



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:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0036033

About the designated centre

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

The centre offers long and short term care for 56 adults over the age of 18 including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose built, single storey and has a safe cultivated garden for residents' use. All bedrooms are single with full en-suite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries as well as the local general hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
--	----

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
Wednesday 2 February 2022	14:30hrs to 18:00hrs	Catherine Sweeney	Lead
Wednesday 2 February 2022	14:30hrs to 18:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

This inspection took place during a significant outbreak of COVID-19 in the centre. There were 53 residents accommodated in the centre on the day of the inspection and 50 had a positive diagnosis of COVID-19, three residents were recovering from infection.

All the residents in the centre were accommodated in single rooms with en-suite toilet and shower facilities. On arrival to the centre inspectors were informed that all residents with a COVID-19 diagnosis were isolating in their bedrooms. Two of the residents who were recovering from COVID-19 and had completed their period of isolation were observed to spend some of the afternoon in the large day room.

A number of residents who had difficulty understanding the requirements for isolating in their bedrooms were mobilising with purpose around the centre. Some of these residents were observed visiting the smoking area, and sitting in the communal areas of the accommodation wings. Staff were attempting to manage the situation by re-explaining to the residents why they needed to return to their rooms and offering to walk with the residents while they were out in the communal corridors. Staff were patient and respectful and where a resident did not want to return to their bedroom this was respected by the staff. One resident told the inspector that she did not want to be alone and that was why she did not want to be in her room.

At the time of the inspection the outbreak had been ongoing for several weeks, however the centre was not organised into separate zones and staff were working across all areas of the centre. This served to increase the number of residents and staff that each member of staff came into contact with and did not reduce the risk of further transmission of infection in the designated centre. The inspectors discussed this risk with the provider on the day of the inspection and appropriate segregation of staff teams was organised. There were three donning stations set up where staff could put on their personal protective equipment (PPE).

The inspectors observed that staff interaction with residents throughout the day was patient and caring. The atmosphere in the centre was calm and relaxed. Residents spoken with appeared content and at ease.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to seek assurance that the care and welfare of the residents were being met during a significant outbreak of COVID-19 in the centre. Inspectors assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with particular focus on Regulation 15: Staffing, Regulation 23: Governance and Management, Regulation 21: Records, Regulation 5: Individual assessments and care plans and Regulation 6: Health care.

The Chief Inspector had been notified of an outbreak of COVID-19 infection in the centre on 31 December 2021. During the early stages of this outbreak, the centre reported that three residents had tested positive for COVID-19. An inspection of the centre on 11 January 2022 found a concerning level of non-compliance under the regulations inspected, including governance and management and infection prevention and control. By 2 February 2022, a further 50 residents and 14 staff members had tested positive for COVID-19. The centre was supported during the outbreak by the local public health and outbreak response teams.

This inspection found that the provider had failed to implement the required improvement actions identified on the previous inspection and that immediate action was now required to ensure the safety and well-being of the residents accommodated in the designated centre. In particular, the inspectors were not assured that there was adequate staffing levels in place to meet the assessed needs of the residents during a COVID-19 outbreak. Poor systems of governance and management meant that there was no clear record of staffing, including an accurate record of COVID-19 line listing for staff and residents. In addition, the rosters reviewed did not reflect the staffing in the centre on the day of the inspection or the staff that were available to come to work.

An urgent compliance plan was issued to the provider on the day following the inspection in which the provider was required to taking immediate action to bring the centre in to compliance with staffing, governance and management and health care. In addition the concerns in relation to medical reviews were escalated to the crisis response team who organised medical reviews for all of the residents in the designated centre.

The provider of this centre is Oakwood Private Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative and the person in charge working full time in the designated centre. The second director did not work in the designated centre but was registered as a person participating in the management of the centre and attended the centre during this inspection. The person in charge was supported in the centre by three newly appointed clinical nurse managers and an administrator. The person in charge and a clinical nurse manager were on duty on the day of the inspection.

The inspectors found that the staffing levels and skill-mix of the staff were not adequate to meet the assessed care needs of residents with a positive COVID-19 diagnosis as detailed under Regulation 15: Staffing. A review of the nursing care

records found significant gaps in the monitoring of residents and inappropriate responses to identified symptoms.

The management oversight systems that were in place for clinical/nursing oversight, staff communications, the monitoring of infection prevention and control, and environmental oversight, did not ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c).

