



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Circular Road, Ballaghaderreen, Roscommon
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0000373
Fieldwork ID:	MON-0034965

About the designated centre

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

The centre is a purpose-built facility that can accommodate a maximum of 61 dependent persons aged 18 years and over. It is situated in a residential area in Ballaghaderreen and is a short drive from the town. Bedroom accommodation consists of single and double rooms some of which have ensuite facilities. The original part of the building is single story and the new extension is organised over two floors with lift and stair access. Sufficient communal accommodation is available and includes sitting rooms, dining areas, an oratory and visitor's room. There are a number of toilets and bathrooms throughout the building that are accessible to communal areas. There is a courtyard garden that is centrally located and is safe and accessible to residents.

The centre caters for male and female residents who require long-term care and also provides care to people who have respite, convalescence, dementia or palliative care needs.

In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care that enables residents to exercise choice and personal control over their lives.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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
Tuesday 23 November 2021	09:00hrs to 17:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

The Inspector arrived unannounced to the centre. Prior to entering the centre a series of infection, prevention and control measures which included temperature check and a declaration that the inspector was free of symptoms associated with COVID-19.

Feedback from residents living in this centre was very positive. The Inspector met and spoke with five residents. Residents said that they were very happy and satisfied with the care, food and service provided. The COVID-19 pandemic had been very difficult and residents felt that the staff worked hard at providing safe care and looking after them. Following the opening meeting the inspector walked around the centre with the person in charge. The person in charge appeared well known to all residents and staff and was seen to have a good rapport with all. During the walk around the Inspector met with residents and observed staff interaction. There were 37 single rooms and 4 double rooms. Some had ensembles other did not. Residents' bedrooms were personalised with items for each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own items of furniture from home, pillows, pictures, framed photographs and ornaments. The centre was visually extremely clean from high surfaces to the floor and the cleaner's equipment seen on the corridor was in good condition and also very clean.

There were plenty of supplies of PPE's and the Inspector observed surgical masks and gloves were being used appropriately by staff during the Inspection. There were two residents with antibiotic resistance and all staff spoken to were aware of additional precautions needed and also the cleaning staff were aware of additional cleaning and disinfection requirements for these rooms.

The Inspector observed the residents in a variety of activities during the day, in their own rooms, partaking in group activities or relaxing in the sitting room. Three of the residents spoken to confirm that their call bells were answered and they were happy with activities that the centre provided. Other residents did tell the Inspector they wished that visiting could be more open and that they could see their relatives more often. The centre were still asking visitors to book their visits, which was not the current HPSC guidance but told the Inspector that they were very flexible with visits and resident's needs.

While the centre provided a homely and very clean environment for residents, further improvements were required in respect of premises. Some equipment, surfaces and finishes were worn, torn and poorly maintained and as such did not facilitate effective cleaning. The Inspector was informed that there was a replacement and refurbishment program in place and could see where new floors and doors were in progress to be upgraded. Barriers to effective hand hygiene practice were also identified during the course of this inspection, as there was only one non-compliant clinical hand wash sink available in the nurse's office. Findings in

this regard are further discussed under Regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre.

Capacity and capability

The Provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however there is further action required to be considered fully compliant.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge (PIC) who was also the designated COVID-19 lead, with support from the Assistant Director of Nursing.

There was an Infection Prevention and Control link nurse to support hand hygiene and IPC practices. There was a programme of infection prevention and control audits. These audits covered a range of topics including hand hygiene facilities, hand hygiene observations audits and an environmental audit. However, there were no quality improvement plans seen following these audits which is important to follow through on deficits and drive changes required.

The provider also had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included very detailed cleaning guidelines, cleaning equipment guidelines and checklists, colour coding was in place to reduce the chance of cross infection.

The centre had experienced an extensive COVID-19 outbreak which was declared over at the beginning of October, 2021. A review of the management of this COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any further outbreaks. An updated COVID-19 contingency plan was also in place highlighting how residents should be co-horted, staff replacement plans and COVID-19 lead replacement plan was also discussed in report which gave the Inspector reassurance that the centre had a workable plan in the event of another outbreak.

