

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Oakwood Private Nursing Home
<b>Centre ID:</b>	OSV-0000372
<b>Centre address:</b>	Hawthorn Drive, Athlone Road, Roscommon.
<b>Telephone number:</b>	090 66 37090
<b>Email address:</b>	oakwoodnhros@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Oakwood Private Nursing Home Limited
<b>Provider Nominee:</b>	Declan McGarry
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	Geraldine Jolley
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	54
<b>Number of vacancies on the date of inspection:</b>	1

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
19 September 2016 09:40	19 September 2016 18:00
20 September 2016 09:15	20 September 2016 14:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 55 residents who need long-term care, or who have respite, convalescent or palliative care needs. Notifications of incidents

received since the last inspection were assessed on this visit.

HIQA received a notification of a change of person in charge with the application to renew registration. The registered provider now fulfils the role of the person in charge. The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

In applying to renew registration of the centre the provider has applied to increase occupancy from 55 registered beds to 56. The inspectors viewed the ensuite bedroom. It is suitable in layout, equipped and designed to meet the needs of prospective residents.

The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the regulations. The building was clean, warm and maintained in good decorative condition.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable of residents preferred daily routine, their likes and dislikes.

Residents had good access to general practitioner (GP) services. Access to allied health professionals to include physiotherapy, speech and language therapist and dietetic services were available. There was good evidence of pharmacy input to support medication management practice.

Nine outcomes were judged as compliant with the regulations and eight outcomes as substantially in compliance with the regulations. One outcome was moderately non-complaint namely Health and Safety and Risk Management The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 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:**

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The statement of purpose was kept up to date and revised in July 2016. The inspection evidenced the service provided was reflective and as described within 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):**

**Findings:**

The governance arrangements in place were in accordance with the statement of purpose to ensure the service provided is safe, appropriate and consistent. The

registered provider also fulfils the role of the person in charge. The provider is knowledgeable of the physical and psychosocial care needs of residents. He was observed to engage well with all residents. Residents were familiar with the provider.

The person in charge is supported in his role by a senior nurse. However, the role is not consistently full time. The inspectors found the senior management team requires additional resources to ensure robust governance. The provider is rostered to spend the majority of his time in the delivery of clinical nursing care. There was not sufficient time allocated to oversee the operational management and administration of the centre.

There was some evidence of quality improvement strategies and monitoring of the services. However, the audit program requires review to ensure a defined set of criteria are reviewed regularly and systemically. The last audit of accidents or falls by residents was at the end of the March 2016. Similarly an audit of nutrition which was completed to a high standard during 2015 was not undertaken during 2016.

The procedure to complete audits requires review to inform learning and ensure enhanced outcomes for residents. While some audits were completed prior to this inspection, the aim of the audit was not defined. An improvement plan was not developed to action the findings from audits completed to ensure enhanced outcomes for residents.

An annual report on the quality and safety of care was compiled was the past year. The report contained limited information and requires review to meet the requirement of regulation 23. The review was not prepared in consultation with residents and their families.

**Judgment:**  
Substantially Compliant

***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):**  
No actions were required from the previous inspection.

**Findings:**  
There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

All residents accommodated had an agreed written contract. The contract included

details of the services to be provided and the fees payable by the residents.

Expenses not covered by the overall fee and incurred by residents for example, chiropody, escort to appointments or hairdressing were identified. However the individual cost per item for additional charge was not specified.

The contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy.

**Judgment:**

Substantially 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:**

HIQA received a notification of a change of person in charge with the application to renew registration. The person in charge is a registered nurse and is noted on the roster as working in the post full-time.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

He has maintained his professional development and attended mandatory training required by the regulations.

He demonstrated his knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre adequately to the inspectors.

**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):**

**Findings:**

There were systems in place to maintain records. Medical records and other records, relating to residents and staff, were maintained in a secure manner and easily retrievable.

The directory of residents' contained all information required by schedule three of the regulations. The directory of residents' was maintained up to date.

The complaints procedure was displayed prominently for visitors to view and provided guidance on how to raise an issue of concern.

Written operational policies, which were centre-specific, were in place.

