Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	16 November 2021
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0034399

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 30 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 20 single and five twin rooms, 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:	27

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
Tuesday 16 November 2021	08:45hrs to 16:30hrs	Nuala Rafferty	Lead

What residents told us and what inspectors observed

The inspector observed a happy and comfortable environment for residents to enjoy. All residents who spoke with the inspector on the day said that they were satisfied with the care and services they were receiving in the centre.The inspector found that residents were well looked after, that they were content and were enjoying a meaningful life.

The inspector observed that staff knew the residents well and were familiar with their needs and preferences for care. The interactions between residents and staff were positive and staff showed genuine respect and empathy for their residents. As a result residents were well cared for and their care and daily routines were person-centred and reflected their preferences. A comfortable familiarity was seen to exist between residents and members of staff. Those residents who were more dependent and who could not talk with the inspector, appeared comfortable and did not show any signs of anxiety or distress. A varied activity programmes was available and the inspector observed several activities throughout the inspection. Residents could choose whether they wanted to participate or not. Where a resident refused an activity or care intervention this was respected by staff. One resident told the inspector that they were facilitated to attend a day centre, three times a week which they really enjoyed. The resident said staff organised a taxi to take them there independently and they felt respected as a result.

On the day of inspection residents were observed to be appropriately dressed and groomed and seemed to be content and relaxed. Residents said that they enjoyed the food, going for walks around the garden and were complimentary of the care and attention from staff telling the inspector that staff were obliging, kind and helpful. Residents said that they felt safe and could talk to staff when ever they wished. Staff who spoke with the inspector were knowledgeable about residents and their specific needs. The inspector spent time in communal areas observing interactions and found that staff were respectful, had a good knowledge of residents likes, dislikes and their background and in doing so, providing person-centred care and appropriate communication. For example staff were observed delivering an activity in one of the many comfortable communal areas. The staff member spoke to each of the residents by name, holding their hand and enquiring on their wellbeing before gently explaining what the activity was and encouraging enjoyment and pleasure.

The activity was a gentle relaxation therapy using aromatherapy oils and hand massage. One resident asked what the smell was supposed to be and when told it was lavender, the resident responded saying, 'it's a horrible old musty smell, I don't like it'. Then laughingly agreed to allow the staff member to massage her hands.

The activity programme also included a period of 'pet therapy'. The inspector observed the clear enjoyment of very many residents when spending time with a beautiful dog called Brandy. One resident in particular moved from one communal

area to another to spend as much time with the dog as possible. Afterwards another staff member engaged a group of ladies in a discussion on the amount of freedom and access a dog would have in their homes. One lady was very adamant that a dog should never be allowed inside, 'out out out, that's where they should be'. Another lady who had clearly loved her own dog said she enjoyed them being around in the house but 'never upstairs'.

The premises had recently been refurbished to a high standard and were warm and comfortable. The centre was bright, pleasantly decorated throughout and residents had a choice of seating areas and where to spend their time. There were several main communal areas available for resident's use. These included a small oratory, a sitting room, activities room, a sun room and a library. All were safe bright, and comfortably furnished Some of them also overlooked the internal courtyard.

Residents bedrooms were comfortable spaces, with many filled with residents' photographs, pictures and personal possessions. Rooms were of an adequate size to allow ease of movement and were suitably furnished for storage, with wardrobes or chest of drawers, shelving and lockers. En-suites and assisted shower rooms were clean and spacious, with adaptive and assistive devices such as grab-rails and shower chairs. Residents were observed to be supported to live as independently as possible in the centre, and with the exception of one area, the inspector observed hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social distancing was maintained.

The living and dining areas had a homely atmosphere which allowed residents to relax and socialise. Residents were offered a choice regarding the food they ate and where they wished to eat their meals. For example residents could chose to eat in their bedrooms or in the dining or sitting areas. There were two dining areas with a variety of table sizes to facilitate residents preference. Residents were complimentary of the choice, of meals available in the centre. Staff were observed to assist residents discreetly and patiently over lunch time.

The next two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents.

Capacity and capability

The provider had put in place an effective leadership and management system that ensured the centre was well governed. The inspector found that the responsiveness of the provider to the findings of the last inspection showed a willingness to comply with regulations and standards.

