

**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:	71
Number of vacancies on the date of inspection:	2

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 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:
26 April 2017 10:15	26 April 2017 16:45
27 April 2017 10:15	27 April 2017 14:45

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	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	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	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. Oakfield Nursing Home is a modern purpose built residential care facility that can accommodate 73 residents who need long-term general care. It is situated in a countryside location a short drive from the town of Courtown Harbour in Co. Wexford.

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 are several communal sitting areas that give residents a choice of where to spend their time. Residents have access to several areas where they can meet visitors in private.

There were safe garden areas available which were attractively cultivated and provided with seating so that residents can 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.

Residents and relatives provided feedback on the service during conversations with the inspector and in feedback questionnaires. The inspector found that residents could exercise choice in a meaningful way. Residents described how they got up and went to bed when they wished and how they spent their day. They also said that they were encouraged to go out on trips and keep in contact with their local communities.

Residents told the inspector that being able to do this contributed greatly to their wellbeing. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents and relatives said that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention.

There was a clearly defined management structure that identified the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a good level of compliance, across a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

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 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. It was kept up to date and the inspector found that the way services were delivered reflected the aims and objectives that were outlined in the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The governance arrangements in place reflected the information available in the statement of purpose and the evidence collated during this inspection indicated that the centre was managed effectively and was appropriately resourced to meet the needs of residents. There was a formal management structure in place and the lines of

accountability and authority were adhered to in day to day practice. Staff were aware of who was in charge each day and knew how to report through the management structure.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and they said that changes were made as a result of their opinions. There was an advocate who came to the centre on a weekly basis to meet with residents and discuss any issues that they may arise. Satisfaction surveys had been completed which indicated overall satisfaction with the services provided.

The inspector reviewed audits completed by the management team. Some areas reviewed included medication management, health and safety, infection control, hygiene, call bells, wound management and care planning. The person in charge and care manager discussed improvements that were identified with staff and an action plan to address any deficits were outlined as observed by the inspector.

The person in charge described arrangements that were in place to ensure good governance in the centre. These included regular scheduled management meetings with the provider nominee, health and safety meetings and departmental meetings. The person in charge was supported by a care manager, maintenance manager, administration and a team of staff nurses.

An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector. There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for on going training in 2017 which was comprehensive. There was a plan for on going refurbishment and maintenance to ensure the building remained in good condition.

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:

Each resident had a written contract. The inspector examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a Resident's Guide. This contained relevant information, about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, policies and procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.

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 centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. She is a registered psychiatric nurse, holds a qualification in gerontology and has been in this role for many years.

The person in charge demonstrated that she had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. Her training on the mandatory topics required by the regulations was up to date.

The person in charge facilitated the inspection and ensured that all the documentation required was available. She was assisted by her deputy who takes charge in her absence and oversees the delivery of care and supports the nursing and care staff. She conveyed that she had good knowledge of all residents care and had developed good systems to guide and support the staff team

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:

The provider and person in charge demonstrated they were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The care manager has 17 years experience in the area of nursing older persons and has experience of deputising when the person in charge was on leave.

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):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. There was a record of visitors' maintained and this was located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe and contributed this to the security measures in place and that staff were on duty all the time. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. Staff who spoke with the inspector were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

The inspector found that the use of restraint was risk assessed and records were maintained of the type of restraints or enablers in place. Each resident requiring restraint had a restraint care plan and a restraint assessment form had also been completed. On each assessment seen, the least restrictive alternative to the use of restraint had been considered and the reason for the restraint was discussed with the resident, family and GP. Checks were in place for the use of restraint and the inspector saw that these were recorded. The inspector saw that the use of bed rails remained the same as on the previous inspection. Equipment such as low beds, floor (crash) mats and sensor alarms had been used as an alternative prior to bedrails.

The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication or any use of physical restraint. There was no chemical restraint used on a p.r.n (a medicine only taken as the need arises) as observed by the inspector. There were policies in place on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and the use of restrictive practices. Supporting assessment tools were available. There was a standardised assessment tool to assess behaviours in place as observed by the inspector.

The inspector saw that incidents were being reported and evidence based tools, such as ABC (Antecedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. 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 in order to achieve training for 90% of direct care staff by the end of 2017 as agreed on the previous action plan. Non-direct care staff are also being included in the training programme for 2016/17.

The management of residents' finances was not reviewed on this inspection as this line of enquiry was reviewed and found to be compliant during the previous inspection.

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):
No actions were required from the previous inspection.

Findings:

From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk. There was an up-to-date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation. The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months.

The training records showed that staff had up-to-date 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 and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The centre had well maintained gardens and an enclosed garden to the rear of the centre.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection control procedures in place including the use of appropriate equipment. Hand sanitisers were available throughout the centre and staff and visitors were observed using these.

