# Compliance Monitoring Inspection report

Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakfield Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000259</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Courtown, Gorey, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 942 5679</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@oakfieldnursinghome.com">info@oakfieldnursinghome.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Patrick Shanahan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patrick Shanahan</td>
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<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>Michelle O'Connor</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
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</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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 December 2015 08:00
To: 03 December 2015 15:50

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This report sets out the findings of a one day unannounced follow up inspection. This was the sixth inspection of the centre since Oakfield Nursing Home was registered in 2010. As part of the inspection the inspectors met with residents, the provider, the person in charge, the care manager, nurses, and numerous other staff members. The primary purpose of the inspection was to establish the progress made by the registered provider in implementing the required actions that emanated from the previous inspection. The Authority had also received a concern in relation to staffing levels. A provider led inquiry was requested from the centre in April 2015, which was received by the Authority in May 2015 and included the required evidential documentation. The issues of concern were looked into throughout the inspection and are addressed under the relevant outcomes. Inspectors reviewed practices and documentation in relation to the unsolicited information such as staff rosters, staff records, policies and procedures and were satisfied that the issues raised had been dealt with appropriately by the provider and the person in charge.

Throughout the inspection the inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures. The inspectors spoke to a number of residents during the inspection and the collective feedback from residents was one of satisfaction with the service and care provided. Family involvement was encouraged with residents stating they are welcomed at any time. Residents’ comments are found throughout the report.
Overall the inspectors were satisfied the centre was well operated and the safety of residents and staff within the centre was actively promoted. Since the previous inspection there was a new care manager who acted up in the absence of the person in charge. The inspectors met with and interviewed the care manager during the inspection and she demonstrated sufficient knowledge of the regulations and standards. The inspectors were satisfied that she was an experienced nurse engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The previous inspection identified moderate non-compliance in five outcomes and there was one minor non-compliance identified in one outcome. These non compliances were looked into during this inspection and the inspection findings were positive with actions from the previous inspection generally satisfactorily completed. However the inspectors identified that improvements were required in wound care documentation, restraint practices, staff training and the centre was non compliant in these areas. The findings of the inspection are set out under outcome statements and a number of improvements were required to comply with the requirements of 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 required actions are dealt with in detail in the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 person in charge had not been absent for 28 days or more since the last inspection and the person in charge and the provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the nursing care manager deputising as required. Since the previous inspection there was a new nursing care manager who acted up in the absence of the person in charge. The inspectors met with and interviewed the nursing care manager during the inspection and she demonstrated sufficient knowledge of the regulations and standards. The inspectors were satisfied that she was an experienced nurse with managerial experience and that she was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She had worked at the centre as a staff nurse for a number of years prior to her promotion in May 2015 so was very familiar with the residents, relatives and staff.

Judgment:
Compliant

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

Findings:
On the previous inspection the inspectors noted when checking residents finances that on the day of inspection there was a slight discrepancy in the reconciliation of receipts against funds. As all residents' monies were stored in a central cash box this made the identification of error difficult and also created uncertainty about the balance of cash for an individual resident at any given time. On this inspection the inspectors noted that a more robust and individualised system had been implemented in that each resident had a separate money container along with the log of all monies in and out. Checks completed by the inspector on a random sample of accounts were all correct.

Inspectors reviewed the policy on elder abuse which was up to date. Staff spoken to were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The inspectors saw that specific incidents relating to adult protection had been reported to the Authority since the last inspection. Documentation reviewed by inspectors demonstrated that the incidents had been followed up by the person in charge, GP and there was appropriate recording of the incidents and referral to the Gardai and relevant statutory agencies had been undertaken.

From a review of the training records it was noted that although the majority of staff had received in-house training on the protection of vulnerable adults there were a couple of staff and volunteers who required this training.

There was a policy on restraint and the inspectors saw that restraints used in the form of bed rails and lap-belts were subject to regular checks and ongoing review. However there were not comprehensive assessments available for the need for restraint. the care manager said she was looking to implement a new assessment tool. The inspectors noted that there were a large number of residents using bed rails, some were used to enable residents to move in bed, whilst others were used to promote safety. The integrated full length bed rails in use were restrictive devices because residents were unable to release them in order to get out of bed. Although the nursing care manager said they are aiming to reduce bed rails in use and the inspectors saw some evidence of alternatives such as low low beds and alarm mats and sensors in use in the centre. The inspectors held the view that less restrictive devices could be used to achieve the goals of care, whilst supporting the resident to be independent. The practice around restraint use in the centre required review to be compliant with national best practice guidelines.

Judgment:
Non Compliant - Moderate

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:
On the previous inspection there were a number of issues identified and actions required to ensure the centre was compliant with health and safety.

In relation to infection control on the previous inspection it was identified that infection control procedures were generally seen to be routinely implemented with hand sanitation facilities throughout the premises seen to be in regular use. However, inspectors noted that the laundry area had only one access point, aside from the fire exit, which was not in keeping with infection control best practice.

On this inspection the inspectors saw that a second access point had been introduced and that best practice guidelines had been implemented in the segregation of laundry throughout the laundry and with the implementation of separate entrance for dirty laundry and exit for clean laundry.

On the previous inspection there were evacuation plans and procedures on display in the nurses' station but this information was not visible or available to residents or visitors in other parts of the centre. On the follow up inspections the inspectors saw that evacuation plans were displayed throughout the building, which were very visible for residents and relatives.

On the previous inspection a test of the smoke alarm was overdue. On this inspection there was evidence of up to date certification for the quarterly servicing of the alarms, other certifications were not available to view on the day of inspection as the maintenance person was on leave and the person in charge was unable to locate them. These certifications were sent onto the inspector following the inspection showing up to date servicing of fire equipment emergency lighting, lifting equipment as required. The inspectors noted that although regular fire drills took place not all staff had up to date training in fire safety.

