



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Lodge Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	Kilreesk Road, Skephubble, St Margaret's, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	14 January 2021
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0030745

About the designated centre

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

Oakwood Nursing Home is a purpose-built single storey facility registered to provide accommodation to a maximum of 47 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia, palliative and care of the frail and elderly. Accommodation is provided in 30 single, seven twin rooms and one triple bedroom, a number of which have en-suite facilities. In addition there are a range of sitting rooms, lounges and activities rooms for social gatherings. An Oratory is also available. There are four internal courtyards providing a safe outdoor space to the residents. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
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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
Thursday 14 January 2021	09:15hrs to 17:15hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector spoke with seven residents throughout the course of the day about what it was like to live in the designated centre. All of them reported a high level of satisfaction with the care received, the staff who cared for them and the activities available to them on a daily basis. Residents told the inspector that staff were kind and attentive, and that they felt safe living there. Notwithstanding the very positive feedback from residents living in the centre, the inspector found that infection prevention and control practices were not compliant with the regulations and standards which meant that the residents were not adequately protected. This included the measures that were in place to prevent an outbreak of COVID-19 in the centre. The inspector identified this as an immediate risk to the safety of the residents and issued an immediate action plan to the provider to be addressed by the following day. The provider responded promptly and changes were made to ensure that appropriate safeguards and actions had been taken to bring the infection prevention and control procedures in the centre in line with the regulations and that current public health guidance was being implemented by all staff working in the centre.

Throughout the day of the inspection residents were seen mobilising freely around the centre and sat chatting with each other or with staff in the various communal areas. The atmosphere in the centre was very relaxed. The inspector observed residents' dining experience and found that the room was very crowded and that there were not adequate social distancing arrangements in place. In addition, the inspector found that residents did not have enough signage to act as reminders and enough information available to them understand the need for maintaining a 2 metre social distance and the importance of hand hygiene.

Nevertheless, all residents who spoke with the inspector were satisfied with their living arrangements. One resident invited the inspector to see their personalised bedroom and said that their family could come and visit them at the window. They went on to proudly describe how they tended to the plants located outside their window and how they enjoyed watching the birds feeding there.

Feedback from residents' survey also confirmed a high level of satisfaction with the premises and the environment. However, a small number of residents mentioned that they would like the communal areas to be bigger and a vending machine or a small shop based in the centre.

Although each resident emphasised that staff were very good and 'doing their best', some mentioned that on occasions they had to wait for their call bells to be answered. This was also confirmed by staff who said that there were days when staff absences were not covered. Nevertheless, all staff who communicated with the inspector on the day said that they felt supported by the management and and praised the leadership in the centre.

At the time of inspection there were no visits due to national restrictions, and as a result the inspector could not speak with any relatives. However, residents who communicated with the inspector said that they were kept informed about the COVID-19 developments and understood the importance of the current visiting restrictions in order to maintain their safety. Some mentioned that they were satisfied and had gotten used with the window visits. Residents said that they also had access to newspapers and television and were following the current events, including the pandemic. Others mentioned that they missed their families, but that they could see them regularly on video calls and knew they were safe.

Residents and staff had received their first dose of vaccination against COVID-19. A small number of residents mentioned that they were relieved and happy to have received the vaccine and were hoping for a return to normality soon. Overall the inspector was satisfied that the residents were happy living in the centre. All residents looked well-groomed, comfortable and were nicely dressed. The inspector observed staff interacting with the residents in a kind and person-centred manner. It was evident that staff had good knowledge of residents' personal histories which ensured that their interactions were meaningful. The inspector also observed residents participating in group activities throughout the day. Some were watching the Mass service in one of the communal areas. In another sitting room a group of residents were watching a concert. Overall, there was a warm and good-humoured atmosphere in the centre and the inspector witnessed spontaneous moments of joyful chit chat and uplifting laughter. Residents obviously enjoyed each others' company and the company of the staff.