The provider has contracts in place for the regular servicing of equipment and the inspector saw that equipment such as specialist beds, hoists, wheelchairs and clinical equipment were regularly checked and serviced.

Judgment:
Compliant

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

Theme:
Safe care and support

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

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

Findings:

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents' medicines being reviewed on a regular basis.

Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis conducting audits of medicines management practices in the centre. The inspector observed that the last audit had been completed on 19 April 2017. The care manager also conducted audits on a monthly basis. All nurses were trained in medicines management.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, as required by legislation.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

A pre-admission assessment was completed by the care manager to ensure the centre could meet the needs of prospective residents. Regular reviews of residents overall health was found on admission, readmission following return from acute hospital care and as required according to changing needs of residents.

A new paper based care planning system had been implemented. The inspector reviewed a sample of three care plans and found that assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents. Life stories had been completed for residents which were comprehensive.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were compiled for all residents. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain. The inspector noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence of resident/relative involvement in the care planning and review

process.

A system of care teams for each corridor was in place which meant that each resident had a key nurse and key care staff. A group of care staff who spoke with the inspector said that this system worked very well and each staff member knew intimate details of each resident and their past life history. The inspector saw that case meetings with the resident, their representatives and care team had been implemented. The inspector reviewed minutes of these meetings and found that they were informative towards meeting the needs of residents.

Nursing staff completed daily progress entries. The inspector saw that care staff had initiated documentation that was maintained by them such as repositioning charts, daily flow sheets and a key worker check list. The inspector saw that this recorded information was informative and gave a good overall picture of residents on a daily basis ensuring that their needs were met.

The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained. Care plans were updated at the required four monthly intervals as observed by the inspector.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietitian, physiotherapy and speech and language were also available.

There was an activities coordinator who worked full-time Monday to Friday. Healthcare staff were allocated protected time which had been increased since the previous inspection to deliver activities over the weekend. The inspector saw that this was reflected on the roster. There was an activities programme in place and this was also available in each resident's room on a weekly basis. Residents went out on weekly trips such as shopping or to the garden centre as observed by the inspector. The inspector joined the residents' knitting club and found that there was a lively atmosphere with a lot of banter. Residents were very proud of their knitting and crochet achievements as observed by the inspector.

There was an active residents' committee in place chaired by an advocate. The inspector saw that the advocate visited the centre on a weekly basis. The person in charge told the inspector that she was in the process of developing a volunteer team to further enhance the activity programme.

Judgment:
Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process.

This was displayed in a prominent position and residents and relatives who spoke with the inspector was aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The independent advocacy service was advertised and details of the Office of the Ombudsman were listed in the complaints policy and statement of purpose. The inspector examined the complaints records and found that they had been recorded, investigated and addressed to the complainants' satisfaction

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. 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.

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector reviewed a sample of end-of-life care plans. 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. However, not all residents had an end-of-life care plan in place as required by the regulations.

Policies and procedures to guide care and practice at end of life were available. Facilities were available for relatives to stay over in the centre with residents at end of life. There was a dedicated end-of-life room available which had been decorated by staff to a high standard. Staff had attended training on end-of-life care. The care manager and other staff described good support and guidance from the local palliative care team.

Arrangements were in place with local clergy to provide regular services in the centre. An oratory was also available for use when desired or required. Mass was celebrated regularly in the centre and cultural practices were facilitated that included visits by ministers to residents.

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 a policy on handling residents' personal property. An inventory of residents' belongings and personal possessions was compiled. Residents had adequate storage space in their bedrooms including lockable storage for valuables.

Residents' clothing was identifiable and the laundry was organised in a systematic manner so as to ensure as far as possible that residents did not have their clothes misplaced.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Observations confirmed staff were deployed to meet resident's needs. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the person in charge and care manager. Staff told the inspector that there was good team spirit amongst the staff and everyone worked together. The inspector saw that copies of the standards were available to all staff.

Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, restraint, wound management, and medication management. There was a training plan available for 2017.

Staff spoken with told the inspector their learning and development needs were being met. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff.

There was a recruitment policy in place and staff recruitment was in line with the regulations. The person in charge said that all staff and volunteers were Garda vetted. The inspector observed that staff appraisals took place on an annual basis. Good

supervision practices were in place with the nurses and care manager visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

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:	26/04/2017
Date of response:	08/05/2017

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:

Our programme of providing training in responsive behaviours will continue to ensure that 90% of direct care staff have received training within the timescale previously agreed.

Proposed Timescale: 31/12/2017

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:

Ensure that all residents have an end-of-life care plan in place as required by the regulations.

2. 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:

End of life care plans will be developed for all residents in accordance with the regulations.

Proposed Timescale: 31/05/2017