

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Oakfield Nursing Home
Centre ID:	ORG-0000259
Centre address:	Courtown, Gorey, Wexford.
Telephone number:	053 942 5679
Email address:	info@oakfieldnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Shanahan
Provider Nominee:	Patrick Shanahan
Person in charge:	Hilary Braham
Lead inspector:	Mairead Harrington
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	68
Number of vacancies on the date of inspection:	5

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 April 2014 09:00	08 April 2014 17:30
09 April 2014 09:00	09 April 2014 14:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was the fifth inspection since Oakfield Nursing Home was registered in 2010. As part of the inspection the inspectors met with residents, the provider, the person in charge, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had been identified, the providers have demonstrated their willingness, commitment and capacity to implement the required improvements. The previous inspection was

undertaken on 13 and 14 March 2013 and the report including the provider's response to the action plan can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspection findings were positive with actions from the previous inspection satisfactorily completed. Inspectors were satisfied the centre was well operated and compliant with the conditions of registration granted. The safety of residents and staff within the centre was actively promoted and a centre-specific risk management policy was in place. Inspectors found the centre to be substantially compliant in 12 outcomes. Moderate non-compliance was found in 5 outcomes and there was one minor non-compliance.

Residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a dedicated team of activity coordinators.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose for Oakfield Nursing Home outlined the aims and ethos of the centre and summarised the facilities available and services provided. The objectives outlined in the statement referred to "enabling residents to lead active and fulfilling lives within their capabilities" and "offering a range of services that encourage participation and inclusion". The inspectors found that the attitude of both staff and management

demonstrated a commitment to these objectives. A copy of the statement of purpose was included in the Residents' Guide and made available to all residents. The person in charge confirmed that the statement of purpose was kept under review and provided inspectors with a copy that had been updated since the last inspection.

The inspectors' review of the statement of purpose found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The contracts of care examined by inspectors were in compliance with legislative requirements and included provisions for residents to avail of a variety of activity programmes if they so chose.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge worked in a full-time capacity and held the necessary qualifications and experience for this post. She was able to summarise the necessary governance arrangements in place such as clear reporting systems with the care manager, provider, health and safety officer and nursing staff, including regular minuted meetings. Staff,

residents and relatives spoken to were aware that the care manager deputised for the person in charge when absent. Throughout the day of inspection the person in charge demonstrated competent knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge also demonstrated an understanding of, and commitment to, the requirements of a regulatory framework.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that all policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP. The Resident's Guide contained the required information and copies were available to residents. Medical records, care plans and nursing notes were maintained for all residents. Incident logs and documentation in relation to the belongings of residents were maintained in an orderly and accessible manner.

Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been one occasion since the last inspection when the person in charge was absent for more than 28 days. Notification of this absence had been provided to the Chief Inspector in accordance with statutory requirements and there were clear arrangements for cover in place with the care manager taking responsibility for the role during the absence. The care manager is a registered nurse since 1997 with professional qualifications in gerontological care and has worked at Oakfield Nursing Home since May 2010.

The person in charge, the registered nominated provider and health and safety manager were contactable in the event of any emergencies. The notification to record that the person in charge had returned to duty was not provided to the Chief Inspector at the time of inspection but has since been submitted.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions from the previous inspection included the development of operational policies and procedures in relation to residents' personal property and possessions which have since been put in place. A previous shortcoming in relation to the reporting system had

also been actioned with accident, incident and complaint logs now used to record events and allegations. Any notifications required as a result were submitted in accordance with regulatory requirements.

Current risk assessments, operating policies and procedures were available covering essential areas such as manual handling, elder abuse and fire prevention and response. All staff had received up-to-date training in these areas. The person in charge, and those staff spoken with, understood what constituted abuse and were clear on the procedure for reporting the information. Residents and relatives spoken to were also clear on who they could go to should they have any concerns they wished to raise.

Entrance to the centre was restricted and residents spoken to said they felt safe and secure living there. An up-to-date safety statement and policy on resident's accounts and personal property was available on-site. There were systems in place to safeguard and manage residents' belongings including personal finances. Monies were secured in a safe. A signed record of deposits and withdrawals was maintained with regular account updates provided to residents or family members. Inspectors noted however that on the day of inspection there was a slight discrepancy in the reconciliation of receipts against funds. As all residents' monies were stored in a central cash box this made the identification of error difficult and also created uncertainty about the balance of cash for an individual resident at any given time.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Actions from the previous inspection included the introduction of individual slings for residents when using a hoist and the provision of appropriate fire equipment outside the smoking room, both of which have been implemented.

