



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:	27 June 2024
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0043679

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:	55
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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
Thursday 27 June 2024	09:00hrs to 18:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the findings of this inspection confirmed that residents living in this designated centre were in receipt of appropriate support and care to enjoy a good quality of life and to live the best life that they could. The inspector found that residents were supported and facilitated to choose where and how they spent their day. Throughout the inspection the inspector observed residents following their own routines or participating in the planned activity programme which was provided on the day.

Residents who spoke with the inspector said that they liked living in the centre, one resident said " they do all they can for you". Visitors were observed coming and going throughout the day and they also said that they were happy with the care and support provided to their relatives. One visitor told the inspector that their relative mentioned that they viewed "this centre as their new home" and that they were content living in the designated centre.

Oakwood Private Nursing Home is a single story designated centre registered to provide care and support for 56 residents and is located on the outskirts of Roscommon Town. There were 55 residents living in the centre on the day of this inspection. Following an introductory meeting with the person in charge, the inspector commenced a tour of the designated centre where they had the opportunity to meet with residents and staff.

The Inspector found that the centre was clean, warm and odour free. A programme of upgrade to replace flooring in communal areas had been completed and had a positive impact on the overall environment. In addition, a redecoration programme which consisted of the repainting of communal areas and residents bedrooms had also come to its conclusion and was completed to a high standard. All resident rooms observed on this inspection confirmed that the provider had replaced several storage presses, which allowed residents to be able to store and retrieve their personal belongings. Residents rooms were personalised according to individual taste and contained artefacts and mementos which had importance for the individual resident.

There were no internal restrictions on residents accessing any areas of their home. Furthermore, residents had unrestricted access to a well-maintained secure garden area which was well used by the residents, especially during the summer months. This area contained suitable seating for residents to use, a water feature, well-tended plants and shrubs and a gazebo.

The inspector observed staff providing a range of activities throughout the day. Residents who were in attendance were provided with support and encouragement to participate and enjoy the activities provided. Activities observed on the day included, relaxing music therapy, interactive card games, reminiscence activities, ball

games, and a quiz games that residents appeared to enjoy.

The inspector observed many positive interactions between staff and residents. It was clear that staff were aware of residents assessed needs and were able to respond in an appropriate manner to meet those needs. Residents who required support with their personal care or way finding were supported in a timely and discreet manner. Residents who required reassurance were supported in a dignified manner.

There was signage available throughout the centre to guide residents, staff and visitors to key locations such as toilet facilities, dining room, and day room. There was also a range of information on display in relation to fire safety which included actions to take in the event of a fire emergency. Notice boards also provided information on how one would go about registering a complaint, while there information located throughout the centre regarding access to advocacy services.

The inspector observed the provider had installed three hand hygiene sinks which met the required specifications since the last inspection. This meant that there was additional hand hygiene facilities near to the point of care. In addition, chairs in the sitting room had been recovered with a wipeable fabric to allow for effective cleaning. Alcohol hand rub facilities were located in key locations throughout the centre, there was hand towels and liquid soap available located near sinks.

Resident communal rooms were tastefully decorated and displayed items that residents created during activity sessions. The inspector spoke with a number of residents in these room and all who spoke with the inspector said they were happy with the facilities provided.

The inspector observed the dining experience for residents and found that residents received appropriate support to enjoy the food provided. Mealtimes were seen to be a social occasion, allowing residents to interact and chat. There were two sittings for lunch with the first allocated for residents who required additional support with their eating and drinking. Tables were nicely set and residents had a choice of where to have their meals throughout the day. The Inspector observed that the lunch time meals was well presented and there was a good choice of nutritious food available which included a curry and rice, or beef stew dish.

The majority of residents who expressed a view said that they liked the food and confirmed that should they not like what was on the menu then they could request an alternative meal. The inspector observed residents receive mid-morning snacks which included a selection of hydration fluids and a selection of fruits and yoghurt's

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. Overall, there were systems in place which ensured that care and services were safe and provided in line with the designated centre's statement of purpose.. Notwithstanding the maintenance of effective monitoring systems, some improvements were required in relation to the oversight of cleaning and fire safety practices. This is discussed in more detail under Regulation 23: Governance and Management.

In addition, the inspector found that the provider had breached Condition 1 of the centre's registration by using an unregistered storage area to store items used in the day to day operations of the designated centre. This is a repeat finding from the inspection held in June 2023. The provider took appropriate actions following the inspection to relocate the items to a registered storage area within the footprint of the designated centre in line with Condition 1 of the centre's registration.

This was an unannounced risk inspection carried out by an inspector of social services to monitor the registered provider's compliance with the regulations, and to follow up on the provider's compliance plan commitments arising from the inspection carried out in June 2023. The findings of this inspection are that the registered provider had carried out a number of actions in order to achieve compliance with the regulations and these are discussed in more detail under the relevant regulations.