Despite the remote location of the centre, residents were supported to be a part of the community. Assisted by the activity coordinator, many residents took part in a Pen Pal initiative of exchanging letters with children from the local school. The communal areas were decorated with many artistic drawings created by the children to cheer and support the residents during visiting restrictions.

Residents said that they were consulted in the running of the centre and knew of the proposed refurbishment plans for the building. Records of residents' meetings were reviewed and confirmed this. Following consultation, the residents had chosen themselves the names for the various areas in the centre: for example the Daffodil or Daisy side, the Riverside walk or the Lemon suite.

Overall, there was a low number of complaints in the centre. A recent residents' survey was completed in 2020 which confirmed high levels of satisfaction with the food, laundry arrangements, staff and activities. Residents commented that staff 'are all so kind', 'good and helpful' and they could identify someone if they needed to complain or were worried about anything. Residents enjoyed their day-to-day lives in the centre including the activities available. Residents told the inspector that they particularly enjoyed the rosary, singing, exercise and the quizzes. Other residents said that they really enjoyed chatting and socialising with the other residents. In the feedback from residents' survey some residents mentioned that they would like to be able to welcome their visitors into their home. In response to residents' request a large sheltered booth had been created in the centre to

facilitate safe visiting in line with public guidelines.

Residents knew the person in charge, and said that they were approachable and would immediately address their concerns if they had any. Residents said that they could talk to any staff member if they had any concerns and that they felt safe in the centre.

This inspection found that while residents were supported and encouraged to enjoy a good life in the designated centre, improvements were required in respect of the governance and management arrangements, staffing and training and supervision arrangements. Furthermore enhanced oversight and resources were required to ensure residents received a high standard of quality care in an environment that met their needs and maximised their safety from an infection prevention and control perspective. The findings of this inspection will be discussed under the relevant regulations in the next two sections of the report.

Capacity and capability

This was an unannounced risk inspection to monitor the centre's preparedness and capability to appropriately respond to a COVID-19 outbreak and to inform the registration renewal. The centre had a good history of regulatory compliance, with full compliance identified on the last dementia thematic inspection carried out on 26 September 2018. There had been two instances of unsolicited information received by the Chief Inspector in respect of the quality of care provided in the centre which were followed up by the inspector at the time, and reviewed on this inspection.

There had been one outbreak of COVID-19 in April-May 2020 where one resident died and three other residents and three staff tested positive for the virus. This outbreak had been appropriately managed and contained so that it did not spread any further. The person in charge had liaised closely with the public health team and appropriately notified the inspectorate in this respect. In December 2020 one other member of staff tested positive at the serial swab testing of staff, and at the time of inspection they were not reporting for duty. Residents and staff who met the criteria had received their first dose of COVID-19 vaccine that week as part of the national vaccine rollout programme.

The registered provider had a good contingency plan for the management of COVID-19 in place as reviewed by the inspector. However, the practices in the centre at the time of inspection did not align with the Health Protection and Surveillance Centre (HPSC) *Interim Public Health Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*. As a result of the significant risks identified, an urgent action plan was issued and a follow up cautionary provider meeting took place following the inspection. The inspector received appropriate assurances that

the provider had acted promptly to make the required changes and that the changes would be monitored by senior staff in the centre to ensure that appropriate infection and prevention procedures would be followed at all times. In addition, the provider reviewed the rosters and increased the number of staff on duty to ensure that residents were appropriately divided into smaller groups and that care was provided by the same staff, in order to limit the spread of infection should a staff or resident test positive.

There was a new person in charge, who had the appropriate qualifications for the role and were working full-time in the designated centre. The person in charge was known to residents and staff and facilitated the inspection process providing documentation as required and ensuring that any immediate action plan required was put into place. They were knowledgeable and in the interview with the inspector, committed to ensure residents living in the centre enjoyed a good quality of life and safe, high quality care.