Overall, there was evidence that the provider was committed to protecting and promoting the health and safety of residents, staff and visitors with current, site-specific, written operational policies and procedures in place for health and safety and risk management.

The policy on environmental cleaning was up-to-date and staff spoken with were familiar with procedures and best practice. Infection control procedures were generally seen to be routinely implemented with hand sanitation facilities throughout the premises

seen to be in regular use. However, inspectors noted that the laundry area had only one access point, aside from the fire exit, which was not in keeping with infection control best practice.

Up-to-date maintenance certification for equipment in use was available for examination by inspectors. Staff were also observed to use appropriate techniques and communication when utilising specialist equipment such as hoists.

A fire policy and emergency plan were in place and contained appropriate guidance and procedures. Though there was an evacuation plan and procedure on display in the nurses station this information was not visible or available to residents or visitors in other parts of the centre. Evacuation sheets were in use on all residents beds. Fire precaution systems were in place and included the required mandatory checks of emergency lighting, fire equipment and fire panels. A quarterly test of the smoke alarm was overdue. Training records confirmed that all staff receive ongoing fire training including fire drills and the last training session was on 25 February 2014. Staff spoken to were aware of evacuation procedures and action to be taken in the event of a fire.

The design and layout of the centre was in keeping with the requirements of its resident profile with appropriate mobility adaptations such as grab rails and lifts to allow access between floors. An up-to-date risk management assessment was available which included a risk register that recorded hazards specifically identified in the regulations.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors noted that there was a written operational policy relating to the ordering, prescribing, storing and administration of medicines to residents. This policy was comprehensive, centre-specific and had been reviewed in March 2014. There was documentary evidence that all nursing staff had read and understood the policy.

Handling of controlled drugs was safe and in accordance with current guidelines and legislation. The inspectors saw that valuables were no longer stored in the secure medication press. Medication management training was facilitated regularly.

The maximum dosage of medications administered on a PRN (pro re nata or 'as

required') basis was not stated on a number of prescriptions. PRN medications were not administered on a regular or routine basis.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse; each record was signed and dated by the relevant GP. The date of transcription was recorded.

Medication management audits were completed regularly by the person in charge, most recently in January 2014, with evidence of feedback to staff and actions taken for the purposes of learning. The results of the most recent medication management audit undertaken by the pharmacist were made available to the inspectors. The inspectors saw that improvements recommended by the pharmacist had been implemented.

Medication prescription sheets were current and contained many of the required elements. However, the inspector noted that prescribers did not sign individually for each medication. Authorisations were in place for administering medications in an altered format (crushed).

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

A review of each resident's medication regimen was undertaken and documented by the relevant GP and the pharmacist every three months.

A record of medication errors was reviewed by the inspectors which demonstrated adequate investigation and learning from the incidents.

The inspectors noted that improved stock control measures had been implemented. Unused or out-of-date medications were identified and returned to the pharmacy. A written record was maintained of these transactions.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record of all incidents and accidents occurring in the designated centre is maintained

and, where required, notified to the Chief Inspector in accordance with statutory requirements.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staff and senior management spoken to by inspectors were clearly committed to the provision of person-centred care and had an open approach to learning and development in relation to continuous improvement. Effective audit processes were in place for a range of issues such as falls reviews and assessments. Inspectors saw evidence of effective learning reviews also in relation to a recent minor fire incident where staff both responded appropriately in accordance with procedure during the event, and also subsequently reviewed the circumstances to inform learning.

Inspectors also noted that the centre had in place a system to review and monitor the quality of life of residents - this included questionnaires to residents and their relatives on satisfaction levels and possible improvements. A system for consultation was in place with a resident advocate regularly in attendance. Inspectors noted the advocate was actively involved in representing the interests of individual residents in areas such as securing resources in relation to their needs assessments.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, cognition, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and pain management. There was evidence from signed records on file that residents and their families had been involved in the development of their care plans. An up-to-date policy on the use of restraint was in place and resident charts were maintained in keeping with policy, discussed with family and signed by a GP where required.

