### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakwood Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000372</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Hawthorn Drive, Athlone Road, Roscommon.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 66 37090</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:oakwoodnhros@gmail.com">oakwoodnhros@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Oakwood Private Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Declan McGarry</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Thelma O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 07 October 2014 10:00  
To: 07 October 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
</tr>
</thead>
</table>

**Summary of findings from this inspection**
This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. The inspector also reviewed the actions since the last inspection in July 2014 and found that actions had been satisfactory addressed.

In preparation for this thematic inspection providers were invited to attend an information seminar, where they received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed these included, training records and care plans. Residents and relatives informed inspectors that they were very satisfied with the services provided.

There was ample supply of fresh food available to the resident's, and the food provided to residents was appetising and nourishing. Residents were facilitated to maintain their independence at meal times. However, the routine around meals times needed review.

The inspector found that residents receiving end-of-life care were well cared for, with good access to medical and specialist palliative care. However, appropriate end of life care plans were not in place to direct residents end of life wishes. Relatives were facilitated to be with their loved ones, and staff had received training, and the person in charge/provider provided information (if requested) on organising funeral arrangements to the relatives of deceased residents.
Nursing and clinical documentation were maintained, however this required review, as there was not an appropriate end of life assessment in place. There was good access to the residents General Practitioner’s (GPs) and residents were reviewed by the doctors as required.

The person in charge who completed the provider self-assessment tool had judged the centre was compliant in relation to end-of-life care and in the area of food and nutrition. However, on the day of inspection the inspector found two minor non-compliances in the area of end-of-life care and Food and Nutrition and moderate non-compliances in the area of premises with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These matters are discussed further in the report and in the Action Plan at the end of the report.
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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

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

**Findings:**
There was one medium sized dining room available to residents. The layout of the dining room did not promote a relaxed or homely atmosphere. There were 36 residents in the dining room seated between five tables. Residents were assisted to their tables in a managed and organised fashion. Some residents sitting near the far end of the dining room were assisted to the tables first, as there was limited space for access and egress once all the residents were in the dining room together.

The meals were distributed to all of the forty five residents (four were in hospital) at the same sitting. For example; residents were catered for between the dining room, sitting room and resident’s bedrooms. The dining room was found to be overcrowded at meal times, and meals were not distributed to all of the residents at the same table at the same time. For example; some residents were finished their dinner, before the residents sitting beside them received their meals. In addition, the inspector observed ten residents sitting in their wheelchairs, instead of sitting on a dining room chair for their meals.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had an end-of-life policy in place. Staff had a good understanding of end-of-life care and best practices, which upheld the dignity and respected the autonomy of residents. Resident’s received end-of-life care which met their physical, emotional, social and spiritual needs.

Relatives of residents who had died in the previous year returned completed survey’s to the Health Information and Quality Authority. They stated that care to their relative was provided in a kind and sensitive manner. The residents’ privacy and dignity were maintained, and all residents had single rooms. Relatives said they were facilitated to stay with their loved one or sit in the visitors’ room when their relatives were dying. The inspector’s viewed the visitors’ room, it appeared homely and contained comfortable seating and was accessible at all times. Relatives also expressed satisfaction with the continual support provided to them before, during and after their relative’s death. The priest also visits residents frequently when at end-of-life stage of long-term care.

The centre had a small oratory for residents or family to sit and have time alone, and say a prayer if they wished to do so. A bed-side altar was made up with religious and cultural items for use when death was near or had occurred in the centre. The person in charge informed the inspector that the local funeral parlour was often used to wake the residents, so that friends and extended family members could visit and pay their last respects to the immediate family. Staff informed the inspector that they always attended a resident’s wake and funeral, and residents are facilitated to attend the funerals if they wished. Five nurses and thirteen care staff had received training in end-of-life care.

The inspector noted that meetings were held with the some resident’s, their family members and their General Practitioner’s, (GPs) to discuss end of life care with the resident. For example; in a number of cases, the patient had requested that they did not want any emergency life saving treatment and the General practitioner had diagnosed that the patient was in the terminal phase of an illness, and life saving treatment was not of beneficial for the patient, and a DNR (Do not Resuscitate) order was documented on the residents medical file by the GP. Resident’s wishes regarding prayers, music, and the priest they would like to oversee their funeral and the undertaker they wished to use for their funeral were also documented in the files viewed by the inspector.

The end-of-life policy stated the assistance in meeting residents’ multi-denominational spiritual needs would be met, and the policy outlined the procedures for caring for residents from other religious domination to guide staff. The procedure for verification and notification of death were outlined in the centre’s policy and staff spoken to could articulate practice in this area.

There was no evidence that the residents end of life care plans directed patient care, as the only information regarding the residents end of life wishes were documented in the residents initial admission assessment form, and it was difficult to read. The inspector found that the residents daily nursing progress notes contained information on medical and medication reviews, family contact and nursing care. Residents files viewed showed
that residents were kept comfortable near end of life, and family members were well supported. The Inspector found that documentation in relation to end-of-life care for residents required review, as resident’s files were found to be disorganised, for example; documentation belonging to a current resident was filed away in a medical file belonging to a resident that had died some months earlier.

The person in charge stated that the resident’s belongings were returned at a time suitable to them and the person in charge confirmed that the deceased resident’s property was packed in boxes or/and an appropriate piece of luggage.