Records required by Schedule 4 of the regulations were maintained to include a directory of visitors, staff records, and fire safety documents, details of complaints, food records and charges incurred by residents. However, the accuracy and maintenance of some records requires review. Some nutrition records did not provide adequate detail to confirm that diet and fluid intake was satisfactory. Fluid records were not totalled each day to ensure a daily fluid goal was maintained. In some instances there was conflicting information between risk assessments. Restraint risk assessment for the use of bedrails did not correlate with falls risk assessments completed. While restraint risk assessments were reviewed periodically they were not always dated.

Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

**Judgment:**

Substantially Compliant

***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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.</p> <p>A deputy is notified to HIQA to deputise in the absence of the person in charge. This person was available to meet the inspectors on the day of inspection. A review of the key senior manager's staff file evidenced engagement of continuous professional development. Mandatory training required by the regulations was completed.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 07: Safeguarding and Safety</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspectors. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The provider was a nominated agent to manage pensions on behalf of two residents. This was at the request of either the resident or their next of kin. Transparent systems were in place.</p> <p>Staff identified a senior manager as the person to whom they would report a suspected concern. Staff were familiar with the role of the Health Service Executive (HSE) adult protection case worker. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.</p> <p>Risks to individuals were managed to ensure that people had their freedom supported</p>

and respected. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

The safeguarding policies and procedures in place require review to reflect the role of the person in charge and best practice in safeguarding vulnerable adults.

Policies and procedures were in place in relation to responsive behaviours. Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties.

During conversations with the inspectors residents confirmed that they felt safe in the centre due to the support and care provided by the staff team. Residents spoken with stated "I chose to come back here again after my operation" and "the staff are very good", "there is a lovely atmosphere". Access to the centre was secured with a coded key pad.

Staff had received training in responsive behaviours, caring for older people with cognitive impairment and communicating with residents with dementia.

In line the national policy on promoting a restraint-free environment there was a policy on restraint management (the use of bedrails and lap belts) in place. At the time of this inspection there were 19 residents with two bedrails raised. Fourteen were considered an enabler and five a restraint measure in the best interest of the resident's safety. A risk assessment was completed prior to using bedrails in each sample reviewed.

There was evidence of multi disciplinary involvement in the decision making process. There was evidence of consultation with families. In one file the rationale to use bedrails was at the request of the family and not based on a clinical decision where other options are not suitable or alternatives trialled were unsuccessful. Restraint risk assessments were supported with a plan of care.

**Judgment:**  
Substantially 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):**

**Findings:**

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. A health and safety statement was available.

The inspectors identified some hazards requiring risk assessment;

- There were a number of trailing electrical flexes in bedrooms posing a trip hazard.
- The location of the stored personal protective equipment on handrails may pose a risk to residents with dementia.
- Some residents were observed being transported long distances without foot plates in place on wheelchairs

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Staff had completed refresher training in fire safety evacuation procedures.

There were no documented records of routine fire drill practices. The procedures to complete and record fire drills require review. Records of the scenario or type of simulated practice, including the time taken to respond to the alarm, and the time taken for staff to discover the location of a fire and safely respond to a simulated scenario were not detailed and completed periodically. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced quarterly and annually in accordance with fire safety standards. Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Each resident's evacuation needs were risk assessed. Evacuation sheets were fitted to the bed of each resident.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact, the fire panel and automatic door closers were operational. Records were maintained evidencing the fire escape routes were checked.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. Hot water outlets were flushed to safeguard against the risk of Legionella infection. A separate sluice and cleaning room is provided.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified. However, the type of hoist and sling size were not identified in plans of care.

There was a contract in place to ensure hoists and other equipment including electric beds and air mattresses used by residents were serviced and checked by qualified

personnel to ensure they were functioning safely.

Hand testing indicate the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors

The arrangements in place for recording accidents, incidents or near miss events require review. The accident reporting book had limited facility to record all details of events, for example was the GP and next of kin notified or if the resident was transferred to hospital. There was good detail outlined in the nursing notes including monitoring vital signs and completing neurological observations. Post incident reviews were not completed to identify any contributing factors for example, suspected infection or the impact of changes from medication.

