



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

## Issued by the Chief Inspector

|                            |                                  |
|----------------------------|----------------------------------|
| Name of designated centre: | Oak View Nursing Home            |
| Name of provider:          | Omega Nursing Home Limited       |
| Address of centre:         | The Commons, Belturbet,<br>Cavan |
| Type of inspection:        | Unannounced                      |
| Date of inspection:        | 08 October 2024                  |
| Centre ID:                 | OSV-0000151                      |
| Fieldwork ID:              | MON-0043496                      |

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons.

The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

It provides twenty-four hour nursing care to 61 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care) residents.

The centre is a two storey building located on the outskirts of a small town.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 58 |
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## How we inspect

To prepare for this inspection the inspector or 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 8 October 2024 | 09:30hrs to 18:00hrs | Celine Neary | Lead |

## What residents told us and what inspectors observed

Overall, residents in Oak View Nursing Home were well supported to have a good quality of life. All residents spoken with on the day of inspection were content and complimentary of the service provided. The inspector spoke with both visitors and residents throughout the day of inspection and spoke with eight residents in more detail. Residents spoke of being very happy in the centre and satisfied with the staff and care provided. Residents' preferences and choices were respected by staff and they were supported with their care and how they spent their days. Throughout the day, the inspector observed that the atmosphere throughout the centre was tranquil.

On arrival to the centre the inspector was greeted by the person in charge and the administrator. Following an opening meeting with the person in charge, the inspector went on a walk around of the centre. There was 58 residents living in the centre. It is a two-storey purpose built centre and is located in a quiet rural area on the outskirts of Cavan town.

Oak View is comprised of three suites over two floors, Sycamore and Elm Suite are situated on the ground floor and Willow Suite is on the first floor. Each suite has its own living room, dining room and quiet rooms. There was also a library, a cafe, internal courtyard gardens and an activity shed for residents and visitors to enjoy. Resident's art work was displayed throughout the centre, and their notice boards had picture collages displayed of the various events and celebrations that residents had enjoyed throughout the year which included birthdays, special religious ceremonies and local day trips in their community. Bedrooms were personalised with ornaments, photographs and small items of furniture and media equipment from home, which suited their individual needs and preferences. The bedrooms were also observed to have sufficient storage for residents' personal possessions. The design and layout of the centre promoted a good quality of life for residents and could comfortably accommodate 61 residents.

The centre was warm, spacious, homely and inviting. It was well laid out and clean throughout. The provider had allocated resources to paint and maintain some area's of the centre since the last inspection and this work was ongoing.

The front door to the centre was unlocked which gave easy access to and from the centre for residents and visitors alike. There was a visitors record book at reception and the inspector observed visitors signing in and out of this book throughout the day. There were both spacious and small comfortable communal areas where residents could socialise and participate in a range of activities or meet privately with friends and family.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in their daily routines. Staff were observed attending to some residents'

requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

The inspector observed interactions with residents and families throughout the day and found that the person in charge and staff team were committed to providing quality care while respecting residents' choice and independence. The inspector spoke with residents, who stated that they felt safe and well cared for living in the centre. They said that staff are "so nice to us", and "there is lots to do" and "it is good enough". The inspector observed the staff speaking with residents in a gentle and respectful manner, during encounters along corridors and activities. The rapport and interaction between the staff and residents demonstrated a familiarity with each other, and interactions appeared normal and effortless.

The inspector observed that there was a sufficient number of staff on duty to care for and support residents throughout the day and residents and call bells were answered in a timely manner. Staff were visible and present throughout the centre during the day and residents did not have to wait for assistance. Residents were offered choice at meal times and throughout the day and were assisted with meals and drinks in a respectful and unhurried manner.

There was a range of interesting and varied activities taking place throughout the day with a schedule of daily events for the week on display for residents information. The inspector observed residents taking part in arts and crafts, music and dog therapy visits during the day while other residents preferred to watch television or rest in some of the quiet area's throughout their home.

Overall, there was a warm and happy atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre.

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

## Capacity and capability

Overall, the findings of this inspection were that Oak View Nursing Home was a well-managed centre where the residents were supported to have a good quality of life. The inspector found that there was an established management team in place with good oversight of the quality and safety of the service and that the care and services provided were safe and appropriate.

This was an unannounced inspection over one day to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector also followed

up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in October 2023.

The registered provider of Oak View Nursing Home is Omega Nursing Home Limited. There are two directors on the provider company board and both are involved in the management of the centre. The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager. The remainder of the staff team consists of staff nurses, an activities coordinator, health care assistants, household, catering, maintenance and administration staff.

The centre has an established governance and management structure in place. The inspector found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service deficits were identified and acted upon, through the use of a comprehensive audit schedule which included audits of hand washing and infection prevention and control, care planning, laundry disposal, residents property and the premises.

The provider had ensured there were adequate staffing resources in place to meet the residents' clinical and social care needs. Residents received care and support from staff in a timely manner and staff demonstrated their knowledge and skills when providing person centred care. Call bells were answered promptly and staff were supervised throughout the day by senior members of the team. There were established recruitment processes in place and all staff had Garda vetting in place before they started working in the centre.

The inspector reviewed the documentation and records made available to them upon request during the inspection. The documents and records were managed and stored securely. Documents relating to residents personal belongings were made available to the inspector which provided assurances that there were appropriate systems in place to monitor and record these belongings safely.

