<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Oakwood Private Nursing Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000373</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Circular Road, Ballaghaderreen, Roscommon.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>094 986 1033</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@oakwood.ie">info@oakwood.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Oakwood Private Nursing Home Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Declan McGarry</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Thelma O'Neill</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Damien Woods;</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>29</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>7</td>
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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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 04 September 2014 09:00
To: 04 September 2014 17:30

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

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<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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Summary of findings from this inspection
This registration inspection was announced and took place over one day. As part of the inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.
This centre is owned and managed by Eithne and Declan Mc Garry. The person in charge is supported in her role by the provider, two senior staff nurses, nursing staff, care assistances, and ancillary staff. The inspectors confirmed that the provider had fully addressed all five required actions from the last monitoring inspection which took place on 1st July 2014.
The centre was large, bright and homely, and the atmosphere was warm. Both male and female residents’ reside in the centre. Residents’ informed the inspectors repeatedly of their high level of satisfaction with their quality of life since moving into the centre.

An activities coordinator was now in place, and it was clear that she and all staff were resident focused.

All documents submitted by the provider, for the purposes of re-registration and also the application to vary registration conditions were found to be satisfactory. Prior to the inspection, inspectors reviewed written evidence from a suitably qualified person, confirming the building meets all the statutory requirements of the fire and planning authorities; in relation to the use of the building as a residential centre for older people.

There were sufficient staff working in the centre and staffing levels had increased in the afternoon as a response to the previous inspection in July 2014, and residents stated they received a good quality of care.

Inspectors found the provider/ person in charge, had undertaken extensive preparation for the re-registration inspection and demonstrated this by meeting 17 of the Outcomes in a clear and comprehensive manner. There was one minor non-compliance and this related to managing complaints.

The provider/ the person in charge were found to be operating in compliance with the conditions of registration and almost substantial 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 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
There was a written statement of purpose that accurately describes the service that was provided in the centre. It described the aims, objectives and ethos of the designated centre, and the facilities and services which were provided for residents. The Statement of Purpose, and the manner in which care was provided in the centre reflected the diverse needs of residents.

It contains all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 It was reviewed annually and staff were familiar with the statement of purpose.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was clearly defined management structure's that identify the lines of authority and accountability in this centre. For example, the person in charge/provider worked full
time in the centre during the week and was also on call out of hours. In the absence of
the person in charge, a senior staff nurse deputised.

The inspector found that the services provided were safe, appropriate to residents,
consistent and effectively monitored. The quality of care and experience of the residents
was regularly monitored. There was evidence to show that the person in charge had
systems in place to monitor the delivery of safe, quality care services. The inspector
noted that a number of quality audits were completed by the person in charge, for
example; an audit had been completed of the number of residents that had fallen in the
centre including when and where the falls had taken place. Findings of the audits had
been discussed at team meetings, as a learning opportunity, so as to improve the
quality of care being provided.

There was also a record of a food audit that had been completed with each resident, to
request their opinion of the quality and quantity of food provided in the centre. This
audit showed that residents were very satisfied with the food that they had received.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed
written contract which includes details of the services to be provided for that resident
and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A guide in respect of the centre was available to residents. Each resident has an agreed
written contract, which included details of the services to be provided for that resident
and the fees to be charged. There was a residents’ guide for the centre available to
residents. Each resident has a written contract agreed on admission.

Each resident’s contract deals with the care and welfare of the resident in the centre.
The contract sets out the services to be provided as part of the fees being charged. The
contracts also sets out additional fees being charged to the residents, for example, for
social activities and personal care.

**Judgment:**
Compliant
**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Eithne Mc Garry was the person in charge and was also the provider nominee of this centre. She was a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of service. The person in charge worked full-time in the designated centre and had the minimum requirement of three years experiences in the area of nursing of the older person within the previous six years.