**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):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place to guide staff in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

There was good evidence of pharmacy input to support medication management practice. Advice from pharmacy of reviews to guide nursing staff on contraindications and other forms of a medicine for those with swallowing difficulty or blood screening for residents on a particular medicine over a prolonged timeframe was ensured.

All medication was dispensed from a blister pack system. These were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the signed kardex to ensure all medication orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum amount for (prn) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined. Each medicine prescribed was not individually signed by the GP. There were some examples of block signatures on some prescription sheets

reviewed.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. There were four residents in receipt of controlled drugs at the times of this inspection. Controlled drugs were checked by two nurses at the change of each shift.

**Judgment:**  
Substantially 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:**  
The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre.

Quarterly notifications had been submitted to HIQA as required.

**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):**  
Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

There were 54 residents in the centre during the inspection. There were nine residents with maximum dependency care needs. Seventeen were assessed as highly dependent and 15 had medium dependency care needs. Nine residents were assessed as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Fifty percent of residents had a diagnosis of dementia, cognitive impairment or Alzheimer's disease.

The care planning documentation was in the process of transitioning from a paper based system to a computerised form.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition.

The range of risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given. Care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Care planning practice requires review to ensure plans of care are introduced when significant changes occur in care needs. There were two residents with wounds. One resident was reviewed by a clinical nurse specialist in wound management prior to the inspection. While repositioning charts were completed a care plan was not introduced.

Improvements were required in the recording of the clinical practice in relation to wound assessments and documenting management of wound care. Nursing notes did not outline a clinical evaluation of the progress of the wound. There was no evidenced based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied. A range of suitable equipment was provided to ensure pressure relief and residents' comfort to include air mattress and suitable cushions. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff were knowledgeable of residents preferred daily routine, their likes and dislikes.

Residents had access to GP services. There was good evidence of medical reviews shortly after admission, to review medication and when a resident became unwell. Access to allied health professionals to include physiotherapy, speech and language therapist and dietetic services were available.

Where residents had specialist care needs such as mental health problems there was evidence in medical files of good links with the mental health services. The psychiatry team visit the centre as required to review residents. Medication was reviewed to ensure

optimum therapeutic values.

**Judgment:**

Substantially 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 manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the regulations.

The building is well maintained, warm, comfortably decorated and visually clean. There are two spacious sitting rooms available for use by residents. The dining room is suitable in size to meet residents' needs and is located off the kitchen. Two separate sittings are accommodated at each meal time. This was an area identified for improvement in the action plan of the previous inspection. Other facilities include a visitors' room, an oratory and hair salon

Bedrooms accommodation comprises of fifty five single ensuite bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. Residents spoken with confirmed that they felt comfortable in the centre.

In applying to renew registration of the centre the provider has applied to increase occupancy from 55 registered beds to 56. The inspectors viewed the ensuite bedroom. It is suitable in size and equipped and designed to meet the needs of prospective residents.

There were a sufficient number of toilets, baths and showers provided for use by residents. There are toilets were located close to day rooms for residents' convenience.

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control.

Residents had access to a safe enclosed external garden.
<b>Judgment:</b> 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:**  
 No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

The management team explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position. Residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they had an issue of concern.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

**Judgment:**  
 Compliant

**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):**  
 Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise.

Resident's end-of-life care preferences or personal or spiritual wishes were not in place for all residents. Some of the end-of-life care plans were generic in the information they contained.

There was good evidence frail residents were receiving good care. Pain relief needs were well managed and interventions described in detail in care records.

The nursing team confirmed they had good access to the palliative care team who provided advice to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets.

Nutritional risk assessments were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition intake.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Care staff spoken with could describe the different textures and the residents who had specific requirements.

All residents were weighed regularly and those at risk on a more frequent basis.

Residents spoken with were highly complimentary of the food and told the inspectors they could have a choice at each mealtime. Requests for an option other than those on the menu were facilitated. The different choices were observed tea time. Catering staff were very familiar with each resident's food likes and dislikes.

The inspectors observed the food served. The majority of residents attended the dining room for both their dinner and evening meal. Three residents were provided with a plate designed to support them to eat independently.