The provider was found to have maintained regular oversight of the centre in terms of reviewing and using information collected to improve outcomes for residents. A range of clinical audits in areas such as medication management, wound care and care planning were carried out, which reviewed internal practices. Action plans were developed following these audits to implement improvements.

The provider completed a comprehensive annual review of the quality and safety of care delivered to residents completed for 2023, where they reviewed their interventions and identified measures to improve the overall quality of services provided to residents.

The inspectors followed up on unsolicited information that had been received by the Chief Inspector since the last inspection. The issues reported to the Chief Inspector related to the management of continence and toileting support for residents. In addition, there were concerns reported regarding the effective management of resident's skin conditions. The inspector followed up on these concerns as part of the inspection and found that all of the issues raised were unsubstantiated. The inspector reviewed a range of information including, resident progress notes, care plans and medical records and found that the provider followed professional guidance to guide care and support interventions.

The registered provider for this centre is Oakwood Private Nursing Home Limited. There are two directors involved in the company one of whom is the assistant director of nursing. The person in charge is also supported in their role by a team of nursing staff, healthcare assistants, activity co-ordinators, household, catering,

administration and maintenance staff. There was a defined management structure in place which identified lines of authority and accountability

There were sufficient numbers of staff available in the designated centre during the inspection to meet the assessed needs of the residents. Arrangements were also in place to maintain staffing levels to cover staff absences. A review of rosters confirmed that all absences had been filled by the provider. Staff spoken with were knowledgeable of resident's individual needs and were seen to be responsive to request for assistance by residents.

Staff were supported and facilitated to attend training and there was a high level of attendance at training in areas to support staff fulfil their roles. Staff had recently attended training in catheter care on the HSEland training platform for the prevention and management of urinary tract infections.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre and met the requirements of Regulation 34. Incidents occurring within the centre were being documented and reviewed by the provider in their governance meetings.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records found that all staff had completed their mandatory training which included fire safety, moving and handling, and safeguarding training. Training records were well-maintained and easy to follow. Staff had access to other training commensurate to their role and included dementia training, medication management, cardio pulmonary resuscitation (CPR) and end of life training.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had not ensured that the service was being delivered in line with the centre's conditions of registration. For example;

- An unregistered storage area was being used to store supplies used in the running of the designated centre., the registered provider however submitted photo evidence post inspection that these supplies had been removed and relocated to a registered part of the designated centre.
- The inspector found that although the registered provider had management systems in place to monitor the quality of the service provided, the systems in place to monitor the effective cleaning of resident equipment was not robust and did not provide adequate assurances that resident communal equipment had been cleaned in between resident use.
- Risks in relation to fire stopping were not identified and addressed and as a result the provider did not have a clear plan in place to manage these risks.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of ongoing health and social care support to ensure positive outcomes and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that resident's voices were being heard in this centre.

The inspector reviewed the provider's compliance plan from the last inspection and found the provider had implemented a number of actions which improved storage

facilities for residents and processes for resident consultation. In addition, there were improvements found regarding the oversight of infection control, however further improvements were required and this is discussed in more detail under Regulation 27: Infection control. While there were measures in place to protect residents from the risk of and fire, the inspector found one area of the premises did not have effective fire stopping in place.

Residents were provided with good standards of nursing care and timely access to medical care to meet their needs. Residents were facilitated to attend out patient appointments for follow up as required. Residents' records and their feedback to the inspector confirmed that they had timely access to a medical practitioner from the local hospital service, specialist medical and nursing services including a tissue viability nurse specialist, community palliative care and psychiatry of older age.

A selection of care plans focusing on residents mobility, communication and behaviour and continence care needs were reviewed on this inspection. Findings, confirmed that residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents progress notes was comprehensive and related directly to the agreed care plan interventions.

Residents spoken with during the inspection said that they felt safe living in the centre and that staff cared for them very well. Residents who spoke with the inspector said that if they had a concern or a worry that they could talk to any member of the staff team. The registered provider was working towards a restraint free environment, the inspector noted that the number of residents using bedrails had reduced. Residents were able to access all areas of their home without restriction.

The premises were well-maintained and suitable for the assessed needs of the residents. Communal facilities were spacious, comfortable and tastefully decorated. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. The provider had made a number of cosmetic improvements to the designated centre which included the replacement of flooring and curtains. In addition, many areas of the designated centre both communal and private spaces for residents had been repainted. These changes had a positive impact on the atmosphere of the home. Several residents commented that the centre looked brighter. Resident's personalised their bedrooms with photo's and mementos which were important to them.