She demonstrated a very good clinical knowledge and had a good knowledge of the legislation and her statutory responsibilities. The person in charge was engaged in the governance and operational management and administration of the centre on a regular and consistent basis. Residents were all able to identify the person in charge to the inspector.

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre was 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 2013.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The Chief Inspector was not notified of any proposed absence of the person in charge for more than 28 days from the designed centre; however, there were arrangements in place for the management of the designated centre in her absence.

**Judgment:**
Compliant

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
There was a policy and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures and there were measures in place to safeguard residents and protect them from abuse. Staff knew what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse; including the name of the person to whom the abuse allegation should be reported. The provider/ person in charge ensured that systems were in place to protect residents, and
that there were no barriers for staff or residents to disclose abuse. Residents stated that they felt safe living in this centre.

There was a policy on, and procedures in place, for managing behaviour that was challenging, and the appropriate use of restraints. Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging. The inspector reviewed the care plan of one resident with behaviour's that challenges. There was evidence that the resident had been referred to a psychiatrist for a mental health review, Staff spoken with, conveyed good knowledge of the resident's behaviour, and the strategies they used to manage episodes of challenging behaviour. However, one residents care plan did not specifically detail the care management plan for managing aggressive behaviour. The person in charge documented the behaviour management strategies in the resident's care plan prior to the end of the inspection; so that all staff would be aware of the appropriate strategies to use, including a consistent approach by all staff in managing this resident's aggressive outbursts.

**Judgment:**
Compliant

### Outcome 08: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

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

**Findings:**
This outcome had been reviewed in detail in the last inspection, Inspectors found that the centre had policies and procedures relating to health and safety, and a signed health and safety statement was now in place in the centre. There was a comprehensive risk management policy in place. For example; there was guidance for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections. There were also arrangements in place for investigating and learning from serious incidents/adverse events involving residents. Inspectors viewed the actions under outcome 8 from the previous inspection, and found that they had been adequately addressed.

Reasonable measures were in place to prevent accidents in the centre. Environmental risks were risk assessed, and risk rated appropriately. Staff were trained in safe moving and handling of residents, and hoists were regularly serviced.
Suitable fire equipment was provided in the centre, and there was an adequate means of escape and fire exits are unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Staff were trained and knew what to do in the event of a fire. The fire alarm was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. There were fire drills at six monthly intervals, and fire records were kept which included details of fire drills, fire alarm tests and fire fighting equipment. There was written confirmation from a competent person that all the requirements of the statutory fire authority were complied with in this centre.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines, including controlled drugs, which are safe and in accordance with current guidelines and legislation. Staff adhered to appropriate medication management practices.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. Residents were responsible for their medication’s following an appropriate assessment. There was a system in place for reviewing and monitoring safe medication management practices and this system was regularly reviewed by the person in charge. Pharmacists were facilitated to meet their obligations to residents. Residents had a choice of pharmacists, where possible

Judgment:
Compliant

Outcome 10: 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
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Records of all incidents occurring in the designated centre were maintained and where required, were notified to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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

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

Findings:
The residents’ health care needs were met and each resident had the opportunity to participate in meaningful health promotion activities, appropriate to his or her medical needs. For example, resident’s weights were monitored monthly, and there was evidence that all residents, who consented, had received the flu vaccine. There was evidence that residents’ were regularly reviewed by their GPs. and the out-of-hours GPs service, as required.

A range of services were provided on referral, including speech and language therapy (SALT), physiotherapy and dietetic service. The physiotherapist worked in the centre two days a week, and there were treatment plans in place for some of the residents in the centre. Pre and Post falls assessments were also included as part of her daily work. The physiotherapist reviewed all residents as required. Records of all referrals were maintained on each resident’s file.

Residents assessed needs were set out in individual care plans and maintained on the centres electronic care planning system. There was evidence of good involvement of the resident or their next of kin in the resident’s medical reviews, and care plans viewed had been reviewed within a four-month period.

