



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oak View Nursing Home
Name of provider:	Omega Nursing Home Limited
Address of centre:	The Commons, Belturbet, Cavan
Type of inspection:	Unannounced
Date of inspection:	27 February 2019
Centre ID:	OSV-0000151
Fieldwork ID:	MON-0023455

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

It provides twenty-four hour nursing care to 61 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a two storey building located on the outskirts of a small town.

The following information outlines some additional data on this centre.

Current registration end date:	16/04/2021
Number of residents on the date of inspection:	60

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 February 2019	12:30hrs to 18:30hrs	Siobhan Kennedy	Lead
28 February 2019	09:30hrs to 17:00hrs	Siobhan Kennedy	Lead

Views of people who use the service

Residents were happy to share their views with the inspector. Those who communicated were positive with regard to the control they had in their daily lives and the choices that they could make. They told the inspector about their daily routines, activity plans and interactions with the community. All of the residents expressed satisfaction regarding food and mealtimes, their accommodation and in particular, residents were complimentary with the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre. Residents did not make any suggestion to further improve the service.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents.

Facilities, services and care was provided in accordance with the statement of purpose. This was a family run service with the directors/registered provider representative, person in charge and the manager in the absence of the person in charge being actively involved and having great experience and knowledge of the provision of residential care. They provided good leadership to the team. There was a clearly defined management structure with identified lines of accountability and responsibility for the service and a commitment to providing quality care that was person centred. A good atmosphere prevailed as residents and staff interacted well. Staff were friendly and welcoming.

The use of resources was planned and managed to provide person centred, effective and safe services and supports to residents.

Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. During the last inspection it was judged that there were insufficient number of care assistants available to meet residents' needs in the evening time on the first floor which accommodates 27 residents. This matter was addressed. During this inspection the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities and were monitored and supervised. Staff were knowledgeable and skilled for example in fire safety procedures, safeguarding and

safe moving and handling of residents.

The complaints policy and procedure was advertised and residents and relatives were familiar with the process. None of the residents or relatives who communicated with the inspector had any concerns or complaints. Appropriate notifications were received by the Office of the Chief Inspector. Information governance arrangements ensured that records required by the legislation were being maintained, were secure and good file management systems were in place.

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the registered provider representative and is accountable and responsible for the provision of the service. She has been employed at the centre since 2011 and facilitated the inspection process.

She demonstrated that she was familiar with the statutory responsibilities of the person in charge, had good knowledge of the legislation and standards and was familiar with residents' care needs. She maintained her professional development and attended mandatory training required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There were three nurses rostered in addition to the person in charge or the clinical nurse manager each day of the week and 8 care staff. There was 2 nurses and 4 care assistants rostered during the night. The care team were supported by the registered provider representative, financial director, catering staff team, laundry, household, administrative, accounts manager, maintenance and activity staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and

control, challenging behaviour and protection of residents from abuse. Staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents had been established and maintained.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable. Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance.

The deployment of necessary resources through informed decisions and actions facilitated the delivery of good quality, effective and safe residential services, supports and care to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed on admission highlighting the terms on which residents reside, services to be provided, room occupancy and the fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose which outlined the facilities and services corresponded with the findings on inspection.

Judgment: Compliant

Regulation 30: Volunteers

No volunteers were working in the centre but the person in charge was aware of the regulation in respect of having volunteers in the centre in respect of having their roles and responsibilities set out in writing, receiving supervision and support and being Garda vetted.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policy and procedures were available to staff to guide them in the service provision and delivery of care.

Judgment: Compliant

Quality and safety

The medical, health and social care needs of residents were met, residents were protected from harm and felt safe in the centre. Their rights were respected and they had opportunities for fulfilment.

Residents' assessed needs and arrangements to meet these needs were set out in individual care plans which were implemented, evaluated and reviewed. They reflected residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. The residents received the care which they needed. Staff liaised with the community services regarding appropriate admission and discharge arrangements. Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience. Palliative care was based on residents' assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity.

Staff were aware of the needs of those residents who were cognitively impaired in order that they achieved the best physical, psychological social and spiritual well-being.

Residents were protected through the implementation of comprehensive policies and procedures regarding the management of medicines. Their medication was being monitored and reviewed by the pharmacist during the first day of the inspection.

Meetings were held so that residents could express their views and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre.

The inspector observed that residents exercised their choice with regard to bedtimes, clothing and meals. They had their needs and preferences taken into account in the planning, design and delivery of services.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. They had access to information about events and their health care needs. There was evidence that residents were facilitated to make informed decisions about their financial affairs and had access to an independent advocate which was advertised.