At a governance level the person in charge was supported by the registered provider representative and the Chief Operations Officer who visited the centre on a weekly basis and were present at the feedback of this inspection.

A clinical nurse manager (CNM) and a deputy CNM were nominated to deputise in the absence of the person in charge. The inspector found that there were effective arrangements in place to ensure senior management cover was available at all times, including the weekend. Staff who spoke with the inspector were clear about the lines of responsibility and accountability in the centre and knew who to call in the event of an incident. They all confirmed they felt supported by the management and that the person in charge provided good leadership to the team.

Rosters showed that the CNMs worked as staff nurses in the centre and as a result they did not have any supernumerary time to supervise and support staff in their work and to ensure that standards were maintained. In addition, there were no administrative staff working in the designated centre. As a result all communications including phone calls and enquiries were dealt with by the person in charge and the nursing staff. The inspector observed that this significantly detracted from the time they had to supervise staff and ensure that the residents were receiving safe and appropriate care and support.

There were a number of staffing vacancies and the provider was actively recruiting for staff nurses and healthcare assistants at the time of inspection. The inspection found that staffing levels required further review. In addition, enhanced staff training and access to regular refresher courses in relevant infection prevention and control courses was required.

There were systems in place to monitor the quality and safety of the service. The person in charge collated weekly quality reports on the care provided and engaged in monthly audits which were then trended to establish patterns and identify areas for improvement. Action plans were put in place and communicated to staff via email and at the daily handovers. However, the inspector found that these measures were not effective. For example on the day of the inspection staff were not

implementing the correct measures to ensure that residents maintained social distance in line with the current guidance. This had not been identified and addressed by senior staff working in the centre.

Complaints were managed well. Records showed they were appropriately investigated and where a complaint was upheld action plans were in place to address the failings. The satisfaction of the complainant was documented and records were maintained separately and distinct from the residents care plan. Learning from complaints were communicated to the relevant staff and were used to inform quality improvements in the designated centre.

Regulation 15: Staffing

The staffing levels and skill-mix required further review to ensure they were appropriate to meet the needs of residents taking into account the layout of the designated centre, the oversight arrangements and the required segregation of workforce to prevent the spread of a potential COVID-19 infection in the centre. At the time of inspection, the nominated supervisory staff did not have any additional or dedicated time to fulfill their roles. As a result, when they took on additional tasks it detracted from the available time required to provide and oversee residents' care.

The inspector found that there was a clear contingency plan in place to manage staff shortages in the event of a COVID-19 outbreak which included sourcing of additional staff from relevant agencies, own staff increasing their working hours and return from planned annual leave and arrangements for senior management cover. Furthermore, a human resource manager had been put in place which was proactively recruiting to fill vacancies. However, at the time of inspection there were two vacancies for staff nurses, and four vacancies for care staff. An analysis of the staffing levels submitted by the provider following the inspection showed that in the past three months there had been 14 occasions where shifts of care staff had not been filled. This was confirmed by staff and residents who said that on occasions there were delays in answering call bells. As a result, the inspector concluded that the current staffing arrangements required to be strengthened, and was not assured that in the event of a COVID-19 outbreak in the centre the contingency arrangements would be effective.

The person in charge ensured there was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Significant improvements were required in the oversight and supervision of staff practices, which was part of the immediate action plan issued to the provider on the day. Satisfactory assurances were received following the inspection that appropriate arrangements had been put in place in regards to staff supervision and monitoring, including temperature checks.

The training records available on the day of inspection were not fully up-to-date and they were submitted following the inspection. The records showed that while most staff had completed the mandatory training, not all staff had completed the required training in infection prevention and control and the hand hygiene training. The provider was issued with an immediate action to address this learning deficit. The provider responded promptly and additional training was commenced the day after the inspection.