Inspectors viewed the details and clarity of the information recorded in the resident’s care plans and found that a clear picture of the residents overall health was evident. For example, residents with diabetes had up to-date care plans recorded; including, dietary
needs, resident’s monthly weights, BSL and BMI’s. Medication reviews were up to date and regular medical reviews by the General Practitioner were also recorded on the medical files viewed. There were no residents with wounds or actively receiving palliative care on the day of inspection.

There were a number of bed rails in use, and the inspectors viewed individual risk assessments completed and the found that staff had identified of the risks associated with the use of bed rails, and the justification for their use in the assessment. The centres policy on restraint was available to provide guidance to staff on best practice. A range of health promoting activities was available. The physiotherapist held exercise sessions with some of the residents during the week.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Oakwood Nursing home comprises of 32 bedrooms and can accommodate thirty-six residents. There are eight single bedrooms with full en-suite, twenty single bedrooms with en-suite toilets, four twin rooms with wash hand basis. On the main floor, there are two-day rooms and one dining room and a sun lounge. The foyer links to each of these rooms and also to the visitor’s room. There is a new hairdressing salon/physiotherapy room, smoking room, laundry room, and two assisted bathrooms and three toilets

The design and layout of the centre were in line with the statement of purpose. The premises met the needs of all residents, and the design and layout aimed to promote residents’ dignity, independence and well being. The premises and grounds were well-maintained with suitable heating, lighting and ventilation. The centre was homely with sufficient furnishings, fixtures and fittings. The centre was clean and suitably decorated.
There was adequate private and communal accommodation. The size and layout of bedrooms were suitable to meet the needs of residents with a sufficient number of residents toilets, bathrooms and showers. There were wash-hand basins in each bedroom. Each bedroom is furnished with; a bed, bedside locker, wardrobe, a chair. Shared rooms provided screening to ensure privacy for personal care, free movement of residents and staff. There was suitable storage for residents’ belongings. There was a functioning call bell system in place.

The provider/person in charge had applied for a variation to the current conditions of registration. The application to vary; included an increase of 25 beds, nine single en-suite bedrooms and eight twin apartments, over two floors, at the side and back of the existing building. The existing building and the new building are connected by a long corridor and there are fire doors in place on two intervals along the corridor between the existing new and older building and a lift installed in the new building.

The 25 vacant beds not used to date were viewed. Each of the bedrooms was found to be of similar size and within the size recommended as resident’s bedrooms. The buildings can now accommodate 61 residents, and inspectors were satisfied that the new building complied with the current regulations for older persons, and were suitable to use for residents of the nursing home.

There was also an Oratory offering peace, serenity, and the tranquillity of a sacred space. There was an internal courtyard with garden and seating areas as well as a separate garden located to the rear of the centre. The maintenance of both internal and external areas was found to be of a high standard.

A high standard of household management was in place with the housekeeping and laundry team. The centre was found to be clean and hygienic. Residents confirmed they were satisfied with the maintenance and cleanliness of the premises. They confirmed they enjoyed accessing the courtyard garden for walks and fresh air.

Equipment was serviced, and maintenance contracts' were in place for all equipment. Inspectors found equipment to be in good working order. There was an on-site generator in place for a temporary supply of electricity should the mains supply fail.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon, and there was an effective appeals procedure.

While there are policies, procedures and practices in place, some gaps are evident in the maintenance of the documentation. For example, inspectors found a number of minor complaints by residents documented in the centre diary, and not in the complaints log book. There was no record if the complaints were investigated or if action were taken to resolve the issues.

Judgment:
Non Compliant - Minor

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:
There was no resident receiving end of life care at the time of this inspection. The person in charge informed inspectors that 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.

There were written operational policies and protocols in place for end-of-life care that staff were familiar with.

Care practices, plans and facilities are in place so that residents receive end of life care in a way that meets their individual needs and wishes and respects their dignity and autonomy. All religious and cultural practices are facilitated as required.

