



# 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:	28 August 2024
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0043854

## 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:	35
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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 28 August 2024	09:30hrs to 18:05hrs	Aislinn Kenny	Lead

## What residents told us and what inspectors observed

Based on the observations of the inspector and discussions with residents, staff and visitors, Oakwood Lodge Nursing Home was a nice place to live. There was a calm and relaxed atmosphere in the centre and the centre was bright and welcoming. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. They were supported by a kind and dedicated team of staff. Residents stated that they were well-looked after, they had plenty to do and that the staff were available to assist with their needs. Residents spoken with on the day of inspection said they were happy living in the centre. Other residents, due to speech or cognitive impairment, were unable to elicit their opinion on the service being provided in the centre; however, they appeared happy and content in their interactions. All residents were neatly dressed and well presented in their appearance.

There were 35 residents in the centre on the day of inspection. The centre was clean, bright and well maintained throughout. Numerous areas around the centre provided space for residents to sit and enjoy their surroundings such as the Ruby room, a library room, a sun room and an oratory. Most residents had gathered in the residents' lounge adjacent to the front door. Throughout the day the inspector also observed residents sitting and relaxing in other areas with staff and other residents. Hand sanitisers were readily available throughout the centre to promote good hygiene.

The premises was located all on the ground floor and bedroom accommodation comprised of 35 single rooms and 5 twin rooms, a number of which had access to an en-suite. Residents' bedrooms were clean and tidy with personal storage space to store belongings. Bedrooms were personalised, containing family photographs and personal belongings. Pressure-relieving specialist mattresses were seen in residents' bedrooms. Pictures of residents and residents' artwork were displayed throughout the centre and provided a bright and welcoming atmosphere. An arts and crafts activity took place on the day of the inspection and residents were seen enjoying this.

There was an activities schedule available for residents and this was updated on a weekly basis. It was in pictorial format and offered variety throughout the week. Activities were provided by activities staff on site and from external contractors also. Residents were observed on the day of inspection enjoying a variety of activities such as relaxation and exercises. Visitors were seen coming and going on the day of the inspection and there were plenty of areas for residents to visit with their loved ones around the centre, others were observed going out with visitors. Feedback from visitors was positive and in particular that the communication from the staff team was good. The centre had four outdoor courtyards with seating arrangements available for residents, these were nicely decorated and residents were seen sitting outside in the sunshine chatting together.

A pictorial menu was on display for mealtimes and residents were given a choice of main meal and dessert. The dining experience for resident was observed. Food provided was wholesome and nutritious with adequate portion sizes provided. However, the inspector saw that residents were not offered a drink with their main meal until staff were prompted to by the inspector. When asked why this was not offered the inspector was informed by staff the residents usually had a drink following their main meal alongside their dessert. This practice required review as it was not person-centred.

The next two sections of the 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 on the quality and safety of the service being delivered.

## Capacity and capability

Overall this was a well managed centre with systems in place to ensure good oversight of residents' care, quality and safety. Residents' care and support needs were catered for and the person in charge and staff team knew the residents well.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). Willoway Nursing Home Limited is the registered provider of Oakwood Lodge Nursing Home. The centre is part of a wider group that operate other nursing homes throughout Ireland. The daily running of the centre is overseen by the person in charge. The person in charge is a registered nurse who works full-time in post and has the necessary experience and qualifications as required by the regulations. They engaged positively with the inspector during the inspection. The person in charge was supported in their role by a clinical nurse manager. Oversight was provided by the registered provider's company director. Other staff members included nurses, health care assistants, activities, domestic, and catering staff. Maintenance staff were available to the centre from the wider group as required.

A review of the staff roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff on duty on the day of the inspection. Staff were observed to be respectful in all their interactions with residents. It was evident that they knew residents well and could converse with residents on issues that were of interest to them. A minimum of one nurse was rostered both day and night, as the designated centre was not at full occupancy at the time of inspection. There was a sufficient number of domestic staff available across the week and the centre was clean and well maintained. Oversight of clinical care and the operation of the centre had recently been enhanced with the inclusion

of a second staff nurse allocated to the night shift when the occupancy of the centre reached 40 residents.

Staff had access to education and training appropriate to their role. Staff were facilitated to attend training. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. These trainings included a combination of online and in person trainings. There were arrangements in place to provide supervision and support to staff also.

A schedule of audits was in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices such as, nutrition, falls, the use of restrictive practices and activities provision. Where areas for improvement were identified, action plans were developed and completed. Audit results were discussed at regular management meetings and communicated to all staff. Staff meetings took place on a monthly basis and there were regular senior management and governance meetings.

The complaints procedure was on display within the centre and there was an up-to-date policy guiding complaints management. Throughout the centre there was information available on independent advocacy services available for residents to access if they wished. The provider had a record of complaints received and actions taken to respond to complaints. A sample of complaints reviewed were found to have met the requirements of the regulations.

### Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their role.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display at various locations around the designated centre. The complaints policy and procedure identified the complaints officer, review officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents living in the centre received a high standard of care in the centre. There were opportunities available for social engagement. Staff demonstrated good knowledge of resident care needs and preferences, interactions observed by the inspector were kind and respectful and residents were observed comfortably spending time together and with visitors and staff throughout the day. Nevertheless, improvement was required to the residents' dining experience to ensure a human rights-based approach was promoted. Residents' care plans and daily nursing notes were recorded on an electronic



documentation system. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. A sample of residents' care plans were reviewed and these were seen to have been updated on a four monthly basis or sooner as required.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents. There were daily opportunities for residents to participate in activities and there was evidence of family days and celebrations happening in the centre. Residents had access to a range of media, and there was access to advocacy with contact details displayed in the centre. There was evidence of regular resident meetings occurring in the centre.

Tea, coffee and refreshments were served throughout the day however, residents were not offered a choice of a drink at mealtimes and most residents were provided their main meal without being offered a drink to accompany it. For some residents they were offered a drink when their meal was finished to have alongside their dessert. This did not ensure their right to choice was respected at mealtimes.

The designated centre had an up-to-date policy on the use of restraints and a restraints register in place. Residents' care plans detailing how to respond to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were in place and they were person-centred. Residents' care plans also described the behaviours and psychological signs and symptoms the resident displayed, while also detailing interventions to use to support the resident. Staff had up-to-date knowledge and skills for their role to appropriately respond to and manage behaviour that was challenging.

A risk management policy and risk register was available and reviewed regularly. The inspector saw that systems were in place to manage risks associated with the quality of care and the safety of the residents. The emergency plan for the centre was located within the safety statement.

## Regulation 18: Food and nutrition

Residents were not provided with a choice of drink or any drink during their mealtime service. Most residents were served drinks such as tea, coffee and juice after their main meal with dessert.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy and risk register in place which assessed identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

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 appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practice to ensure appropriate usage.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	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

# Compliance Plan for Oakwood Lodge Nursing Home OSV-0000154

Inspection ID: MON-0043854

Date of inspection: 28/08/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A trolley has been added to the dining room with water and juice available to the residents during meal times.</p> <p>In addition to this staff will ask the residents that are unable to help themselves throughout meal times if they would like anything to drink.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	29/08/2024