Observations made by the inspector on the day found that staff were not implementing centre's policies and procedures and were not consistently adhering to correct Infection prevention and control guidance. Although staff had access to a wide range of training resources, there was a lack of oversight in staff practices as further exemplified under Regulation 27.

While nominated supervisory roles such as a clinical nurse manager (CNM) and their deputy were in place, they were working as staff nurses at the time of inspection. A review of the rosters and discussion with the person in charge confirmed that these nominated overseers did not have any dedicated time to supervise practices and perform in accordance with their additional role and responsibilities. For example, the CNM who was the dedicated Infection Control Lead in the centre was completing the monthly environmental audits and hand hygiene audits while working as a staff nurse and providing care to the residents. A household coordinator had also been nominated, however they did not have a supervisory capacity or dedicated time to train and supervise staff on their team. This led to insufficient oversight, as evident on the day. This non-compliance identified at the time of inspection, was promptly addressed by the provider and additional supervisory hours for clinical nurse managers were instigated following the inspection to monitor staff practices.

Judgment: Not compliant

Regulation 23: Governance and management

There was an established governance and management team in place, which met and communicated on a regular basis. However while there were good governance structures in place at corporate level, the operational management structure and oversight processes in place in the designated centre were not sufficiently robust to ensure that safe and appropriate care and services were consistently provided to the residents in line with their needs.

There was a long term refurbishment plan in place to improve the premises and lived environment for the benefit of residents and staff. However, the interim arrangements required to provide safe care and services until the full implementation of this plan had not been fully considered to ensure the centre was appropriately resourced to support staff and residents, as further detailed under Regulation 17 and 27. The inspector acknowledged that the provider responded promptly to address this and immediately put in place interim arrangements to access appropriate resources including storage, additional shower, sluice, handwashing facilities, and staff changing facilities following the inspection.

The registered provider had a suite of management systems in place to oversee the service, which included; policies and procedure, quality management systems, peer to peer auditing, regular group management meetings and infection prevention and control meetings. However, the inspection found a number of risks that had not been identified by the provider. As a result the management systems required to be improved upon in order to ensure they were effective and that the service was consistent and appropriately monitored. These included assurances that the policies and procedures were implemented by staff, that the auditing system was sufficiently robust to identify areas for improvement and was followed up with SMART (specific, measurable, achievable, realistic and time bound) action plans in respect of all relevant areas.

By way of example, regular walkarounds and environmental audits had been completed including a recent peer to peer infection prevention and control audit that took place the day before the inspection and which found numerous areas of improvement. However, these management systems did not cover all areas and did not identify the root cause in that the infrastructural limitations impacted on staff's ability to adhere to correct infection prevention and control procedures. For example the audit identified that staff were leaving their personal belongings inappropriately, however it did not establish that there were no appropriate facilities for staff to change and safely store personal items or that the arrangements in place had not been effectively communicated to all staff. Consequently, the audit did not identify the overall level of risk this posed and the urgency required to mitigate this risk until the long-term refurbishment plans were implemented.

An immediate action plan was issued on inspection to which the provider responded promptly. This included:

- Providing supernumerary hours to senior staff in order to improve staff supervision and monitoring staff practices. In particular monitoring staff adherence to HPSC guidance including uniform policy, hand hygiene practices and twice daily monitoring of staff temperature checks.
- Infection prevention and control training updates for all staff.
- Provide suitable staff changing facilities in the designated centre.
- Segregation of staff workforce and ensure that staff worked only in their dedicated roles.
- Implement the required social distancing measures for staff and residents at meal times and during group activities.

The annual review of the quality and safety of care delivered to the residents in the designated centre for 2020 was received following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had an accessible complaints procedure in place which was prominently displayed in the centre. Overall, the number of complaints were low. The inspector reviewed a small number of written complaints and found that they had been investigated in line with process. A complaints log was also maintained for the verbal concerns, distinct from residents' care records.

Residents told the inspectors that they could talk to a member of staff if they had any complaints or concerns. An independent advocate was identified in the complaints procedures to support the residents if required.