There were a number of centre-specific policies in relation to the care and welfare of residents including assessment and care planning, falls, wound management and challenging behaviour. Overall the welfare and well-being of residents was maintained through both evidence based nursing care and appropriate medical and allied health care such as dentistry, chiropody, occupational therapy and community mental health.

Whilst the inspector saw detailed care planning in many areas, there was evidence that where a care plan was in place for a specific problem, it was not implemented in practice. In one sample the assessment scores in relation to nutrition did not result in a revised care plan or referral to a dietician. Another care plan did not reflect the recommendations following a speech therapist referral. In several cases data had been recorded in relation to weight without then applying an appropriate assessment tool to put in place a relevant care plan. A number of care plans were not personalised in relation to end-of-life with no indication as to discussions with residents.

A dedicated activities team provided a variety of activities that included social events, outings and activities such as reminiscence and Sonas therapy as well as bingo, music and song. A trip to the theatre was planned for the evening of the day of inspection and residents who attended stated they enjoyed the experience. The centre also had its own wheelchair accessible minibus to facilitate outings.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The premises comprised a three-storey building, purpose built in 2005, with a lower ground floor and first floor accessed by lift and stairs. The design and layout of the centre was in keeping with the statement of purpose and met the requirements of its resident profile. The centre was set in landscaped gardens with footpaths and seating for the use of residents and visitors. Car parking spaces were available for both residents and visitors. The premises comprised 24 single en suite rooms and 19 twin en suite rooms on the ground floor, with 11 single en suite rooms on the lower ground floor. All rooms provided space and storage adequate to the needs of residents. Separate areas were provided for staff including changing and storage facilities. Residents could receive visitors either in their own rooms or in a number of designated communal areas.

The premises were pleasant, clean, bright and well maintained with a homely atmosphere. The centre was nicely decorated and attention had been given to the colour schemes and murals which were used to good effect throughout.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The previous inspection found that the log of complaints did not contain sufficient detail about whether a complaint was resolved satisfactorily.

During the current inspection it was noted that a complaints policy dated August 2013 was on display in the entrance area of the centre. The policy cited relevant legislation and included a clear outline of the procedure to follow in making a complaint such as who to approach and expected time frames for resolution. A complaints officer was nominated and contact details provided including information on the appeal process. A print off of the electronic complaints log was reviewed by the inspector and contained a record of complaints along with investigations undertaken and communication of the outcome to complainants.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A current policy was available which was comprehensive, centre-specific and contained provisions on symptom management and specific guidance in relation to residents with dementia. Provisions were in place to ensure the availability of palliative care as necessary. The centre had a chapel room and arrangements were in place for local priests and ministers to attend as required.

Family and friends are facilitated to be with their relative and the centre has an overnight suite dedicated for this purpose. Management and staff spoken to were clear in their understanding and commitment to the support of residents' wishes. Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity and autonomy.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents had the choice of taking meals in the communal dining room or in their own room if they so wished. Inspectors noted that the food preparation was contracted out to an external provider and that there was regular input by a dietician in the menu

content. During the lunch service on the day of inspection a choice of meals was offered which were freshly prepared and nutritious. A policy was in place for the monitoring of nutrition and hydration needs and documented records of assessments were on file. Residents who needed assistance with eating their meals were observed being assisted by staff using appropriate techniques and in a respectful manner with one staff member to each resident who required assistance.

Kitchen staff spoken to stated that the families of new residents provided information on the likes and dislikes of residents following admission. Staff were aware of the individual dietary requirements of residents which were documented in individualised folders and also on a wall chart.

Inspectors noted that refreshments were available throughout the centre - at bedsides and in day rooms. Some residents had a fridge in their room and snacks were also available throughout the day.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The atmosphere at the centre was friendly and relaxed and inspectors observed a regular attendance of visitors. There was an open visiting policy in place with no restricted visiting times. A number of visiting rooms were available, both communal and private, and residents could also receive visitors in their rooms.

The provider, person in charge and staff had a good knowledge and understanding of residents' backgrounds and interests. Inspectors noted that the interaction between staff members and residents was warm and friendly with staff being respectful, courteous and considerate as a matter of course. Residents spoken to commented positively on their experience at the centre and the care they received.

Provisions were in place to facilitate outings for residents in the locality and on the occasion of the inspection residents were preparing for a trip to the theatre that evening to see a musical. A regular activity programme was in place run by a dedicated team of activity coordinators - those residents who chose to participate spoke positively about

the programme of activities available. Residents could also exercise choice as to whether they partook in activities or not.

