



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:	21 February 2024
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0042589

About the designated centre

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

Oakwood lodge Nursing Home is a purpose-built single-storey facility registered to provide accommodation to a maximum of 45 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 35 single and five twin rooms, a number of which have en-suite facilities. In addition, there is 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:	43
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 February 2024	09:00hrs to 14:30hrs	Yvonne O'Loughlin	Lead
Wednesday 21 February 2024	09:00hrs to 14:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On the day of inspection the inspectors were greeted by the director of nursing and following an introductory meeting, the inspectors were guided on a tour of the premises.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Staff told inspectors that the majority of residents living in the centre had a known diagnosis of dementia. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Residents had a choice to socialise and participate in activities. A group of residents were observed partaking in "imagination gym" which combined group relaxation, imagination and mindfulness. Another large group of residents were seen to be enjoying an art class which was provided by an external facilitator.

Residents walked independently around the centre and had unrestricted access to the internal courtyards. The enclosed external courtyards were well-maintained with level paving and raised flower beds. Inspectors were told that the centres proximity to Dublin airport offered a unique form of entertainment for the residents that enjoyed plane spotting.

There were no visiting restrictions in place and visits and social outings were facilitated and encouraged. Friends and relatives were seen coming and going on the day of the inspection.

The universal requirement for nursing home staff and visitors to wear surgical masks in designated centres had been removed. One staff member told inspectors that the removal of the mask mandate had led to improved communication between staff and residents and that residents had commented on being able to see staff faces and smiles again. Staff that chose to continue wearing face masks were seen to wear them appropriately throughout the day.

The centre was spacious with surfaces, finishes and furnishings that were easy to clean. Residents' bedroom accommodation comprised of 35 single rooms and five double bedrooms, all with ensuite facilities. All bedrooms and communal areas were contained on the ground floor level, with wide, clutter free corridors and assisted handrails throughout. Overall, the general environment and residents' bedrooms, communal areas and toilets inspected appeared nicely decorated and clean. Residents and visitors spoken with were very happy with the standard of environmental hygiene.

The ancillary facilities generally supported good infection prevention and control. For example, the infrastructure of the onsite laundry supported the functional separation

of the clean and dirty phases of the laundering process. There was a a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment and two sluice rooms for the holding and reprocessing of bedpans, urinals and commodes. All ancillary facilities were seen to be well-ventilated, clean and tidy. However, the sluice rooms did not contain equipment cleaning sinks, both sluice rooms were kept locked and the keys were kept at the nurse's station. This meant that these rooms were not easily accessible to staff at all times.

The clinical room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings was clean, tidy and well organised. However, a specimen fridge was stored within this clinical room. This increased the risk of environmental contamination and cross infection.

Hand wash sinks were available on each corridor for staff to use. These sinks did not comply with the recommended specifications for clinical hand wash basins but they were clean and in good repair. Alcohol based hand rub was available in wall mounted dispensers along corridors. However additional dispensers or individual bottles of alcohol hand gel were required to ensure alcohol hand gel was readily available at point of care.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with Regulation 27 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The registered provider had ensured that procedures, consistent with HIQA's standards for the prevention and control of healthcare associated infections were implemented by staff.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare associated infection. The provider had nominated the director of nursing to the role of infection prevention and control (IPC) link practitioner and also a senior nurse who was waiting to do the national IPC link practitioner programme. A review of documentation found that there was also access and support from infection prevention and control specialists as required.

An annual review was available and reported the standard of services delivered throughout 2023. The annual review showed that infection prevention and control

was seen as an important area to continue quality improvements within the centre for 2024.

The registered provider of the centre is Willoway Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative. The person in charge was supported in their role by a clinical nurse manager and a team of staff nurses, health care assistants, household and catering staff. The designated centre also has access to maintenance support at a group level.

During the inspection there were enough qualified nursing and care staff on duty to meet the needs of the residents. Staff were observed providing prompt assistance to residents, with call-bells being responded to without delay. One member of housekeeping staff was rostered on a 12 hour shift on the day of the inspection and a review of cleaning records confirmed that all areas of the centre were cleaned each day. The housekeeping staff had flexible shift patterns to meet the needs of the centre and to do deep cleans as necessary.

The provider had a number of good assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection. All areas were included on the daily cleaning schedule. A deep cleaning schedule had been introduced whereby all resident rooms received a deep clean each month.

Surveillance of healthcare associated infection (HCAI) and colonisation was routinely undertaken and recorded.

Inspectors identified some examples of good antimicrobial stewardship (AMS) practice. The volume of antibiotic use was monitored each month which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff had completed AMS on line training, the AMS programme was being further developed so all staff could engage with the national "Skip the Dip" campaign. This national campaign is aimed at reducing the use of urine dipsticks as a marker for urinary tract infections which may cause antibiotics to be prescribed unnecessarily.

The centre had a schedule for conducting infection prevention and control audits, carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audit scores were high, aligning with the inspector's observations during the day.

Efforts to integrate infection prevention and control guidelines into practice were supported by mandatory infection prevention and control education and training. Staff had received recent face to face education and training in infection prevention and control practices that was appropriate to their roles and responsibilities. Inspectors identified, through talking with staff, that all grades of staff were knowledgeable and competent in the management of residents colonised with multi-drug resistant organisms (MDROs).

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of infection.

The centre had an outbreak contingency plan that was available for all staff to access. Vaccination records were maintained for all residents with a very high uptake with the COVID-19 vaccination programme. Residents were routinely monitored for signs and symptoms of infection and this was documented at the end of each shift. There had been no outbreaks within the centre since March 2023 to date. Staff reported that the layout of the building lent itself to effective outbreak management. This meant that each area could effectively operate as a distinct cohort area with minimal movement of staff between zones to reduce the risk of the spread of infection should an outbreak develop in one area of the centre. Inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with knew the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of sharps, waste and used linen. Care was provided in a clean and safe environment that reduced the risk of transmitting a healthcare-associated infection. The director of nursing told the inspectors that safety pauses after morning handover was a routine practice to ensure that staff were adhering to being "hand hygiene ready" for example, bare below the elbow, clean nails and no jewellery.

The cleaning cart was clean and had a locked compartment for storage of chemicals and had a partition between clean mop heads and soiled cloths.

The provider had substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen.

Residents that had been identified as being colonised with an MDRO were appropriately cared for with standard infection control precautions. Care plans ensured that information about residents healthcare associated infection status was accessible. All resident files viewed contained resident's current health-care associated infection status and history. Residents with a urinary catheter had a care plan to guide the care and catheter care bundles were in use, the easy to follow steps in the care bundles were a guide to prevent a catheter associated urinary tract infections.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Regulation 27: Infection control

The provider had ensured that effective governance arrangements were in place to ensure the delivery of safe and effective infection prevention and control and antimicrobial stewardship. The provider had ensured compliance with the *National Standards for Infection prevention and control* (2018).

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	
Quality and safety	
Regulation 27: Infection control	Compliant