

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oakfield Nursing Home
Centre ID:	OSV-0000259
Centre address:	Courtown, Gorey, Wexford.
Telephone number:	053 942 5679
Email address:	info@oakfieldnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Shanahan
Provider Nominee:	Patrick Shanahan
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	73
Number of vacancies on the date of inspection:	0

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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 July 2017 10:30 To: 13 July 2017 13:00

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

Outcome	Our Judgment
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Compliant

Summary of findings from this inspection

This inspection was completed in response to an application made by the provider to the Health Information and Quality Authority (HIQA) to vary a condition of the centre's registration. Oakfield Nursing Home is a modern purpose built residential care facility that can accommodate 73 residents who need long-term general care.

The provider had applied to increase from a maximum occupancy of 73 to 75 beds following refurbishments of the existing premises. There have been no changes to the governance structure since the last inspection of April 2017.

The inspector also followed up on the progress of the action plans generated from the previous inspection of April 2017. Two action plans were issued following that inspection. The inspector found that one action plan had been completed and progress had been made on the remaining action plan even though the time scale as agreed had not yet elapsed.

The inspector saw that the existing end-of-life room had been relocated to another room which was furnished and decorated to a good standard. The vacant room had been furnished as a twin ensuite room to accommodate two residents. The inspector viewed rosters which included an increase in staffing hours once the additional beds were occupied. The inspector was satisfied with the additional increase in health care assistant hours. Nursing hours had already been increased prior to the previous inspection. An additional eight hours nursing per week would also be implemented once the extra two beds were occupied.

The inspector met a group of residents who were going out on a bus trip with the activity coordinator. Residents told the inspector that they were delighted to be going

out and this was a regular occurrence. The inspector saw many other residents enjoying the knitting club during the inspection.

There was one action plan regenerated as it remains outstanding since the previous inspection. The inspector acknowledges the timescale had not yet elapsed at the time of this inspection.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Only the component of the previous action plan was considered as part of this inspection. On the previous inspection it was found that not all staff had up-to-date knowledge and skills to respond to and manage responsive behaviours. It is acknowledged that the timescale for this action has not yet elapsed.

To date 42% of direct care staff had received training in responsive behaviours; this achieves the previous action set for 2016. Further training was scheduled as observed by the inspector in July, August and October 2017 in order to achieve training for 90% of direct care staff by the end of 2017 as agreed on the previous action plan. This target will be achieved.

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 provider had applied to HIQA to increase bed capacity by two beds which would bring the total occupancy of the centre to 75. To facilitate this increase internal modifications had been completed.

The existing end-of-life room had been relocated to another spacious room which had previously been the staff room. The inspector saw that it was furnished and decorated to a good standard. The vacant room which had previously been the end-of-life room had been refurbished as a twin en-suite room to accommodate two residents. The room was spacious and had adequate light and ventilation. The staff room had been relocated upstairs. The internal modifications do not change the footprint of the building.

Overall, the design and layout of the centre met the needs of the residents and was suitable for its stated purpose. The centre provides a comfortable and spacious environment for residents. A large reception area and foyer are located at the front of the building. There were several communal sitting areas that gave residents a choice of where to spend their time. There was also a sun room, a library, a beauty therapy room, hairdressing room, a gym, an art room, a large sitting room and a smaller sitting room in the Darac Suite.

Residents' bedroom accommodation consisted of 35 single rooms and 19 twin rooms and were of an adequate size to accommodate specialised or assistive equipment that residents might require. All bedrooms contained en-suite bathrooms and there was also an assisted bathroom on each of the two floors where residents resided. Common areas and residents' bedrooms were suitably decorated. All rooms including refurbished rooms contained sufficient storage for residents' personal belongings.

Residents had access to several areas where they could meet visitors in private. There were safe garden areas available which were attractively cultivated and provided with seating so that residents could access outdoors safely.

The premises were noted to be clean, warm and maintained in good decorative condition. There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included large wide hallways that were unobstructed, good contrast in colour schemes so that walls, floors and handrails were easy to distinguish.

There was appropriate equipment for residents that was well maintained. There was a functioning call bell system in place for residents, and a lift was available to support movement between floors.

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):

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

Findings:

Only the component of the previous action plan was considered as part of this inspection. On the previous inspection it was found that not all residents had an end-of-life care plan in place as required by the regulations.

On this inspection the inspector found that there were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes through the provision of advance care planning. The inspector also saw that residents' dignity and autonomy were respected.

The inspector reviewed a sample of four care plans and found that there was an end-of-life care plan in place for each resident. The inspector saw that the end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. The inspector saw that clinical decision making in relation to resuscitation was reviewed on a regular basis which promoted each resident's autonomy and ensured residents' rights were upheld.

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:

Ide Cronin
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 report¹

Centre name:	Oakfield Nursing Home
Centre ID:	OSV-0000259
Date of inspection:	13 July 2017
Date of response:	20 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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Ensure that all staff have up-to-date knowledge and skills to respond to and manage responsive behaviours.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

In order to achieve a previously agreed target of ensuring 90% of all care staff receive training in the management of responsive behaviours, we have scheduled three further training days in July, August and October of this year.

Proposed Timescale: 31/12/2017