Family and friends are facilitated to be with the resident when they are dying. Where possible, residents have a choice as to the place of death. There was access to specialist palliative care services, when appropriate. Funeral arrangements incorporating the resident's wishes were detailed in the residents' end of life plans and in consultation with the residents' families.

Judgment:
Compliant
**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:**
The centre had recently completed building a new kitchen/ dining room for this centre. The inspector observed the new facilities and they met the needs of the residents. Each resident was provided with food and drink at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discrete and sensitive manner. There was a comprehensive policy for the monitoring and documentation of nutritional intake that was implemented in practice.

Processes were in place to ensure residents did not experience poor nutrition and hydration. There was access to fresh drinking water at all times. The food provided meets the dietary needs of each resident based on nutritional assessment. Residents were offered appropriate assistance in a discreet and sensitive manner and enabled to eat and drink when required. Special dietary requirements of each resident are addressed, and residents were referred to a dietician if required. Food was properly prepared, cooked and served, and was wholesome and nutritious. Meals and snacks were available at times suitable to residents. Residents told inspectors that they were very happy with the quantity and quality of food they received in the centre.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Residents were consulted about how the centre was managed. For example, regular residents meetings were held, and feedback was sought from the residents regarding the care provided. Residents had access to independent advocacy services. inspectors viewed evidence of this.

Residents were facilitated to exercise their religious rights and are enabled to make informed decisions about the management of their care through the provision of appropriate information. There are adequate facilities for recreation, and a part-time activities facilitator was employed in the centre. Each resident has opportunities to participate in activities that were meaningful and purposeful to him/her, and which suited his/her needs interests and capacities.

There was a visitor’s room available for each resident to receive visitors in private. There are no restrictions on visits except when requested by the resident or when the visit or timing of the visit was deemed to pose a risk. Staff were aware of the different communication needs of resident’s and resident’s communication needs were highlighted in care plans and reflected in practice. The centre was evidently part of the local community and residents had access to radio, television, newspapers; information was available on local upcoming events.

Judgment:
Compliant

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

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

Findings:
Adequate space was provided for residents’ personal possessions. Residents could appropriately use and store their clothes. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. There was a policy on residents’ personal property and possessions. A record was kept of each resident’s personal property. Personal property was safeguarded through appropriate record keeping. Residents retained control over their possessions and clothing.

Judgment:
Compliant
**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
There were appropriate staff numbers and skill mix to meet the assessed needs of residents of the 29 residents currently residing in this centre. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents.

All staff were supervised on an appropriate basis and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

The provider employs 36 staff in total that includes nine registered nurses and 19 care assistants' three cleaners and five kitchen staff; staff were employed on a full-time and part-time basis. The inspector viewed the staff duty rota for a three-week period. The rota showed the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. A senior nurse deputised for the person in charge when she was absent. Part-time staff did additional hours to cover other staff’s absences.

The person in charge told inspector that they based staffing levels on the assessed needs of residents, including their health and social needs and that there were sufficient number of nursing and care staff rostered throughout the day and at night. Previous inspections had requested that staffing be reviewed, and extra staff had been rostered in the afternoons. Staffing levels will be reviewed as the numbers of residents increase towards sixty-one.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. One staff member was qualified in health and safety and the safe moving and handling of resident and she provided most of that mandatory training to the staff in the centre.

**Judgment:**
Compliant
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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report\(^1\)

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakwood Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000373</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>04/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/10/2014</td>
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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 13: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A number of minor complaints by residents were documented in the centre diary, and not in the complaints log book. There was no record if the complaint’s were investigated or if action were taken to resolve the issues.

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\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Action Required:**
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

**Please state the actions you have taken or are planning to take:**
All complaints are investigated and action taken to resolve issues. It is important to us that people feel their complaints are listened to and acted on promptly. All complaints are recorded in the Complaints Log/Register and the results of any investigation or actions taken as a result of the complaint.

**Proposed Timescale: 20/10/2014**