Overall the inspector found systems and oversight arrangements for the the monitoring of infection prevention and control had improved since the last inspection. A review of monitoring records confirmed that areas of the designated centre which were of high risk of infection transmission such as sluice rooms and laundry facility, were well maintained and routinely audited. Although there were several records which monitored cleaning activity in the designated centre, there

were no records or systems in place to ensure that residents' equipment such as wheelchairs and mobility aids were cleaned in between resident use and marked as decontaminated and safe for re-use.. This created the risk that staff may use equipment that had not been decontaminated between resident use and spread infection.

A review of records indicated that there were comprehensive systems in place for the monitoring of fire safety in the designated centre. Staff were aware of the fire procedure and were able to identify clearly the steps they would follow in the event of a fire emergency. Records confirmed that regular fire drills and simulated fire evacuations formed part of the registered providers fire safety strategy. Personal emergency evacuation plans (PEEPs) were in place to guide staff in the safe evacuation needs of individual residents. However on the walkabout of the designated centre the inspector noted gaps in the ceiling of the laundry facility where two pipes entered the ceiling. These gaps in the compartment boundary had the potential to allow smoke and flames to spread in this area.

A programme of activities were in place in the centre, which was facilitated by two activity co-ordinators and other members of staff. There were appropriate facilities available for the provision of activities. The inspector noted residents attended two communal rooms were in use available a number of day rooms and other communal rooms situated throughout the centre, as well as several outdoor courtyards. Many residents had opportunities to participate in activities in accordance with their abilities and interests. Residents also had good access to a range of media which included, television and radios. There was no restrictions on visiting to the centre which was in line with national guidance.

Resident rights were promoted and respected by the staff team. Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided. It was clear that feedback from residents was used to inform the quality of the services provided. Concerns raised by residents regarding the laundry service had been addressed by the provider. Residents confirmed with the inspector that they were happy with the laundry service provided.

Records associated with clinical, operational and environmental risks were well maintained and available for review. A review of incidents that occurred in the centre since the last inspection found that these incidents were clearly described and were followed up in line with the centre's risk policy.

Regulation 17: Premises

The registered provider was found to have ensured that the designated centre is suitable for the assessed needs of the residents. There are suitable and sufficient communal spaces available for residents to use. There was an accessible outside space for residents to use which was well-maintained and secure.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by,

- There was no clear strategy for the cleaning of equipment used in the transfer of residents. Current recording systems were unable to confirm that mobility equipment had been effectively cleaned since they were last used.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review of fire safety arrangements in the designated centre found that the integrity of the fire stopping in the laundry facility was not robust, and did not ensure that smoke and fire would be contained in the event of a fire emergency so that residents and staff would be protected.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of records seen on inspection confirmed that residents had a pre-admission assessment completed prior to their admission to the designated centre. A range of suitable care plans were found to be developed for each resident based on their individual needs and following validated nursing assessments. For example, residents who were at risk of falls had a falls risk assessment completed to inform the relevant care plan. Records reviewed also confirmed that care plans were completed for residents within 48hrs of their arrival in line with the regulations. Where residents were unable to fully engage in this process then relevant family were consulted.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner. Allied health professionals were available such as dietitian, physiotherapist, occupational therapist, speech and language therapy. Residents had access to specialist input from the psychiatry of old age, a geriatrician and the palliative care team as and when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who presented with 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 cared for in a positive and individualised manner. Where restrictive measures were introduced they were done as the least restrictive option. For example, a resident who currently had bed rails in place was initially trialled on a low entry bed to maximise their independence. The inspectors found that there was effective monitoring and record-keeping of restrictive practices in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided.

Judgment: Compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The

local risk register was comprehensive and detailed. Risks were kept under review by the person in charge and were reviewed and updated on a regular basis. The risk register identified risks and included the additional control measures in place to minimise the identified risk. Some additional risks were found on inspection and are discussed in more detail under Regulation 23: Governance and management.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 26: Risk management	Compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0043679

Date of inspection: 27/06/2024

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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>(A) All items have been removed from unregistered building and stored within the footprint of the designated center.</p> <p>(B) The Provider will submit an application to vary the current registration regarding the additional storage facility when fire certification has been received.</p> <p>Since the inspection we have put in place a robust system to monitor the effective cleaning of resident communal equipment. All communal equipment after use is to be cleaned/wiped down with antiseptic wipes and tagged to confirm same.</p> <p>The firestopping in the laundry has been completed (pictures attached).</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Since the inspection we have put in place a robust system to monitor the effective cleaning of resident communal equipment. All communal equipment after use is to be cleaned/wiped down with antiseptic wipes and tagged to confirm same</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The firestopping in the laundry has been completed (pictures attached).	

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 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	Orange	28/09/2024
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	31/08/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all	Substantially Compliant	Yellow	01/09/2024

	fire equipment, means of escape, building fabric and building services.			
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