Inspectors found that records were poorly managed, particularly in relation to the daily rosters and to the records of the clinical monitoring of residents. The failure to maintain good records impacted on how the provider was managing both staffing and resident care during the outbreak of COVID-19.

Regulation 15: Staffing

There were two nurses rostered to work during the day and one nurse rostered at night. This meant that between 8pm- 8am one nurse was allocated to monitor and record the signs and symptoms of 50 residents and take the required action to ensure appropriate care was received. Limited clinical observations were recorded twice per night for each resident. An Urgent compliance plan was issued to the provider on the day following the inspection and the provider rostered a second nurse on duty at night from 7 February 2022.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that the record of the daily nursing handover were disposed of and not available for review. This record included the COVID-19 status of each resident including the date of confirmation of COVID-19 test result.

The line listing of the daily COVID-19 status for both residents and staff was not up to date. As a result it was not clear what day of isolation residents and staff were at and when that isolation period would be completed.

The roster did not accurately reflect the staff on duty on the day of the inspection. Staff who had been diagnosed with COVID-19 remained on the roster and changes that had been made to staffing had not been updated on the record. This meant that it was difficult to review if staffing levels had been maintained throughout the outbreak and if there was enough nursing and care staff to maintain the rosters going forward.

The provider submitted a revised and corrected roster on the day following the inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The provider failed to provide adequate systems of governance and oversight in relation to the outbreak of COVID-19 in the centre. The impact on the residents was that the outbreak was poorly managed, resulting in all residents contracting the virus. Furthermore, the deficits in nursing oversight and supervision resulted in the health and well-being of residents being poorly monitored. Inspectors were not assured that adequate systems of governance were in place to ensure the safety of residents. This was evidenced by

- inadequate nursing staff to ensure safe monitoring and care delivery, particularly at night
- inadequate supervision of nursing care
- residents who showed significant changes in their nursing observations were not referred for medical review.
- staffing was not organised in a manner that would limit staff contacts and reduce the spread of infection.
- inadequate systems in place to provide effective communication. For example, nursing staff were not aware if there was a supply of oxygen available for use in the centre. The management team confirmed that oxygen cylinders were available for use, if required.
- no contingency plan had been put in place if kitchen staff were to become unavailable. The provider described a plan to contact an alternative supplier but this had not been completed.

Judgment: Not compliant

Quality and safety

Inspectors were not assured that appropriate medical and health care, including a high standard of evidence based nursing care was available to residents during the COVID-19 outbreak. The staffing levels, the lack of clinical oversight and the infection prevention and control procedures that were in place did not ensure that the outbreak of COVID-19 was managed effectively and as a result there was significant onward transmission of the virus in the designated centre.

The provider failed to ensure that all residents with a positive diagnosis of COVID-19 had appropriate health care supports in place in line with the current Health Protection Surveillance Centre (HPSC) guidance on the Prevention and Management of COVID-19 outbreak in Long Term Care Facilities. This meant that residents were not medically assessed when their condition changed and there was no clear care pathway in place in the event of a deterioration in their condition.

Inspectors found that care interventions were poorly documented. The recording of the nursing observations did not facilitate effective review of any changes in a residents condition. This meant that there was a risk that any deterioration in a residents health would not be identified and responded to in a timely and effective manner. For example, the inspectors identified a number of recorded observations that indicated the resident's condition was deteriorating. Records showed that no actions had been taken to report the observations to the resident's general practitioner (GP).

An urgent compliance plan in relation to Regulation 6, Health care was issued to the provider on the day following the inspection.

Regulation 27: Infection control

The provider had failed to implement adequate infection prevention and control systems to control an outbreak of COVID-19 in the centre. This was evidenced by

- limited access to hand washing sinks
- inappropriate use of personal protective equipment (PPE)
- inadequate waste management provision. The provider made contact with the waste disposal company and arranged an increase in collect on the day following the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents files found that up-to-date baseline observational assessment of a residents temperature, heart rate, blood pressure and oxygen saturation level had not been completed. This meant that nurses could not easily compare the observations taken from residents with a COVID-19 diagnosis with their normal baseline levels.

The COVID-19 care plans in place for each resident were generic and did not guide care delivery in line with residents person-centred needs and preferences.