There was a choice of a variety of well presented food. Portion were individually plated and generous in size. All residents were offered the option of more at each sitting. There was a sufficient number of staff available to assist those requiring help.

**Judgment:**  
Compliant

***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:**  
Personal hygiene and grooming were well attended to by care staff. The inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times.

Residents were able to exercise choice regarding the time they got up. During the day mobile residents were able to move around the centre freely.

Residents' privacy and dignity was respected. Personal care was provided in their bedrooms with doors closed. Residents could receive visitors in private. Residents were facilitated to engage in hobbies that interested them such as reading newspaper, quizzes, bingo games and live music.

Residents were facilitated to practice their religious beliefs. There was an oratory available for use and Mass was available every two week for residents.

Questionnaires completed by residents and relatives submitted to HIQA prior to the

inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage.

An active residents' forum was not in place to elicit residents' views on a consistent basis. The last residents' meeting was in 2014.

**Judgment:**

Substantially 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:**

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A property list was completed with an inventory of all residents' possessions on admission. There was a labelling system in place to ensure all clothes were identifiable to each resident.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care, cardio pulmonary resuscitation techniques and end of life care. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management.

**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:***

PJ Wynne  
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<sup>1</sup>

<b>Centre name:</b>	Oakwood Private Nursing Home
<b>Centre ID:</b>	OSV-0000372
<b>Date of inspection:</b>	19/09/2016
<b>Date of response:</b>	31/10/2016

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The senior management team requires additional resources to allow time to ensure robust governance.

#### **1. Action Required:**

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

purpose.

**Please state the actions you have taken or are planning to take:**

It is our intention to provide extra cover on the ground with Nurses and Carers, so that the senior management have more time for governance.

**Proposed Timescale:** 31/01/2017

**Theme:**

Governance, Leadership and Management

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

The audit program requires review to ensure a defined set of criteria are reviewed regularly and systemically.

The procedure to complete audits requires review to inform learning and ensure enhanced outcomes for residents. While some audits were completed prior to this inspection, the aim of the audit was not defined. An improvement plan was not developed to action the findings from audits completed to ensure enhanced outcomes for residents.

**2. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**

We will endeavour to improve and develop our audit programmes to ensure enhanced outcomes for our Residents

**Proposed Timescale:** 31/03/2017

**Theme:**

Governance, Leadership and Management

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

An annual report on the quality and safety of care was compiled was the past year. The report contained limited information and requires review to meet the requirement of regulation 23. The review was not prepared in consultation with residents and their families.

**3. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**

As has been stated we did an annual review last year as required under regulation 23(d) and it was done in consultation with our Residents and their families (questionnaires were posted to Residents' families) and a report was compiled, we accept that the report may need to be reviewed to contain more information to ensure that our care is in accordance with the section 8 of the act and approved by the Minister for health under section 10 of the act.

Proposed Timescale: Annual review due again August 2017

**Proposed Timescale: 31/08/2017**

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Contracts of care did not specify the individual cost per item for additional charge not included in the overall fee.

**4. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**

Contracts of care will be reviewed and we will apply a fair and transparent system of charges for items not covered by the Nursing Homes Support Scheme

**Proposed Timescale: 01/01/2017**

**Theme:**

Governance, Leadership and Management

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

The contracts of care did not specify whether the bedrooms to be occupied by residents were single or twin occupancy.

**5. Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**

As it states in our Statement of Purpose and Function all our bedrooms are single and ensuite, this is probably the reason why it did not specify in our Contract of Care whether our rooms were single or twin occupancy

**Proposed Timescale:** 31/10/2016

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

The accuracy and maintenance of some records requires review. Some nutrition records did not provide adequate detail to confirm that diet and fluid intake was satisfactory. Fluid records were not totalled each day to ensure a daily fluid goal was maintained. In some instances there was conflicting information between risk assessments.

**6. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

We have reviewed our Residents care records and these are now maintained accurately.

**Proposed Timescale:** 31/10/2016

**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 rationale to use bedrails was not based on a clinical decision where other options are not suitable or alternatives trialled were unsuccessful.