All HSE/HPSC Infection Control guidance was available and up to date for staff to use and the centre had access to the HSE IPC specialist team through their IPC link practitioner for outbreak support. IPC Link Practitioners will act as a local resource and role model for their service, whilst also being members of a wider network of IPC link practitioners. The IPC Link Practitioner will increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to

improve infection prevention and control practices.

Staffing was as documented in the centre's Statement of purpose. The person in charge and her deputy were not included in the RGN numbers and were able to supervise all aspects of care during day time hours. The Inspector spoke to several of the staff team and they did not feel under pressure and felt the centre was staffed according to the needs of the resident. Staff were seen to engage with residents without rushing and were observed chatting and taking their time with residents. Several residents spoken to also confirmed if they rung the bell or shouted for assistance they did not wait long for a response. There was only one RGN on the night shift and the person in charge informed the Inspector if an outbreak was declared the centre had availability of retired staff and part time staff who could help out in the event of two co-hort areas required.

There was evidence of staff, resident and management meetings seen on the day. The nurse meeting was last held on 07.10.2021 and it was documented that infection prevention and control, outbreak management, COVID-19 support and antibiotic resistance was discussed. Similarly, the management meeting discussed IPC audits, training and HIQA requirements. However, the last management meeting documented was dated 15.04.2021.

Staff were trained in IPC including, standard precautions and hand hygiene and the link practitioner was training staff in hand hygiene technique using a hand hygiene technique glow box. The hand hygiene technique glow box is designed primarily as a training aid to enable the implementation of good hygiene practices, specifically in the area of hand-washing techniques. It uses long-wave UV light in a dark cabinet. This product demonstrates correct hand washing techniques.

Quality and safety

Infection control and standard precautions appeared in the main to be a routine part of life in Oakwood Private Nursing Home. These were monitored through the auditing system in place. Notwithstanding the positive findings, further review and development under regulation 27 Infection Control, was required.

The environment was clean and the cleaning staff were knowledgeable regarding cleaning processes and their equipment was well maintained and clean. Two staff were unsure on the policy regarding needle stick injury and the procedure in how to clean up blood and body fluid spills.

Staff spoken were aware of residents who were colonised with antibiotic resistant bacteria, and the centre was using their computerised care plan system's transfer form when transferring their residents into hospital if unwell. This form included detail on infection prevention and control information. This ensures the receiving

facility is aware of infection control precautions needed.

Although the centre was clean they were using 'top-up' bottles for soap, shampoos and similar which encourages 'communal' use of products and these bottles tend not to be fully emptied and cleaned, so it is preferably for residents to have their own products. Communal items were also seen in bathrooms and shower rooms.

The laundry was also used as the linen store which would increase the risk that unclean laundry contaminates the clean linen. There wasn't a dirty to clean flow of linen to ensure contamination does not occur. The centre was also storing a trolley used at night for care duties in the laundry.

The outside Health care risk waste was stored inappropriately in a bin that was not locked and it was accessible.

The dirty utility room did not have a bedpan washer within this room, instead it was located in another smaller room further away. The small room that contained the bedpan washer had no hand wash sink for staff to wash their hands after handling body fluids. Further, the stainless steel in the dirty utility was in need of a lime descale to remove a build-up of lime scale to enable easier cleaning.

There was a maintenance and refurbishment program in place and it was seen on the day of inspection doors and frames were being upgraded. However, there were many items, fixtures and fittings that need upgrading, as they were worn, torn and chipped.

There was evidence that outbreak management was discussed and had contingency plans drawn up. Staff and residents were monitored for signs of infection. Residents had good access to healthcare and on the day of infection some residents were being treated by a physiotherapist.

On a previous inspection not all slings in use were individually labelled, but on this inspection it was noted that all residents had their own labelled hoist slings.

Regulation 27: Infection control

Improvements required to become compliant with Regulation 27

- Management meetings should be held more frequently placing infection control on the agenda. This encourages responsibility and accountability for infection prevention and control and antimicrobial stewardship at all levels of the centre.
- The centre was requiring visitors to book times as they were unable to manage restriction-free visiting, at the time of the Inspection. This was not in line with the current HPSC guidelines which outlines that residents in nursing

homes and other residential care facilities have a right to maintain meaningful relationships with people who are important to them. Visiting is an essential part of that right.

