

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oak View Nursing Home
<b>Centre ID:</b>	OSV-0000151
<b>Centre address:</b>	The Commons, Belturbet, Cavan.
<b>Telephone number:</b>	049 952 2630
<b>Email address:</b>	info@oakviewnh.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Omega Nursing Home Limited
<b>Provider Nominee:</b>	Maureen Dennehy
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	60
<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 Standards for Residential Care Settings for Older People in Ireland.**

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

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

From: 12 June 2017 09:10 To: 12 June 2017 18:30

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

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

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection, carried out by the Health Information and Quality Authority (HIQA). The centre can accommodate a maximum of 61 residents who need long-term care convalescent or respite services. The inspector reviewed progress on the action plan from the previous inspection.

The areas identified for improvement in the action plan of the last inspection were satisfactorily completed. Notifications of incidents received since the last inspection was assessed on this visit.

The governance arrangements in place are suitable to ensure the service provided is

safe, appropriate and consistent. The person in charge has not changed since the last inspection. She has been employed at the centre since 2011.

The inspection evidenced residents have timely referral to healthcare services including specialist services, psycho-geriatric services and timely access to GP's. A restraint free environment was promoted.

Residents had good access to the pharmacist to support medication management practice. Access to allied health professionals including physiotherapist, speech and language and occupational therapy was available.

Bedrooms accommodation comprises of 53 single and four twin bedrooms all with en-suite bathrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. Suitable arrangements were in place in relation to fire safety precautions. There was a high standard of cleanliness with a sufficient number of cleaning staff rostered.

There was good choice of a variety of nutritious, wholesome food provided. Each resident had a nutritional care plan. Detailed food records were maintained for a number of residents identified as being at a high risk.

Fifteen outcomes were inspected. Fourteen outcomes were judged as compliant with the regulations. One outcome was non-compliant, moderate with the regulations namely suitable staffing.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***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):**

No actions were required from the previous inspection.

**Findings:**

Accountability for the residential service is clearly defined. There are clear lines of responsibility at individual and team level. All people working in the service are aware of their responsibilities and to whom they report.

There are systems in place to ensure the service is monitored, safe and provides a consistently high quality of care to all residents. The management team staff roster arrangements have been reviewed since the last inspection. A clinical nurse manager has been appointed to support the person in charge. The clinical nurse manager works each weekend This arrangement with the person in charge rostered during the week ensures there is a senior staff member working each day of the week within the service.

Accurate, clear records were maintained to support effective decision making. The inspection evidenced residents have timely referral to healthcare services including specialist services, psycho-geriatric services and timely access to GP's. A restraint free environment (use of bed rails or lap belt) was promoted.

Monthly audits were completed to review any accident or incident. Falls were reviewed to identify repeat falls, the location and time to assist in correlating events to allow for trends to be easily identified and ensure learning for all staff.

Nutritional audits were completed monthly. Actions were identified in relation to any unintentional weight loss or gain to ensure individual outcomes for residents.

A register was maintained to identify the individual usage of psychotropic's, anti anxiety and pain relief medicines and night sedatives. Nursing staff and the management team in conversation outlined the need and clarified the therapeutic benefit of administration. This was reviewed by the GP routinely.

There were procedures to consult with residents and families to provide the opportunity to participate in the organisation of the centre. There is a residents' meeting forum regularly. Resident or relative satisfaction surveys or questionnaire were completed to elicit views or comments on the service provided.

**Judgment:**

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. This included residents accommodated for either short and long term care. A new contract was issued should a resident's planned admission situation change from respite to long term care.

The contract included details of the services to be provided and the fees payable by the resident. Expenses not covered by the overall fee and incurred by residents were identified. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

**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:**

The inspection was facilitated by the person in charge. The person in charge has not changed since the last inspection. She has been employed at the centre since 2011. She fulfils the criteria required by the regulations in terms of qualifications and experience.

She demonstrated that she was familiar with the statutory responsibilities of the person in charge and had good knowledge of the legislation and standards. Throughout the inspection she demonstrated she was familiar with residents care needs. In conversation with the inspector she explained through examples how she advocated to ensure residents' care needs were met individually.

She maintained her professional development and attended mandatory training required by the regulations.

**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:**

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 (as amended) were stored, maintained in a secure manner and easily retrievable.

A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. The directory of residents' contained all information

required by the regulations and was maintained up to date.

A current certificate of insurance cover was available. The registered provider was adequately insured against risks, including loss or damage to a resident's property

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. The policies were specific to the centre and guided practice. All policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care and safeguarding vulnerable adults.

**Judgment:**

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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There is one deputy notified to HIQA to deputise in the absence of the person in charge. A review of their staff file evidenced engagement of continuous professional development. Mandatory training required by the regulations and ongoing professional development and engagement in education was evident.

**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):**

No actions were required from the previous inspection.

**Findings:**

There is a safeguarding policy in place. The procedures are based on the national safeguarding vulnerable adults' policy. Three members of staff had completed training on the national policy and one was an appointed designated safeguarding officer.

