The action plans in relation to this outcome identified during the last inspection were reviewed and had been addressed. Clothing was clearly labelled in the sample examined and there were individual containers to transfer clothing between bedrooms and the laundry to prevent loss. There were property list completed when residents were admitted and there was a system in place to update the record with new items.

### Outcome 18: Suitable Staffing

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**
Workforce
Judgement:
Non Compliant - Minor

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

Findings:
The inspectors spoke to a number of staff and residents during the day. Residents said that staff cared for them well and that they did not have to wait for attention. All staff the inspectors talked to were approachable, provided information that was required and conveyed that the welfare and contentment of residents was their priority. Staff were observed to engage well with residents during their contacts with them and acknowledged residents when entering sitting areas as they went about their work.

Staffing levels and supervision:
The inspectors reviewed the duty rota. There were two staff nurses on duty in addition to the person in charge on all days until 17:00 hrs. From 17:00 to 21:00 hrs there were two nurses on duty. There were seven carers in duty from 07:00 to 11:00 hrs and then the number reduced to six until 14:00 hrs. During the afternoon there were five carers on duty until 20:00 hrs. A physiotherapist was available two days a week. The provider said that he was usually in the centre at least four mornings a week. Catering, cleaning and laundry staff were also available. At night there was one nurse and two carers on duty. The inspectors were satisfied that staffing levels during the day were adequate to meet the needs of residents. However, in view of the increased occupancy and the number of residents who are highly dependent the inspectors formed the view that night staffing levels particularly the allocation of qualified nurses should be regularly reviewed in accordance with residents changing needs.

Closing the Visit
At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:
Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A visitors’ log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons in the premises should evacuation be required. This was not fully complete as entries were absent from 13 to 17 January 2014.

**Action Required:**
Under Regulation 22 (1) (ii) and (iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

**Please state the actions you have taken or are planning to take:**
We have now put in place a notice asking visitors to sign in.

**Proposed Timescale:** 18/03/2014
### Theme: Leadership, Governance and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some accident records provided good detail about the event however some did not contain factual substantiated information particularly where accidents were unwitnessed.

#### Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

#### Please state the actions you have taken or are planning to take:
It is our intention that future accidents recorded unwitnessed or otherwise contain factual substantiated information.

#### Proposed Timescale: 14/02/2014

### Theme: Leadership, Governance and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The daily records completed by nurses did not provide a full account of the care and treatment provided to residents each day and some did not indicate the time the entry was made. For example where a resident was being monitored for pain and a pain assessment record was being completed this was not referred to in the daily nursing record.

#### Action Required:
Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

#### Please state the actions you have taken or are planning to take:
Nurses daily records are to provide a full account of the medical care and treatment provided to residents each day and will record any notable changes referring to their identified nursing care problems, also record time entries are made.

#### Proposed Timescale: 14/02/2014
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was inadequate review of the circumstances around serious injuries that residents had sustained when they had falls that initially appeared not to have resulted in injury or when receiving care.

There were wheelchairs in use without foot plates and while there was information that conveyed that this had been assessed the inspectors formed the view that the risk of residents’ feet becoming caught on the floor when moving could be significant as it was not clear which residents did not require the footplates or how this information was made available to care staff.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
We regularly update our risk assessments on the use of footrests with our in house Physiotherapist with the health and wellbeing of our residents our utmost priority, these assessments are made known to all Nurses and Carers and a full explanatory leaflet outlining which Residents need footrests and which Residents don’t, is posted over the wheelchair storage area and at the Nurses station.

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

There was inadequate information provided to demonstrate that unexplained injuries had been adequately investigated. In both cases residents were being assisted by staff at the time an incident occurred however the records available did not indicate the extent of the falls, how residents were subsequently moved or the range of other circumstances that could have been a contributory factor. It is a requirement of this report that these two incidents are reviewed in more detail and that possible causes are explored to inform staff learning and to prevent recurrences.

**Action Required:**
Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.
Please state the actions you have taken or are planning to take:
A full investigation of both accidents has taken place and forwarded to the authority. Outcomes of both accidents have been reviewed and reported to all staff to inform staff learning and to prevent re-occurrences.