Willoway Nursing Home Limited is the registered provider of Oakwood Lodge Nursing Home. The senior management structure consisted of the registered

provider representative (RPR), person in charge (PIC) and a person participating in management (PPIM).

A number of other management supports are available as part of a wider group structure Grace Health Care. These include human resources, health and finance management supports. A clinical nurse manager supported the person in charge within Oakwood Lodge.

Management arrangements were implemented, and sufficient resources were directed to achieving planned objectives. This included a full programme of renovation of the centre in two phases. The inspector found both phases of the renovation were completed with the exception of a number of minor aspects such as window blinds and soft furnishings for bedrooms that were not yet in use.

However, a number of further minor improvements were identified as required in some areas and are detailed further in this report.

The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities, was aware of and responded to previous inspection findings and demonstrated an ability to provide clear leadership and direction to staff throughout the day. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent and effective services to them.

From an examination of the staff duty rota, communication with residents and staff it was the found that the numbers and skill-mix of staff at the time of inspection were sufficient to meet the needs of the 30 residents accommodated in the centre.

Staff had access to a good training and development programme. The inspector looked at records which showed staff participation at the training. The programme included mandatory annual or bi-annual training courses such as fire safety, infection prevention and control and hand hygiene. It also included training to enable staff deliver person-centred care such as, safeguarding, dementia care, care planning and assessment of needs.

Plans were in place to meet planned and unplanned staff absences and records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

The centre had an accessible complaints policy and procedure in place and a small number of complaints were recorded. The inspector found that complaints were recorded investigated and responded to in a timely open and transparent manner, by the person in charge who was the designated complaints officer.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They hold a post-registration management qualification in health care services and work full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to meet the needs of the residents, taking account of the size and layout of the centre and included a minimum of one registered nurse present at all times in each unit the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training and development programme was in place for all grades of staff.

In conversation with them and on observation, it was found that staff could apply the principles of their training within their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a significant improvement in the oversight of the quality and safety of the service. In line with the compliance plan from the January 2021 inspection the provider had implemented the following actions;

- improved the clinical oversight of resident's care and supervision of staff practice through changing the status of the clinical nurse manager position to a full -time supernumerary role.
- improved monitoring, auditing, review and communication systems
- established a system to monitor compliance with training opportunities to develop competence.
- significant resource allocation to the refurbishment maintenance and decor of the centre to ensure resident's needs are met in safe comfortable and homely environment.
- Conducted a full review of and implemented sustainable changes to the

assessment care planning and review of resident's health care needs.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent location in the centre, implemented in the centre and met the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found a culture of continuous improvement in the centre to strive to develop new ways to make life safer and more meaningful for residents.

The quality of service and quality of care delivered to residents was of a good standard. The ethos of care was one where the residents' independence was promoted and their rights were upheld. Overall, the inspector found that residents' rights for choice, self-determination and autonomy were supported and their rights to dignity and privacy were upheld. Information was available to residents and advocacy services were available.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspector spoke with several residents and those residents who could voice their opinion said that they felt safe. The inspector also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

Overall, residents' assessments reflected their needs and the care plans outlined the care they required to meet these needs. They included specific details about the resident's needs, likes and preferences which ensured residents' needs were met, in line with their wishes. However, some improvements were required to ensure consistency and accuracy within a person-centred care planning approach.

There was good access to health care services including physiotherapy, occupational therapy, dietetic, speech and language, tissue viability, dental, ophthalmology and podiatry services; residents were also seen by their general practitioner on a regular basis.

Many instances of good practice was observed in respect of infection prevention and control. Records showed that staff had received up-to-date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of

personal protective equipment (PPE) and demonstrated knowledge of the principles of training.

The centre contained a good variety of communal and quiet sitting rooms and spaces where residents, alone or with family and friends could spend time. Regular maintenance was in place and the premises were in a very good state of repair having recently been refurbished. Aspects of the premises that needed further attention at the time of the last inspection were since upgraded to a high standard. An on-going programme of maintenance, repair and refurbishment of the building, equipment, furniture and fittings was in place.