Measures were in place to protect residents. There has not been any notifiable adult protection incidents, which are a statutory reporting requirement to HIQA been reported since the last inspection.

Staff training and supervision was in place. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed that residents were treated well. Support was provided appropriately to promote independence. There was an on-going program of training in adult protection for all staff.

The financial controls in place to ensure the safeguarding of residents' finances were examined. A petty cash system was in place to manage small amounts of personal money. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The provider is not a nominated agent to manage a pension on behalf of any resident.

Through observation and review of care plans it was evidenced staff were knowledgeable of residents' needs. There is one dementia specific unit within the building which has capacity to accommodate 13 residents. Staff 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. Care plans for residents with dementia outlined information such as, who the resident still recognised or what activities could still be undertaken. This was an area identified for improvement on the last inspection. Staff had received training in responsive behaviours and caring for older people with cognitive impairment or dementia.

In line with national policy a restraint free environment was promoted. There were no residents with bedrails raised at the time of this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The health and safety of residents, staff and visitors in the centre was promoted and protected.

At the time of this inspection there were a small number of residents who smoked accommodated at the centre. Suitable safety precautions were in place including fire retardant aprons, assistance and supervision.

The centre had policies and procedures relating to health and safety. The health and safety statement and risk management policy included all matters set out in regulation 26. The risk register outlining the hazard and controls of the physical environment was in the process of being updated.

Policies for infection control and prevention, absconding, incident reporting, and fire safety with supporting protocols were also available and implemented in practice. There were policies and procedures in place for responding to major incidents to include serious disruption to essential services or the emergency evacuation of the centre if deemed necessary.

There were arrangements in place for recording and investigating falls and incidents. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were not recorded where a resident sustained an unwitnessed fall or a suspected head injury in all cases. A post incident review was completed in the immediate aftermath of a fall to identify any contributing factors. There was evidence of learning from incidents and responsive action to minimise the likelihood of repeat events. Jugs were replaced in one case following an accidental spillage of hot liquid.

Suitable arrangements were in place in relation to promoting fire safety. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Fire safety and response equipment was provided. A personal emergency evacuation plan was completed for each resident. Each resident's evacuation needs was identified.

Fire exits were identifiable by illuminated signage. Corridors were clear of equipment. Exits were unobstructed to enable means of escape. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Internal routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place and intact.

Staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed

There were procedures in place for the prevention and control of infection. Hand gels

were located along the corridor. 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.

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. These were documented and available for reference by staff in each resident's bedroom.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, sluice rooms and stairwells was secured in the interest of safety to residents and visitors.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely. Maintenance staff completed safety checks on wheelchairs and residents beds routinely.

**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):**

**Findings:**

There was good evidence of pharmacy input to support the management of residents' medicines. Documented advice from pharmacy of reviews to guide nursing staff on contraindications and other forms of a drug for those with swallowing difficulty or blood screening for residents on a particular drug over a prolonged timeframe was provided.

All medication was dispensed from blister packs. These were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all 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 in the sample reviewed. The prescription sheets reviewed were legible. The maximum amount for (p.r.n) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

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. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

**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):**

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

**Findings:**

There were 60 residents in the centre during the inspection. There were 25 residents with maximum dependency care needs. Fifteen were assessed as highly dependent and 12 had medium dependency care needs. Eight residents were assessed as low dependency

The arrangements to meet residents' assessed needs were set out in computerised based care records. Staff were knowledgeable of resident's preferred daily routine, their likes and dislikes.

On admission a comprehensive assessment of needs was completed. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk.

Care plans were developed for issues identified on assessment. There were plans of care in place for each identified need. Care plans and assessment were reviewed at the required four monthly intervals or sooner in response to a changing need or circumstance. There was evidence of documentary involvement of residents or their next of kin in care planning.

The format of the care plans have changed since the last inspection and is now based on a holistic care model. Care plans were person-centred, individualised and described well the current care to be given. There was relevant linkage between risk assessments and care plans. Care plan were in place to manage short term health problems for example respiratory or urinary tract infections.

The daily nursing notes, documented twice in 24 hours as required by Schedule 3 (4) (C), provided a clear account of the resident's health, condition and treatment.

There were two residents with wounds being dressed. A plan of care was in place. Wound assessment records were completed each time dressings were changed. Nursing notes outlined a clinical evaluation of the progress of the wound and healing progress.

Residents had timely access to allied health professionals to include speech and language therapy dietician and occupational therapy. Seating assessment were completed and chair trialled for suitability with appropriate equipment and supported seating provided.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of good links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health.

In accordance with regulation 6 (1) and (2), residents had good access to GP services. Timely medical assessment and clinical reviews as residents' needs indicate was evidenced. Newly admitted residents were seen by the GP shortly after admission or on returning from hospital.