On the previous inspection the registered provider was required to ensure that policies on arrangements for identifying, recording, investigating and learning from serious or untoward incidents are fully implemented. On this inspection it was seen by the inspectors that the risk management policy was reviewed and covered the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Judgment:
Non Compliant - Moderate

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:**
On the previous inspection the inspectors identified that the maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was not stated on a number of prescriptions and that prescriber's did not sign individually for each medication. On this inspection based on a sample of medication charts viewed by the inspectors these were all correctly signed and stated maximum dosage on the PRN charts.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at night time however they should be checked at the start of each shift as is required by best practice guidelines.

**Judgment:**
Compliant

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

**Findings:**
On the previous inspection the inspectors saw detailed care planning in many areas, but there was evidence that where a care plan was in place for a specific problem, it was not implemented in practice. In one sample the assessment scores in relation to nutrition did not result in a revised care plan or referral to a dietician. Another care plan did not reflect the recommendations following a speech therapist referral. On this inspection the inspectors saw improvements made in the care planning process to ensure it fully reflected and directed care. There was evidence of updating of care plans following the review by speech and language therapists and dietician. There was
evidence seen that many care plans were person-centred and were developed with the resident and or discussed with the relatives as was required by the legislation.

On the previous inspection it was also identified that a number of care plans were not personalised in relation to end-of-life with no indication as to discussions with residents. Again on this inspection improvements were seen by the inspectors with detailed discussions in relation to end of life documented in care plans reviewed. The new care manager told the inspectors that care planning was continuing to be developed and she was aware of some of the shortfalls in the current care planning process but was working towards continually improving them and the effectiveness of them to direct care.

The inspectors looked at wound care in the centre as there were a number of residents with wounds and pressure sores. Some residents were admitted with wounds and others that were developed whilst in the centre. The inspectors saw that there were centre-specific policies and procedures in relation to wound care and wound assessments were evident in care plans for residents with ulcers or wounds. There were also wound management plans available that included the monitoring of the healing of pressure ulcers by utilizing photographs and recording the care provided. These photographs/wound care plans assisted staff in obtaining information about the size, shape, colour and progress of these wounds and provided ongoing scientific assessment and measurement of the wound and wound bed. However these were not up to date for all wounds and there was no documentation of staging of the wounds for a number of wounds seen therefore there was not full ongoing evidence of improvement or deterioration of the wound. The care manager and staff said they liaised regularly with the tissue viability nurse from the local acute hospital in relation to a number of chronic wounds however there was not evidence of this review and advice given in the wound plans which is required to ensure staff are providing care in accordance with evidenced based practice.

Overall the inspectors were generally satisfied that the welfare and well-being of residents was maintained through both good nursing care and appropriate medical and allied health care such as speech and language therapy, physiotherapy, chiropody, occupational therapy and community mental health.

Judgment:
Non Compliant - Moderate

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:
On the previous inspection the vetting process in relation to one volunteer was in progress but had not been completed. On this inspection it was seen that Garda vetting had been attained for all volunteers.

The Authority had also received a concern in relation to staffing levels. A provider led inquiry was requested from the centre in April 2015, which was received by the Authority in May 2015 and included the required evidential documentation. The issues of concern were looked into throughout the inspection. Inspectors reviewed practices and documentation in relation to the unsolicited information such as staff rosters, staff records, policies and procedures. The concern mainly related to lack of staff at night time the person in charge confirmed that there had been three occasions where they had worked with one staff less at night as they were unable to get cover despite using all the usual methods of cover. The person in charge informed the inspectors on those occasions staff stayed on later into the evening and came on earlier in the morning to minimise disruption for the residents. The person in charge said it had only occurred on those three separate occasions and had not reoccurred since then. Staff spoken to and staffing rosters reviewed confirmed this to be the case and the inspectors were satisfied that the issues raised had been dealt with appropriately by the provider and the person in charge and further contingency plans had been put in place.

Staff spoken to were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Staff spoken to were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. However a review of the training records and the person in charge confirmed that mandatory training for moving and handling and as discussed previously fire and adult protection was not up to date for all staff.

Judgment:
Non Compliant - Moderate

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:**

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Oakfield Nursing Home

Centre ID: OSV-0000259

Date of inspection: 03/12/2015

Date of response: 18/12/2015

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The practices around restraint all required review to be compliant with national guidelines.

1. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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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:
A full review of restraint use within the Centre will be undertaken. This will include the implementation of a new assessment tool to ensure compliance with National Policy.

 Proposed Timescale: 31/01/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff and volunteers were trained in adult protection.

2. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
There will be a full audit of all training within the Centre. All staff will receive up-to-date training to ensure compliance with the regulation.

 Proposed Timescale: 31/01/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had up to date training in fire safety.

3. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
There will be a full audit of all training within the Centre. All staff will receive up-to-date training to ensure compliance with the regulation.

 Proposed Timescale: 31/01/2016
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:**
Improvements were required in the documentation of wound assessments and plans including the staging of wounds and advice received from professionals in wound care plans.

4. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
A full review of our policy and practice in relation to wound care will be undertaken to ensure compliance with the regulation.

**Proposed Timescale:** 31/01/2016

Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A review of the training records and the person in charge confirmed that mandatory training for moving and handling and as discussed previously fire and adult protection was not up to date for all staff.

5. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
There will be a full audit of all training within the Centre. All staff will receive up-to-date training to ensure compliance with the regulation.

**Proposed Timescale:** 31/01/2016