However, a small number of items needed some attention including the provision of a grab rail at some points on the main corridor and the walkway from the main building to the temporary staff facilities required to be made safe

A risk management policy and risk register were in place which included control measures for identified risks.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were displayed. Records showed regular simulated evacuation practice drills took place with a variety of scenarios to facilitate staff familiarity and develop confidence and competence with fire evacuation procedures.

There was a weekly schedule of activities developed by the activities co-ordinator following consultation with the residents. The activities kept them busy throughout the day. The variety of activities included in the schedule, ensured that all residents had some form of activity they enjoyed, available to them.

Regulation 17: Premises

Some minor improvements were required to the care environment and facilities available to ensure they fully meet residents assessed needs in line with the centre's statement of purpose and conform to all of the matters as laid out in Schedule 6 of the regulations:

- A grab rail was not available at all points on the main corridor where residents may need assistance such as the main entrance lobby from the front door to the nurses station
- A clinical wash hand basin was not available in the cleaners dirty utility room
- Spots of rust were visible on the main sluice hopper in the dirty utility room and on a radiator in one assisted bathroom
- Exposed wood was noted in the en-suite of one bedroom and in one communal bathroom.
- The wooden walkway linking the staff break facility to the main building was wet and slippery underfoot and posed a risk of trips, slips or falls to those

using it.

Judgment: Substantially compliant

Regulation 27: Infection control

This inspection found significant improvements to infection prevention and control practices. However, some further improvements to infection control practices were found to be required. These included:

- Although a process and monitoring system to ensure all communal equipment was cleaned in between each use, was in place, evidence that these systems were being fully adhered to and implemented by staff was not available.
- A review of all wash hands basins, designated as 'clinical' wash hand basins, to ensure they conform to current infection prevention and control standards in that they are operable in hands free mode, do not contain a stopper and are of suitable depth to prevent splash back.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments were reflective of the residents abilities and identified their assessed needs. The assessment information was used to develop a care plan which was reviewed and updated on a four monthly basis or more often if required.

However, the inspector noted that on a number of records the care plan and assessment information was not fully consistent and although some plans were person-centred more improvements were required. For example, the care plan of one resident at high risk of falls did not include management of the resident's sensory deficits as identified in the assessment and neither the assessment or the care plan identified risk of injury from walking into walls or furniture as observed on the day of inspection.

Daily nursing records did not give a clear insight into how residents spent their day or an overall picture of their wellbeing.

Judgment: Substantially compliant

Regulation 6: Health care

A good standard of evidence-based nursing care, in accordance with professional guidelines issued by Bord Altranais agus Cnáimhseachais na hÉireann (The Nursing and Midwifery Board of Ireland) was provided to residents. Residents' had access to their general practitioner (GP), who visited the centre to review residents regularly. Residents also had access to members of the allied health care team as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre and there were documented checks when restraint was in use.

Staff were knowledgeable of person-centred interventions to trial if residents presented with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), including, distraction methods, using simple language and continuously showing the resident respect and dignity.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and staff had participated in training.

Staff spoken with had a good knowledge of what constituted abuse and what they would do if they witnessed any form of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld throughout the service and staff demonstrated respect for the dignity and autonomy of the people they cared for.

Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by the activities co-ordinator, or by care staff, those residents with dementia were included.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakwood Lodge Nursing Home OSV-0000154

Inspection ID: MON-0034399

Date of inspection: 16/11/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: - The full handrail has been erected in the area identified during the inspection. - The maintenance team corrected the minor issues identified with rust and wood. - The temporary staff path will be removed as the renovation is completed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: - Continued audits of cleaning equipment and cleaning schedules as per the current audit schedule will be completed by Director of Nursing. Spot checks completed on an ongoing basis. - Sinks in clinical room had been identified as a risk and added to the Clinical Risk Register, and will be added to a Schedule of works.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: - Ongoing audits of care plans will be completed to ensure all care plans are reflective of	

the assessed needs of the residents.
- Education sessions with Nursing Staff regarding clear documentation will be conducted. Progress notes will then be audited by the Director of Nursing on a regular basis.

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 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.	Substantially Compliant	Yellow	31/01/2022
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	31/12/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	31/01/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			