The HPSC recommend an individualised visiting plan for each resident is required, as part of the resident's overall care plan, as "providing a person centred approach that takes account of individual preferences and needs and balanced against the needs of everyone in the care home"

- There is a need for formalised access to Qualified Specialist IPC practitioner, to support, advise and educate infection prevention and control.
- A more robust auditing process was required to ensure infection control audits were followed up with quality improvement plans to ensure deficits are devolved to those with responsibility for that area.
- Exchange 'top up' container's for those with cartridge's replacements. As when the cover or lid is removed and soap/shampoo/gel is refilled from large containers the solution and the container can become contaminated with bacteria. Also there is a risk the container is not washed in-between top-ups.
- Remove communal toiletries from public bathrooms and showers as using communal toiletries is not seen as promoting an individual's dignity, and can spread infection. Towels, soaps and bath products specific to a resident should be brought with them to where they are going to bath or shower and be taken back to their room at the end of the procedure, keeping them for their individual use only.
- Continue replacement plans for worn and torn chairs, mattresses and pillows.
- Repair or replace chipped wood surfaces such as furniture, skirting boards, doors and bed frames to ensure easier cleaning.
- Education and training to include training on Infection control procedures such as needle stick injury and blood and body fluid spills.
- Review storage areas that should be single item only. Either resident equipment or stores they should not hold both due to the risk of contamination.
- The laundry facilities did not allow the flow of dirty to clean linen to reduce the risk of contamination and also to remove stored clean linen and the care trolley to another area.
- There was only one clinical hand wash sink available in centre and that was situated within the nurse's office area, as residents sinks should not be used for staff hand hygiene. This sink was also not fully compliant with hand wash sink regulations. Accessibility to appropriate hand wash facilities is key to hand hygiene compliance. Conveniently located clinical hand wash sinks facilitate health care worker compliance with hand hygiene requirements. Hand hygiene can generally be supported by having a clinical hand wash sink within easy walking distance of each room together with appropriate access to alcohol-based hand rub.
- Remove and replace rusty resident equipment as these cannot be cleaned effectively.

Judgment: Substantially 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
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000373

Inspection ID: MON-0034965

Date of inspection: 23/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A quarterly management meeting schedule has been drawn up to ensure meetings take place on a regular basis. Infection prevention and control and antimicrobial stewardship at all levels of the centre are included for discussion at these meetings. December 2021.</p> <p>We continue to support residents in maintaining meaningful relationships with visits from family and friends. These visits take place at times that suit residents and the people who are important to them. Following the most up to date HSE guidance prospective visitors are advised that if they are occasional visitors they should consider self-testing for COVID-19 antigen before a visit and if they are regular visitors they should consider self-testing for COVID-19 antigen tests twice weekly in advance of visits. The visiting policy for Oakwood Private Nursing Home will be amended to reflect these changes. February 2022.</p> <p>An individualised visiting plan for each resident, as part of a resident's overall care plan, to be developed in consultation with the resident and, as appropriate, their relevant family members. March 2022.</p> <p>Our Infection prevention and control IPC inhouse lead continues with training and education of staff and oversees our IPC for the home. As advised an external IPC practitioner is being sourced to provide support, advise and educate on IPC including advice on a more robust auditing process which will include quality improvement plans as a part of the process. They will be specifically asked to advise on the number of and location of additional clinical hand wash sinks required to facilitate hand hygiene compliance and also to conduct a thorough review of all storage areas including the laundry room to advise on separation of clean and dirty linen and the storing of resident equipment separate from general stores to mitigate the risk of contamination. A commitment to undertake any remedial works identified will be undertaken as a consequence of those findings. April 2022.</p>	

A schedule for changing top up shower gel containers to individual self-contained replacements is underway. February 2022.

Resident's personal toiletries are taken to the shower or bathroom on an individual basis and returned to their room after use. Toiletries are removed from communal areas. January 2022.

A replacement and refurbishment programme of equipment and furniture is currently underway and to continue. Equipment presenting with signs of rust or damage will be removed from site and replaced to ensure effective cleaning can be carried out. Our environmental audit tool is being updated to include more detail, identifying where quality improvements are required and the person responsible for following up on required improvements. April 2022.

A full review of IPC training is underway. All staff to have completed AMRIC Standard Based Precautions training by 14th February 2022.

Refresher training on needle stick injury and blood and body fluid spills to be completed by 14th February 2022.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2022