The design and layout of the residential service was suitable for its stated purpose. All areas in the premises met the privacy, dignity and well-being of each resident's assessed needs. The residential service was homely and accessible and provided adequate physical space for residents to have their individual assessed needs met. Residents were informed and encouraged to bring in personal mementos, souvenirs and photographs.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. The inspector was informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told inspector that they felt safe in the centre.

The residential service had effective arrangements in place to manage risk and protect residents from the risk of harm. Fire safety arrangements were satisfactory.

Responsibility for infection prevention and control was clearly defined with clear lines of accountability throughout the residential service. All staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.

A restraint free environment had been achieved.

Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programmes were relevant and meaningful to the residents and for those who did not wish to participate staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their physical and mental health and well-being.

Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal possessions in their bedroom space.

Judgment: Compliant

Regulation 13: End of life

End of life care provided met the residents' needs. There was evidence of family involvement with the resident's consent and a person-centred approach to end of life care was noted. Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents' resuscitation status.

Judgment: Compliant

Regulation 17: Premises

The premise was appropriate to the number and needs of the residents conformed to the schedule of the regulation. The purpose-built residential service has been developed to a high standard and is tastefully decorated to provide a homely atmosphere.

The centre comprises of three separate suites. On the ground floor, there is Sycamore, a dementia specific unit accommodating a maximum of 13 residents and Elm suite with a maximum occupancy for 21 residents. Twenty seven residents can be accommodated in the Willow suite on the first floor.

Bedrooms accommodation comprises of 53 single and four twin bedrooms all with full en-suite facilities. 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. 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.

Each suite has its own day sitting room and dining room. In addition, there is a library/activity room, smoking room, hairdressing facility and oratory. The reception area consists of a visitor's room and waiting foyer.

There were dementia friendly design features in the building. Clocks and televisions were available in residents' bedrooms and were positioned to ensure they were visible to residents while resting in bed. There were visual cues or pictorial signage to direct residents from their bedrooms to communal areas on the first floor where long corridors interconnected.

Suitable staff facilities were available. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control. Adequate storage arrangements were in place. Corridors were clear of equipment and handrails accessible to residents. Residents had good access to safe outdoor space. Enclosed gardens were pleasantly landscaped and seating provided. The doors to the garden were unlocked throughout the day providing residents free access.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided.

Judgment: Compliant

Regulation 26: Risk management

The risk policy/procedure contained the requirements of the regulation. The risk register was kept up to date and under review by the management team. Risk assessments relating to individual residents were comprehensive and guided care. There was good emphasis on promoting residents' independence while trying to minimise accidental injury.

There was equipment to support residents' safety including low entry beds, crash mats, and hip protectors. Some residents had walking aids which had been assessed as suitable for their needs. Up to date moving and handling assessments were available for residents with mobility problems.

Judgment: Compliant

Regulation 27: Infection control

Staff implemented procedures for the prevention and control of health care associated infections. Infection control practices were safe. There was a policy in place and staff were knowledgeable of the standards for the prevention and control of health care associated infections. The inspector observed that staff washed their hands frequently and used hand sanitisers when moving from one area to another and when changing activity.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions had been taken against the risk of fire.

Record showed that fire-fighting equipment, emergency lighting and the fire alarm

were serviced regularly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The fire procedures and evacuation plans were prominently displayed and staff who communicated with the inspector were knowledgeable and confident in what to do in the event of an emergency situation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that staff had safe procedures in place to guide their practice in relation to the management of medicines . The nurses on duty were well informed about the procedures and their descriptions of how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards.

The medicine administration records were clear and the required information including a photograph of the resident was available. Safe storage arrangements were in place and medicine trolleys were locked and stored securely. The centre was using the blister pack system, pre packed medicines by the pharmacist.

Medicines that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were regular audits of medicine management both by the staff and the pharmacist.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were described in individual care plans which were formerly reviewed/revised in consultation with the resident and family (where appropriate).

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Through observation and review of care plans it was evident that staff were knowledgeable of residents' needs. 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.

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

A culture of promoting a restraint free environment had been achieved. No restrictive practices were observed by the inspector.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures to protect residents from abuse/ harm were fully implemented by the person in charge and all of the staff team. This was evidenced during the inspection and recent ongoing communication with the Office of the Chief Inspector.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and had opportunities to participate in the organisation of the centre.

The majority of residents were encouraged to participate in the social and

recreational programmes and were seen to be engaged in group activities or individual activities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