There was no advance planning in place with residents and their families reflecting preferences for end of life care in the centre or decision to transfer to hospital in event of a deterioration in their condition.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that residents did not have access to appropriate medical and health care. This was evidenced by

- residents, with documented symptoms of COVID-19 and displaying clinical deterioration were not referred to their doctor for review
- limited nursing observations were completed on each resident with a diagnosis of COVID-19
- a resident received a sub-cutaneous fluid infusion without consultation or prescription from the residents doctor, contrary to professional guidelines. This nursing intervention, or the rationale for its use, was not documented in the residents notes.

Judgment: Not 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	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0036033

Date of inspection: 02/02/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection, we have rostered a second nurse on night duty and an additional healthcare assistant for the morning shifts. We are currently in the process of recruiting a person in charge to support the registered provider in the operation of the centre.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A revised and corrected roster was submitted to the inspector on the day following the inspection. One of our CNMs has been designated the IPC lead for the centre. She will ensure staff and resident Covid-19 testing and maintenance of the Covid-19 line listing systems as part of this role. The administrator will complete same in her absence.</p> <p>At the time of the inspection part of the handover documentation included a written summary of the resident's daily progress. This method of handover will no longer be used and instead handover will be based on daily records completed in electronic format.</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

As outlined in regulation 15, we have an additional nurse rostered at night and an additional healthcare assistant rostered each morning.

We are in the process of recruiting a new person in charge for the centre to support the registered provider with clinical oversight of the care of residents in the centre.

We have implemented a system for recognising and responding to clinical deterioration in any resident which encompasses the following:

1. Daily care and handover record of resident's current condition including a warning system for changes in any resident's condition.
2. Use of the Interact 'Stop and Watch' system for recognizing and responding to changes in a resident condition as attached.
3. Daily Nursing handover sheet which identifies any residents who have deterioration during the shift.
4. Use of a vital signs track and trigger chart for residents with Covid-19.
5. Training was delivered on Thursday, 10th February to nurses and healthcare assistants on 'Recognising and Responding to Clinical Deterioration in a resident.'
6. The role and responsibilities of the clinical nurse manager now include specific daily activities for monitoring residents care, including changes in condition, monitoring of resident's nutrition, hydration and end of life care needs. The CNM receives information at each handover about the care and condition of each resident through the nursing and healthcare assistant daily records and is responsible for follow up actions related to same.

Daily handover records include resident's nutrition intake, residents with a MUST score of 1 or greater, residents whose condition has deteriorated during the shift and those at end of life. This information is reported to the clinical nurse manager at handover, who will then follow up on referrals and ongoing actions required as appropriate.

A corrected roster was provided to the inspector on the day following the inspection. Rosters are completed to facilitate segregation of staff for infection, prevention and control.

Contingency arrangements are in place with an alternative supplier in the event that kitchen staff are unavailable during an outbreak.

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

We have a plan in place to install additional hand washing sinks in the centre as well as a new clinical sink for nursing staff.

Arrangements are in place to increase the frequency of waste collection during periods where there is an increase in waste, such as during an outbreak.

Staff have been informed and trained in the correct use of personal protective equipment as per HSPC/HSE guidance. The IPC lead carries out audits of compliance with infection prevention and control standards and guidance, including the correct use of PPE.

Regulation 5: Individual assessment and care plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Since the inspection, nursing staff have had on-site mentoring on person centred assessment and care planning.
 Nurses are currently revising and updating assessments and care plans for residents with specific reference to end of life care and Covid-19. This includes ensuring that care plans are person centred and individualised to each resident.
 Nursing staff have been informed of the need to ensure residents have vital signs completed as a baseline and in accordance with changing needs.

Regulation 6: Health care	Not Compliant
---------------------------	---------------

Outline how you are going to come into compliance with Regulation 6: Health care:
 Since the inspection, all residents were reviewed by a consultant geriatrician. The Consultant Geriatrician was satisfied with their current medical status.
 As outlined under regulation 23, we have implemented systems for recognizing and responding to clinical deterioration and CNMs have specific responsibility for monitoring residents' condition and follow up of changes on a daily basis, including completion of referrals as needed.
 Nursing staff to be updated on the administration of medications as per professional guidelines including protocols around administration of sub-cutaneous fluids.

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.	Not Compliant	Red	04/02/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/03/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Red	04/02/2022

	effective delivery of care in accordance with the statement of purpose.			
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	04/02/2022
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.	Not Compliant	Orange	29/04/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's	Not Compliant	Orange	22/04/2022

	admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	22/04/2022
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.	Not Compliant	Red	04/02/2022