The directory of residents included all details as required and observed to be up to date and well maintained. Contracts of care for residents contained the information required in the regulations. They clearly recorded the services to be provided for each resident and had been signed by either the resident or their representative. They included the residents room number and occupancy and were clearly laid out.

Complaints were managed in a timely manner. Evidence of complaints submitted were reviewed and found to have been managed as outlined in the centre's policy. The centre had a low incidence of formal complaints and a record of informal complaints was also in place to monitor and review the quality of service provided.

## Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

The inspector reviewed rosters and was assured that appropriate staffing resources were consistently in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was available for review and included all of the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3, and 4 of the regulations were stored securely and were accessible for the inspector to review. Records were securely stored and access to the records was managed by the administrator or person in charge. Access to staff and current resident records was also secure and managed appropriately.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme.

There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.



An annual review had been completed and included feedback from residents which was used to continuously improve the service.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. These included the services to be provided, terms and conditions, fees to be charged, and the bedroom number and occupancy of the room as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

This is a good service that delivers high quality care to residents. Residents' independence, privacy and dignity were upheld through staff policies and practices. There were sufficient recreational opportunities available to residents if they wished and residents could choose how to spend their time.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure and well maintained with appropriate lighting and heating. It was nicely decorated, homely and comfortably furnished. There were a number of communal areas available, which met the needs of residents and the inspector observed residents using various communal areas throughout the day of the inspection.

There were sufficient cleaning staff and supplies available to ensure effective infection prevention and control standards. Personal protective equipment (P.P.E) was available to staff and the inspector observed this being used appropriately. Cleaning staff spoken with demonstrated a good knowledge of cleaning processes, with appropriate separation of clean and unclean items during cleaning process. The

inspector noted that staff had a good working knowledge of infection, prevention and control.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed. Fire doors were checked daily and where issues were identified they were rectified by maintenance in a timely manner. Fire drills had been carried out regularly and simulated both daytime and night time emergency scenarios. Staff had up to date fire safety training and residents had personal emergency evacuation plans in place to guide staff in the event of a fire emergency.

The provider had made some improvements to the centre since the previous inspection, including painting several of the communal areas and the handrails throughout the centre. Maintenance of the centre was ongoing and there was a schedule of works in place which was discussed at senior governance and management meetings. Storage in the centre had improved and clinical equipment and supplies were appropriately stored. Oxygen cylinders were appropriately stored outside the building.

Staff were familiar with the residents' needs and residents received good standards of nursing care and support. Resident's care plan documentation clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. Care plans were up to date and where there were changes in care needs these were reflected in the care plans.

Residents had good access to a general practitioner (G.P) and to allied health professionals such as physiotherapy, diabetes nurse specialists, old age psychiatry, palliative care, tissue viability nurse specialists and speech and language therapy. There was evidence of appropriate referral to and review by health and social care professionals where required.

Responsive behaviours (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) were being adequately managed on the day of the inspection. The inspector was assured that appropriate interventions were in place for residents and a review of resident's care plan found that clear interventions to guide staff were set out within the care plan. The inspector observed staff responding in a positive and supportive manner to residents that experienced these behaviours.

Residents' rights were upheld in this centre and choice was encouraged. Residents had access to local television, radio and newspapers. The provider had ensured that there were sufficient resources in place to offer meaningful activities to all residents within the centre. There was a dedicated activity coordinator on duty on the day of the inspection and a large number of residents were seen to be taking part in activities. Regular day trips took place and two residents told the inspector they looked forward to these days out.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents and these arrangements were in line with National Guidance. Visitors were seen coming and going throughout the inspection.

### Regulation 27: Infection control

There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority.

Staff were appropriately trained in infection prevention and control practices and procedures.

The environment and equipment was appropriately managed to minimise the risk of transmitting a health care-associated infection.

There were appropriate facilities in place to support effective infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to a general practitioner (G.P) of their choice. G.P's visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The interactions of staff observed on the day, communication with staff and a review of responsive behaviour care plans provided assurance that residents' needs were effectively met.

Records showed that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. There was a restrictive practice register in place, which was kept under review by the clinical team.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had opportunities for recreation and activities, and were encouraged to participate in accordance with their interests and capacities. The provider consulted the residents through regular residents meetings on the organisation of the service. Residents were facilitated to exercise their civil, political and religious rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title   | Judgment  |
|--|-----------|
| <b>What residents told us and what inspectors observed</b> |           |
| <b>Capacity and capability</b>                             |           |
| Regulation 15: Staffing                                    | Compliant |
| Regulation 19: Directory of residents                      | Compliant |
| Regulation 21: Records                                     | Compliant |
| Regulation 23: Governance and management                   | Compliant |
| Regulation 24: Contract for the provision of services      | Compliant |
| Regulation 34: Complaints procedure                        | Compliant |
| <b>Quality and safety</b>                                  |           |
| Regulation 27: Infection control                           | Compliant |
| Regulation 28: Fire precautions                            | Compliant |
| Regulation 5: Individual assessment and care plan          | Compliant |
| Regulation 6: Health care                                  | Compliant |
| Regulation 7: Managing behaviour that is challenging       | Compliant |
| Regulation 9: Residents' rights                            | Compliant |