**7. 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.

**Please state the actions you have taken or are planning to take:**

Our assessments are carefully carried out, alternative means rather than bedrails such as low-low beds, crash mats, bed alarms are always trialled first and bedrails are used only as a last resort and only for the Residents' safety, we will continue to use the HSE developed assessment tool on the use of bedrails and ensure decisions to use bedrails are based only on Clinical decisions.

**Proposed Timescale:** 31/10/2016

**Theme:**

Safe care and support

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

The safeguarding policies and procedures in place require review to reflect the role of the person in charge and best practice in safeguarding vulnerable adults.

**8. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**

The safeguarding policies and procedures in place have been reviewed and it reflects the role of the present Person in charge.

**Proposed Timescale:** 31/10/2016

**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:**

The type of hoist and sling size were not identified in plans of care.

**9. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**

A review of our manual handling care plans will be carried out and the type of hoist and sling size to be used will be identified.

**Proposed Timescale:** 01/11/2016

**Theme:**

Safe care and support

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

The accident reporting book had limited facility to record all details of events, for example was the general practitioner (GP) and next of kin notified and if the resident was transferred to hospital.

Post incident reviews were not completed to identify any contributing factors for example, suspected infection or the impact of changes from medication.

**10. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**

Our accident and incident report book will be updated to include more detail such as whether the GP or next of kin was informed and if the Resident went to hospital.

Post incident reviews will be completed to identify any contributing factors that may have caused the incident to occur.

**Proposed Timescale:** 01/12/2016

**Theme:**

Safe care and support

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

The inspectors identified some hazards requiring risk assessment;

There were a number of trailing electrical flexes in bedrooms posing a trip hazard.

The location of the stored personal protective equipment on handrail may pose a risk to residents with dementia.

Some residents were observed being transported long distances without foot plates in place on wheelchairs

**11. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

We have informed our maintenance team about the flexes under the beds, they will fix them to the underside of the beds in a way that will not be a hazard to personnel, all PPEs are to be kept in a dispenser unit so that they are not a risk to any Resident

**Proposed Timescale:** 01/11/2016

**Theme:**

Safe care and support

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

There were no documented records of routine fire drill practices. The procedures to complete and record fire drills require review. Records of the scenario or type of simulated practice, including the time taken to respond to the alarm, and the time taken for staff to discover the location of a fire and safely respond to a simulated scenario were not detailed and completed periodically. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

**12. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

Routine fire drills will be carried out in future, documented and evaluated so that staff can learn and understand what worked well and what improvements can be employed.

**Proposed Timescale:** 01/01/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Each medicine prescribed was not individually signed by the GP. There were some examples of block signatures on some prescription sheets reviewed.

**13. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**

We will request the GPs that when they are signing the prescription sheets they should sign all medications separately and not to block sign.

**Proposed Timescale:** 01/12/2016

**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:**

Care planning practice requires review to ensure plans of care are introduced when significant changes occur in care needs.

**14. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**

Our care plans are constantly under review, care plans are updated, added or discontinued to reflect changes in resident care needs.

**Proposed Timescale:** 01/12/2016

**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 recording of the clinical practice in relation to wound assessments and documenting management of wound care. Nursing notes did not outline a clinical evaluation of the progress of the wound. There was no evidenced based reporting as to the progress of the adequacy of the type and frequency of the care interventions and dressings applied.

**15. 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:**

We will review our reporting procedure on wound care, and implement a practice of documentation where wounds are assessed, evaluated, what improvements have occurred or not, the type of, and frequency of dressings applied and whether they are working or not.

**Proposed Timescale:** 01/11/2016

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**

**in the following respect:**

Resident's end-of-life care preferences or personal or spiritual wishes were not in place for all residents. Some of the end-of-life care plans were generic in the information they contained.

**16. Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**

Our end of life care plans will be reviewed to include all our Residents, their spiritual and personal wishes documented and personalised

**Proposed Timescale:** 01/12/2016

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

**Theme:**

Person-centred care and support

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

An active residents' forum was not in place to elicit residents' views on a consistent basis. The last residents' meeting was in 2014.

**17. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**

We will update our practices with Resident meetings and have meetings on a more regular basis.

**Proposed Timescale:** 01/12/2016