**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):**

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

**Findings:**

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

The building was well maintained, warm and comfortably decorated. The design ensured good natural daylight was available in all bedrooms and communal areas. There is a choice of spacious sitting rooms available for use by residents and smaller quieter sitting room on the ground floor. The dining rooms are suitable in size to meet residents' needs. Two separate sittings are accommodated at each meal time on the first floor. Other facilities include a visitors' room, smoking room, hair salon and a oratory

The centre comprises of three separate units. A dementia specific unit on the ground floor accommodates a maximum of 13 residents. There is another unit on the ground floor with a maximum occupancy for 21 residents. Twenty seven residents are accommodated on the first floor of the building. Each unit has its own day sitting room and dining room.

Bedrooms accommodation comprises of 53 single and four twin bedrooms all with en-suite bathrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed and phone available to residents. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

There were dementia friendly design features throughout the building. This was an area identified for improvement on the last visit. Clocks were available in all residents' bedrooms. They were positioned to ensure they were visible to residents while resting in bed. There were visual cues or pictorial signage to direct resident from their bedrooms to communal areas on the first floor where corridors interconnected and were of a long distance.

Suitable staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control. Suitable storage arrangements were available throughout the building. Corridors were clear of equipment and handrails accessible to residents at all times. Residents had good access to safe outdoor space. Enclosed gardens were nicely landscaped and seating provided. The doors to the garden were open throughout the day allowing residents free access.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.</p> <p>The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position</p> <p>The independent appeals process if the complainant was not satisfied with the outcome of their complaint met the requirements of the regulations.</p> <p>There were no complaints being investigated at the time of this inspection.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 14: End of Life Care</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Person-centred 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> Resident's end-of-life care preferences or wishes are identified and documented in their care plans. Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented. The wishes of residents who did not wish to discuss end of life care were respected and detailed in care plans.</p> <p>The management team confirmed they had good access to the palliative care team who provided advise 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.</p>
<p><b>Judgment:</b></p>

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:**

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more frequently where risk was identified.

Each resident had a nutritional care plan. 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. Access to dietician and a speech and language therapist was available when required to obtain specialist advice to guide care practice.

Nutrition records maintained were satisfactory to determine whether the dietary intake is adequate in relation to nutrition and hydration. Residents identified with a nutritional risk had their fluid intake recorded to ensure hydration was adequate. Detailed food records were maintained for a number of residents identified as being at a high risk. These specified the individual quantity consumed at each meal for example all, half or quarter as appropriate. Some residents were prescribed subcutaneous fluids on a prn basis on their medicine kardex.

**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:**

There were arrangements in place for regular laundering of linen and personal clothing, and the safe return of clothes to residents.

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. A clear system was in place to ensure all clothes were identifiable to each resident. Property lists were maintained for all residents and these were updated routinely.

**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 are three nurses rostered in addition to the person in charge or the clinical nurse manager each day of the week. At the time of this inspection this was adequate to meet the clinical care needs of residents.

There is a regular pattern of rostered care staff on each work shift. There was an adequate number of care assistants rostered during the day. However, the inspector judged there was an insufficient number of care assistants available to meet residents' needs in the evening time on the first floor which accommodates 27 residents. There was only one nurse and a care assistant from 21.00hrs. The nurse spent the first part of her work shift administering each resident their night medicine which takes a considerable amount of time at the start of their shift. The care staff resource available to meet resident needs was insufficient considering the size and layout of the unit which

spanned the entire length of the building. Eight residents had maximum dependency care needs and eight was risk assessed as highly dependent. Ten residents in this unit require the assistance of two staff to meet their moving and handling needs safely with eight residents requiring the use of a hoist.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Staff had the required qualities, skills and experience to undertake their duties associated with their role. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the provider and person in charge. This was also evidenced by a review of staff files.

There is a training and development program to ensure that staff maintain competence in all areas relevant to their role. This includes specialist training in relation to the care of the older person in areas such as dementia, end of life care, nutrition and safe feeding practices. Mandatory training required by the regulations for all staff was met and updated on an ongoing basis

All nursing staff were facilitated to engage in continuous professional development and had completed training on the management of medicines and cardio pulmonary resuscitation techniques.

**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:***

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>	Oak View Nursing Home
<b>Centre ID:</b>	OSV-0000151
<b>Date of inspection:</b>	12 <sup>th</sup> June 2017
<b>Date of response:</b>	3 <sup>rd</sup> July 2017

### 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 18: Suitable Staffing

**Theme:**  
Workforce

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

There was an insufficient number of care assistants available to meet residents' needs in the evening time on the first floor which accommodates 27 residents. The care staff resources available to meet resident needs was insufficient considering the size and layout of the unit which spanned the entire length of the building.

**1. Action Required:**

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

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

There will be 2 care assistants available between 21.00hours and 22.00 hours to allow the Staff Nurse to complete the medication round. This will be reviewed a month after commencement to ensure this is a sufficient timeframe and increased if not.

**Proposed Timescale:** 17/07/2017