Inspectors saw records of residents' meetings and issues on the agenda included outings, activities and choices in relation to food. There was a policy on the management of communication needs and inspectors noted the use of pictograms in particular with one high dependency resident. A copy of the Residents' Guide was also seen to be made available to residents in the course of the inspection.

The statement of purpose described the ethos of the centre as one which recognised that "each person is unique and has specific requirements and preferences". Inspectors found this person-centred approach to be actively implemented in the management of the centre.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A policy was in place for residents' personal property and possessions and adequate space was available in residents' rooms to store belongings in an easily accessible and secure manner. A record of residents' personal property was maintained including an inventory of furniture items which was updated in the course of the inspection.

Arrangements were in place for the regular laundering of linen and clothing and appropriate facilities were available for these purposes. Laundry staff spoken to understood the requirements in relation to segregation of garments and infection control procedures were in place including the use of alginate bags. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed recruitment and training records and procedures and spoke to staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. In two records examined self-certified medical declarations were on file with no verification by a medical practitioner. Staff spoken to were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Several staff members held a FETAC qualification in gerontology.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse, manual handling and fire procedures and prevention. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

The vetting process in relation to one volunteer was in progress but had not been completed.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Oakfield Nursing Home
Centre ID:	ORG-0000259
Date of inspection:	08/04/2014
Date of response:	05/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Implement a system that ensures individual resident's finances can be identified in a transparent manner that affords an appropriate level of protection from potential abuse.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

Please state the actions you have taken or are planning to take:

The resident's finances (pocket money) have been separated. Each resident now has an individual wallet in which their money is stored.

Proposed Timescale: 23/04/2014

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider should ensure that appropriate infection control measures are in place in all areas, including the laundry facility.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

The laundry area will be reconfigured to ensure appropriate infection control measures are in place.

Proposed Timescale: 30/09/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider should ensure that policies on arrangements for identifying, recording, investigating and learning from serious or untoward incidents are fully implemented.

Action Required:

Under Regulation 31 (2) (d) you are required to: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

The risk management policy will be reviewed to ensure that it covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider should ensure that information about evacuation plans and procedures are readily accessible to residents and visitors.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe

placement of residents.

Please state the actions you have taken or are planning to take:

Evacuation plans and procedures will be displayed at regular intervals throughout the centre.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider should ensure that all alarm systems are tested within time-frames that comply with statutory requirements.

Action Required:

Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

Please state the actions you have taken or are planning to take:

The fire alarm system has been tested and measures put in place to ensure that future checks are made within time-frames that comply with statutory requirements.

Proposed Timescale: 11/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that the maximum dose for PRN medications are stated on prescriptions.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

All prescriptions have been updated to include the maximum dosage for PRN medications.

Proposed Timescale: 10/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure that individual medications on a prescription chart are appropriately signed off by the prescriber.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:

Individual medications have been appropriately signed by the prescriber.

Proposed Timescale: 01/06/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Ensure appropriate assessment tools are utilised to inform care plans.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:

Care plans have been reviewed and updated to reflect the findings from assessment tools utilised.

Proposed Timescale: 01/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure that residents' needs are set out in care plans in keeping with the results of ongoing health care assessments.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:

Care plans have been reviewed and updated in keeping with the results of ongoing health care assessments and the needs of the residents.

Proposed Timescale: 01/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure care plans are person-centred and are developed in agreement with residents.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:

Care plans are being reviewed and updated to increase degree of personalisation. Training has been secured for all registered nurses (September 2014) in relation to end of life care planning and the development of person-centred care plans.

Proposed Timescale: 30/09/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Ensure care plans are revised in keeping with the advice and recommendations of health care professionals.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:

Care plans have been reviewed and updated in keeping with the advice and recommendations received from health care professionals.

Proposed Timescale: 10/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider shall ensure that all staff are fit to work at the designated centre.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Please state the actions you have taken or are planning to take:

Information and documents as specified in Schedule 2 will be secured and held on record for all employees of the centre.

Proposed Timescale: 31/07/2014

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge shall ensure that all volunteers are vetted appropriate to their role and responsibilities.

Action Required:

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

Please state the actions you have taken or are planning to take:

Garda vetting has been applied for in respect of all volunteers.

Proposed Timescale: 29/05/2014