Proposed Timescale: 14/02/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The procedures for prescribing medication should be reviewed to ensure appropriate accountability measures are in place that meet good practice guidance and professional standards. Transcribed medication was not signed by nurses and there were block signatures for some prescribed medication.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
Following our inspection, we have devised a new policy on transcription of prescriptions, a procedure is now in place whereby the Nurse signs all transcribed medications to meet with good practice guidance and professional standards. We continue to encourage the Doctors to sign individual prescriptions rather than block signatures.

Proposed Timescale: 01/03/2014

Outcome 09: Notification of Incidents

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All accident / incident reports were not fully complete.

Action Required:
Under Regulation 36 (1) you are required to: Maintain a record of all incidents occurring in the designated centre.

Please state the actions you have taken or are planning to take:
All notifications of accidents or incidents are to be fully completed.
Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While the person in charge had a process for collecting information on aspects of the service that included the use of bedrails, psychotropic medication, falls it was not clear what improvement strategies had been put in place as a result of all audit activity.

Action Required:
Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Please state the actions you have taken or are planning to take:
There are a number of audits completed in the nursing home to evaluate care, including hand hygiene, care plans, documentation, activities, nutrition, bed rail usage, manual handling, warfarin, vital signs, medication management, infection control, psychotropic medication, incidents.

A summary of three audits have been compiled and will be made available for residents, families and visitors.

A meeting will be held with all staff to discuss the findings of the audits, to establish what improvement strategies can be put in place.

All information collected on aspects of the service we provide is audited from which we endeavour to improve the quality of care to our Residents, this is done for example, Residents meetings, are held to discuss what improvements they would like whether it is meals, activities etc. Questionnaires are periodically issued to Residents and next of kin (where appropriate) to ascertain how the Resident views our service and any suggestions they may have to improve their Quality of life in the Nursing Home. These are evaluated and appropriate measures are put in place. Feedback is provided to Residents and staff from these findings.

On the use of bedrails, a number of alternatives are tried first – low low beds, crash mats, alarm mats.
Medication reviews are carried out monthly by our GPs and our Pharmacist where all medications are reviewed including Psychotropic medications.

Proposed Timescale: 01/03/2014
Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A report on the quality and safety of care and quality of life of residents was not available as described in regulation 35.

Action Required:
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Please state the actions you have taken or are planning to take:
It is our intention to make available to our Residents a report reviewing the services provided and what improvements in the safety of care and quality of life we provide.

Proposed Timescale: 01/03/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors found instances where care and treatment provided required review to ensure suitable and sufficient care was provided. These were:
-a resident who already had a course of antibiotic treatment and had been isolated was scheduled to attend hospital for further treatment but this had been deferred as this resident had been in isolation for some time the inspectors formed the view that if the infection persists that another review of the management of this infection should take place
-the inspectors were told that access to specialist tissue viability advice was not readily accessible. In view of the dependency care needs of residents the provider is required to ensure that this expertise is available when required to guide nurses and ensure up to date evidence-based care
-a resident who was described as having problems sustaining appropriate nutritional status had not been weighed since November 2013.

Action Required:
Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

Please state the actions you have taken or are planning to take:
At Oakwood we are committed to the care and welfare of our Residents.

Our Nurses work closely with the local GPs to provide suitable and sufficient care. Our policies and procedures on Infection control require that Residents with contagious
infections are to be isolated until the infection has cleared for a specific period of time, these directions are followed by instruction from infection control HSE west Galway and HPSC. Residents that are barrier nursed are continuously reviewed by their GP or Hospital consultant as was the case for the Resident referred to in the text. When required Tissue viability Nurses are provided. Residents requiring nutritional intervention are assessed using the MUST tool and weight recorded as is determined by assessment tool.

**Proposed Timescale:** 01/03/2014

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**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Due to the increased occupancy and the number of residents who are highly dependent, night staffing levels should be regularly reviewed in accordance with residents' changing assessed needs to ensure appropriate staffing levels are in place.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Staffing levels are continuously reviewed to provide the quality of care and wellbeing of our Residents. This is done taking into consideration the occupancy rates and dependency levels of our Residents.

**Proposed Timescale:** 14/02/2014