Judgment: Compliant

Quality and safety

The findings of this inspection show that overall, the residents accommodated in the designated centre enjoyed a good quality of life. However, improvements were required to ensure residents' safety was proactively promoted and maintained by staff in an environment that supported good infection prevention and control practices and procedures. Specifically improvements were required in premises, infection prevention and control, healthcare and individual care planning arrangements. In addition, a review of a sample of residents' care notes showed that residents did not always receive care in line with their established plan of care. In particular, the management of wounds and pressure sores required further review.

Based on direct observation and conversations with staff and residents on the day, the inspector was assured that the service promoted a person-centred approach to care, which focused on the preferences of the individual. Residents' rights and choices were respected and the residents reported that they felt safe in the centre.

Residents reported that they were satisfied with the medical and healthcare services available to them. They had access to a general practitioner (GP) of choice. A physiotherapist visited the centre on a weekly basis. Overall, residents had access to good clinical supports to meet their healthcare needs, however further improvements were required to ensure a high standard of evidence-based nursing care was consistently provided and that the latest public health guidance was

implemented.

Measures had been put in place to ensure the residents continued to be supported to lead a good quality of life in the context of visiting restrictions due to COVID-19 pandemic. A pre-planned activity programme was in place which included enhanced support for the residents with higher dependency needs.

Although a separate area had been identified for the isolation of new admissions or residents with symptoms of COVID-19, these measures were not adequate to contain the virus and limit its spread within the centre in line with current HPSC guidance. The inspector found that the communal areas were crowded, and staff's and residents' movement throughout the centre was not tracked and monitored. Enhanced cautionary signage and more frequent alcohol hand rub facilities were required. Additional measures were needed to ensure full compliance with the National Standards for Infection prevention and control in community services, 2018 and to support full adherence to the current public health guidance as further detailed under Regulation 27.

The designated centre was well laid out. The premises was homely, clean and largely well-maintained with few exceptions. The recent refurbishment to some of the communal areas had enhanced the lived environment for the benefit of the residents. Further improvements were planned for another area of the centre, which at the time of inspection was closed and there were no residents accommodated in these rooms. However the inspector found that the premises as they were on the day of inspection did not fully meet the needs of the residents and were not in line with the regulatory requirements. The findings are further described under Regulation 17.

Regulation 17: Premises

Overall, the centre was largely clean, warm and suitably decorated. As part of the first phase of the refurbishment project, the dining room and communal space available to the residents had recently been refurbished to a high standard. However, this high standard of refurbishment was not consistent throughout the building and the inspector found that several areas in the occupied area of the centre required improved maintenance at the time of the inspection. Phase two of the refurbishment project had been delayed due to the pandemic and as a result, an area that included nine decommissioned bedrooms was closed off and not reviewed by the inspector. Excluding this area, the premises as inspected on the day did not fully correspond with the facilities described in the designated centre's statement of purpose.

At the time of inspection the maximum occupancy in the centre was of 38 residents. These were accommodated in 26 single and six twin rooms, most of which had en-suite toilet facilities. Five twin rooms and seven single rooms also had en-suite shower facilities. The remaining 21 residents had access to two communal shower facilities, as the inspector found that a third communal bathroom which was listed

both on the centre's floor plan and statement of purpose was not in place at the time of the inspection. As a result there were not sufficient bath/shower facilities for the number of residents as described in the *National Standards for Residential Care Settings for Older People in Ireland, 2016*.

The layout of the centre was appropriate to meet residents' needs and efforts to enrich the environment and create a homely atmosphere were evident. There were four small communal areas available to the residents which were domestic in style and provided residents with alternative spaces to enjoy. An oratory was also available to provide a quiet space. The bedrooms were spacious, clean and personalised with residents' personal belongings and memorabilia. There were a number of internal courtyards that could be accessed by residents at all times. In addition, the provider had created a spacious visiting area which allowed for private visiting arrangements while maintaining the social distance guidelines. Appropriate assistive equipment to meet resident's needs such as hoists and specialised beds were available.