Judgment:
Non Compliant - Minor

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

Theme:
Person-centred care and support

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

Findings:
There was a comprehensive policy and procedures for the monitoring and documentation of nutritional intake in the centre. Inspectors found that the nutrition and hydration needs of residents were met. These policies were adhered to by staff in the centre and inspectors viewed evidence of this, for example; monitoring resident’s weights as required, reviews by the general practitioner, dietician and speech and language therapist, including the supply of supplements and food fortification to residents as prescribed.

The food provided met the dietary needs of each resident’s assessed nutritional need. The inspector spoke with approximately 20 residents' regarding the food provided in the centre and they were all very positive in their comments about the food and the catering service. Residents were offered choices at all meals and that the quality and quantity of food was very good. Residents’ stated that they could talk to any of the staff or the person in charge, if they had any concern regarding the food. There was also an opportunity to discuss the meal menus at resident’s meetings once a month.

The inspector attended the lunch time meal and sampled some of the food and found the food was wholesome and nutritious. Food was properly prepared, cooked and served appropriately to meet individual dietary requirements. The inspector met with the cook on duty and the catering staff and they were aware of individual residents' preferences and this information was written down, kept in the kitchen and updated as required. Residents who required their food served in an altered consistency such as
chopped or liquidised had the same choice of menu options as other residents. Care staff were aware of the special dietary requirements of individual residents and maintained information on residents’ dietary needs and preferences. Menus were rotated on a two weekly basis and residents were given a choice of food to eat and drink at meal times. Residents told inspectors that they could request alternatives if they did not like the food on a particular day. Also if they were hungry at night, they could request a snack.

The inspector spent some time in the main dining room observing the service at dinner time and the atmosphere in the dining room, during this time. There were jugs of water in the dining and sitting rooms which were distributed by staff throughout the day. Meals were served by members of the catering and care staff and supported by the nurses as required. Residents were offered appropriate staff support at meal times as required. All forty five residents received their meals at one sitting, between the dining room, sitting room and resident’s bedrooms. The dining room was found to be overcrowded at meal times, as there were 36 residents accommodated together at one sitting, In addition, the inspector observed ten residents sitting in their wheelchairs, instead of sitting on a dining room chair for their meals.

The person in charge had conducted a recent nutritional audit of the body mass index (BMI) of 46 residents, it showed that 33 residents or 72% of residents had a normal BMI 11 residents had above average BMI and only 4 % had a BMI of less than 20. A validated nutritional assessment tool was used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed. Records of resident’s food intake and fluid balance were accurately completed. Residents' were offered therapeutic or modified consistency diets, if recommended by a speech and language therapist or a dietician. This was evidenced in the residents care records. Records also showed that eight residents had their nutritional status checked by the dietician in the past month, including one resident with Percutaneous endoscopic gastrostomy (PEG) feed, and the dietician recommendations were recorded in the resident files, which were accessible to all nursing and care staff.

Records showed that residents’ weights were checked on a monthly basis, and where a resident had unintentional weight loss they were weighed weekly until it was clinically indicated that monthly weights were appropriate. For example, one newly admitted resident had lost 7kg while in hospital due to dementia and since his admission; the resident had been reviewed by his G.P., dietician, and speech and language therapist. The resident was receiving nutritional supplements and food fortification, and one to one staff assistance at meal times as part of his nutritional care plan.

The inspector found that resident’s nutritional needs were being well assessed and monitored, however residents notes such as, nutritional care plans, nutritional risk assessment, dietician and speech and language therapists reports, filing system required review, as some of the residents files were disorganised and, although most documents were present, they were difficult to locate in the residents files.

**Judgment:**
Non Compliant - Minor
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakwood Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000372</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>07/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04/11/2014</td>
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</table>

Requirements

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

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

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The dining room was found to be overcrowded at meal times.

Action Required:
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
We have now changed our dining arrangements, there are now two sittings at each mealtime. The first is mostly for those residents who require assistance with meals, and the second for those who are more independent.

Proposed Timescale: 10/11/2014

<table>
<thead>
<tr>
<th>Theme: Effective Care and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>In the dining room ten residents remained sitting in their wheelchairs, instead of sitting on a dining room chair for their meals.</td>
</tr>
<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>Residents who have to be transferred by wheelchair from sitting rooms to the dining rooms are now seated in supported chairs, four Residents who have to be hoisted, will remain in the wheelchairs.</td>
</tr>
</tbody>
</table>

Proposed Timescale: 10/10/2014

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Person-centred care and support</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
</tr>
<tr>
<td>There was no appropriate end of life care plans in place for residents.</td>
</tr>
<tr>
<td>Action Required:</td>
</tr>
<tr>
<td>Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
</tr>
<tr>
<td>We have now put in place appropriate end of life care plans for our Residents.</td>
</tr>
</tbody>
</table>

Proposed Timescale: 31/10/2014
**Outcome 15: Food and Nutrition**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents nutritional records were not appropriately maintained in the residents files.

**Action Required:**
Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

**Please state the actions you have taken or are planning to take:**
Our PIC is implementing a policy for the monitoring and documentation of Residents nutritional intake. Ongoing

**Proposed Timescale:** 01/11/2014