The inspection found that following areas required to be addressed to ensure regulatory compliance:

- Insufficient number of shower facilities available to ensure a maximum ratio of one shower to eight residents.
- A lack of storage facilities in the designated centre; for example wheelchairs were stored in an unoccupied designated bedroom; hoists were stored on a corridor which, although did not block a fire escape route, could pose a tripping hazard.
- Absence of designated staff changing facilities and insufficient handwashing facilities to mitigate associated infection control risks
- Reduced access to appropriate sluice facilities; one sluice was located in the isolation area while the second sluice was in the area that had been closed off for refurbishment purposes and which was not clean on inspection.
- A proactive programme of refurbishment was needed as there were signs of wear and tear in some areas which needed attention; for example damaged walls and damaged flooring both in the communal areas and residents' bedrooms, which could pose an infection control risk.

While the inspector accepted that there was a clear refurbishment plan in place which would address some of the above issues, the premises as identified at the time of inspection did not meet the regulatory requirements as the provider's arrangements entailed using designated registered bedroom spaces to compensate for infrastructural limitations.

Judgment: Not compliant

Regulation 26: Risk management

There was an up to date risk management policy in place which had been updated to include risks associated with the COVID-19 pandemic. The policy met the requirements of the regulation. For example specific risks as outlined in the regulation such as aggression and abuse and associated measures and actions to control these risks were included.

The centre had associated risk assessments completed for all risks identified. The risk register had been updated to reflect COVID-19 pandemic, which featured as a high-rated risk on the risk register. The risk register included hazards and control measures to mitigate risks identified.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. A comprehensive serious incident review had been completed following the first outbreak of COVID-19 in the centre which included learning and measures to prevent recurrence.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices and protocols in the centre were not in line with the HPSC guidance for the *Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*. This posed a risk to residents' safety and the provider was required to address the infection prevention and control non-compliances as an urgent action plan. A satisfactory plan to address these was submitted the day after the inspection.

The service was measuring and assessing practices by undertaking comprehensive environmental and infection control audits on a monthly basis. Such an audit had been completed two days prior to the inspection and the results showed a steep decline in the standards of infection prevention and control practices in the previous month. While an action plan was being put in place to address the audit's findings, this had not been implemented at the time of the inspection.

Some good practices were in place. For example there was a dedicated infection prevention and control lead in the designated centre who was undergoing specialist training in this area. There was also an infection prevention and control committee in place which met on a monthly basis.

The inspector acknowledged that staff were very committed and had worked very hard to keep the centre free from COVID-19 infection when there were high incidence rates in the local community. This commitment was further demonstrated in the high uptake of vaccinations among staff working in the designated centre.

The housekeeping staff were clear about the cleaning processes and daily cleaning schedules and deep cleanings schedules were in place. There was a dual mop

system in place which included a flat-mop system for the bedrooms and a mop head system for the corridors. The process in place for the drying of mop heads required review.

Overall, the centre was visually clean, however the premises and the lack of facilities available in the centre significantly impacted on staff's ability to adhere to correct infection prevention and control procedures. The following issues required improvement:

- Oversight of staff's infection control practices: for example, staff were coming on and going off duty in their uniforms as there were no designated staff changing facilities provided; staff were seen wearing nail polish and stone rings which was not conducive to good infection control practices; on a number of occasions staff were seen wearing the facemask incorrectly; staff's temperature was not consistently monitored and recorded on a twice daily basis.
- Not all staff had attended up-to-date training and refresher courses in infection prevention and control; a lack of knowledge was evident in some of the practices observed on the day.
- Given the layout of the centre, there were insufficient hand washing facilities for staff to support good adherence to correct infection prevention and control practices; when asked staff told the inspector that they would use the sinks in the residents' own bathrooms after providing care. This practice would not allow adherence to World Health's Organisation (WHO) 5 moments of hand hygiene.
- Staff and residents were observed not adhering to physical distancing measures at mealtimes and no cautionary signage was in place regarding this.
- Enhanced signage was required throughout the centre to effectively alert and remind staff and residents of appropriate infection prevention and control procedures
- Inadequate storage and segregation processes and practices in place throughout all ancillary facilities posing a cross contamination risk; for example staff's personal belongings being stored in the treatment room, the housekeeping room or laundry; boxes and items of linen inappropriately stored on the floor; residents' equipment inappropriately stored in assisted bathrooms or the dirty sluice facility.
- Inappropriate linen storage, transport and segregation practices.
- The laundry facility did not have a one-way system in place to support appropriate segregation of clean and dirty processes.
- There was no system in place for identifying clean and dirty equipment and the processes for decontaminating equipment between each use required full review; for example the process of decontamination the blood pressure cuffs between the residents.
- A full review of clinical waste bins was required to ensure they were fit for purpose, appropriately labelled and colour coded to support correct segregation at the point of source.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident and was reviewed on a four-monthly basis, or more frequently if the residents' condition changed. Residents underwent a comprehensive assessment prior to their admission to the centre. On admission the assessment was further developed with the resident and/or their family. The assessment process involved a variety of validated tools and these were used to develop individualised care plans for each resident.

The inspector reviewed a small sample of care plans for four residents, including one resident who was recently admitted. Overall, the care plans were initiated, reviewed and updated in line with regulatory requirements. However the designated centre had recently transitioned to a new system of electronic care records. Some of the care plans reviewed were quite generic and further improvements were required to ensure the care plans were truly personalised and provided clear guidance to staff on the specific plan of care to meet each resident's needs.

In addition, enhanced clinical oversight was required to ensure that care plans were implemented in practice. The inspector found gaps in some of the care records of the actual care delivered to the resident. For example, one care plan stated that the resident required three hourly repositioning to prevent skin breakdown. However the daily care records showed that this had not been carried out in practice and when questioned staff verified this oversight.

The inspector also found that the assessment and the monitoring of a resident who presented with exit seeking behaviours were not sufficiently detailed and did not ensure that staff had the up to date information they needed to provide safe and appropriate care. In addition, the recording of residents' participation or refusal in meaningful activities was not consistently documented to evidence how residents' psychosocial needs were met on a daily basis.

Staff knew the residents well and were familiar with their likes and dislikes and their preferred daily routines. As a result care and daily routines in the centre were person-centred and designed to enhance each resident's quality of life.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied healthcare support to meet their needs. Residents could retain their GP of choice if they wished to and all residents who spoke with the inspectors reported that they were satisfied with their

healthcare arrangements.

While most residents' individual needs continued to be met in line with their established care plans, the inspector found that the standards in relation to wound care management needed to be further improved to ensure they were consistent, safe and evidence-based. The management of wounds and pressure sores required review and the inspector requested a serious incident review to be completed by the person in charge following the inspection.

Residents were supported to access national screening programmes and other allied health care services as required; for example, dietitian, occupational therapy, physiotherapist, chiropody, specialist wound care, dentist, audiology and optician services. There were established links with a consultant geriatrician, Psychiatry of Old Age and Palliative care.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents reported that they felt safe in the centre and that their rights, choices and wishes were respected. Residents said that they were well-cared for and gave positive feedback regarding their life in the centre.

Residents who spoke with the inspector reported that they had access to information including newspapers and television and that they were consulted with in the running of the centre.

Activities were largely tailored to meet individual residents' needs and based on their personal story and individualised assessments. There was one full-time activity coordinator who arranged a comprehensive programme of activities for residents. The activity staff ensured that residents maintained communication with their families via video calls. In the conversation with the inspector, the activity coordinator was knowledgeable about residents' likes, past hobbies and interests and coordinated the Pen Pal programme with the local national school.

All residents who spoke with inspectors confirmed that their privacy and dignity was respected by staff. Throughout the inspection, interactions between staff and residents were observed to be positive and empathetic.

Advocacy services were available to residents where required.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakwood Lodge Nursing Home OSV-0000154

Inspection ID: MON-0030745

Date of inspection: 14/01/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Recruitment of staff –Since inspection, 4 additional HCAs have been recruited and 1 additional staff nurse. Recruitment remains ongoing. 2. Improvements in monitoring of call bell responses have been actioned to highlight if any delays of concern arise in the normal day to day running of the centre. 3. Staff temperature checks are monitored twice daily as reviewed by senior management on a regular basis 4. Staff changing rooms were implemented immediately. Phase II of a major development programme for the centre had to be deferred due to the covid-19 pandemic and adherence to public health guidance on construction. Phase II includes new changing facilities for staff. <p>It is noted that Phase II will only commence once government restrictions are lifted. The timeframe for completion date of December 2021 will be dependant and guided by government plans for living with Covid -19.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Supernumary hours were allocated to CNMs to allow for supervision of staff and monitoring of IPC practices 2. The training matrix was brought up to date and submitted to the inspector the next day. 3. Those staff who had not completed IPC refresher and hand hygiene training included two new staff who had commenced work in the centre days prior to the inspection and 	

three staff who required refresher training and all have now completed training
 4. A system on monitoring compliance with staff training has been implemented by the PPIM and PIC.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. CNMs are now allocated supernumerary hours to improve supervision and monitoring of staff.
2. IPC updates for all staff on a daily basis
3. Staff changing areas identified on the day of inspection
4. The isolation unit remains in place.
5. Social distancing is monitored and adhered to.
6. The annual review was submitted to the inspector

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. Although there were sufficient shower facilities available on the day of inspection the additional assisted shower room in the decommissioned area was reinstated.
2. A storage room which was identified as room 8 on the day of inspection was moved to room 4.
3. Rooms 8 and 9 were immediately identified as staff changing areas.
4. A programme of refurbishment was commenced.
5. Some additional TVs were sourced for certain double rooms.
6. The Registered Provider has committed to a second phase of refurbishment for the home. Phase two plans of the refurbishment will include, Staff changing facilities, Staff break facilities and additional storage space. Phase two will also include refurbishment of a number of bedrooms to incorporate single ensuite facilities . This phase will be commenced as soon as possible. This phase is estimated to take approximately 6 months depending on supply chains and Government restrictions.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Staff were re-educated on the uniform policy and it was sent out via communication system for staff. This was also highlighted in every handover. 2. Staff were re-educated on wearing masks correctly 3. The two new starters have completed training and 3 staff members who required refresher training completed training 4. An additional hand washing sink has been added to the centre 5. Resident dining is now accommodated differently to allow for social distancing 6. Additional signage has been put in place 7. Storage issues have been addressed - additional storage room is now identified as room 4 8. New linen transport trolleys have been sourced 9. A tagging system for clean and dirty equipment has been introduced. 10. A review of clinical waste has been completed. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. A review of all care plans will be completed by PIC and CNMS to ensure all care plans are person centered. 2. Regular monitoring of care plans will be implemented through regular audit by CNMS. The monitoring will ensure that clear instruction is given to the staff on how to care for the different needs of complex residents. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. A review of wound management of all residents has been completed 2. A serious incident review has been completed on the adverse event identified by the inspector and any learnings from this will be communicated to all staff. 3. Increase in CNM supernumerary hours will have specified time allocation to wound management, education and monitoring. 	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	15/01/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Not Compliant	Orange	31/12/2021

	are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/01/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	15/01/2021
Regulation 27	The registered provider shall ensure that procedures,	Not Compliant	Red	28/02/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	28/02/2021

