

**Health Information and Quality Authority
Social Services Inspectorate**

**Compliance Monitoring - Inspection report
Designated Centres under Health Act 2007**



Centre name:	Oaklands Nursing Home
Centre ID:	0260
Centre address:	Derry Listowel, Co Kerry
Telephone number:	068-21173
Email address:	info@oaklandsnh.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Bolden (Nursing) Limited
Person authorised to act on behalf of the provider:	Michael O'Donoghue
Person in charge:	Linda Hare
Date of inspection:	27 September 2012 and 28 September 2012
Time inspection took place:	Day 1-Start: 12:25hrs Completion: 17:30hrs Day 2-Start: 09:25hrs Completion: 15:00hrs
Lead inspector:	Col Conway
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

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 their 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
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint.

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection the inspector met with some residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, maintenance and service records and some documents on staff files.

During the two days of inspection there was evidence that residents received a good standard of care overall and there was a good level of compliance with the Regulations.

The Action Plan at the end of this report identifies where improvements are needed to meet 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*.

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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3

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

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge works full time in the centre, she is a registered nurse and holds current registration with the nursing professional body. She has a commitment to her own continued professional development as she had undertaken relevant short courses since the previous inspection, such as wound management, nutrition and hydration, safe patient care and train the trainer. The inspector formed the view, based on observations in the centre, that the person in charge was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more

*reliable and to improve the quality and safety of the service it delivers.
In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.
To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A centre-specific elder abuse policy was available and all staff had received elder abuse training. Two of the nursing staff had received training as elder abuse trainers so that they can facilitate the elder abuse training on site. There was evidence that the required vetting of staff had been undertaken.

The person in charge confirmed that money was not routinely held for residents; however, if a request was made by a resident to keep or handle any monies appropriate procedures were in place to manage it in a transparent manner.

Outcome 7

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

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that the health and safety of residents, visitors and staff was promoted and protected as appropriate measures were in place, such as:

- a health and safety statement was in place and environmental risk assessments were undertaken to identify any hazards and there was documented evidence that actions were taken if required
- any incidents/accidents were comprehensively documented and there was a record maintained of frequent analysis to determine trends and any causative factors
- records indicated staff had received manual handling and fire safety training
- fire exits were unobstructed and records confirmed that fire equipment, fire prevention and suppression system checks were up to date and frequent fire drills were undertaken
- the premises was well maintained, adequate lighting was in place, flooring was in a good condition and hand and grab rails were in the required places.

While there was a written health and safety policy in place it did not include food safety in the document, as is required by the Regulations.

While there was a written risk management policy in place it did not comprehensively cover the identification and assessment of risks throughout the centre and the precautions in place to control the risks identified as well as the precautions in place to control the risks of residents self harming.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There were up-to-date and centre-specific medication management written policies and procedures detailing ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Review of medication administration records and observation of administration practices indicated safe medication management was undertaken by nursing staff as there was adherence to professional guidelines and regulatory requirements. However, at shift changeovers a nurse from each shift was not completing a count of controlled/scheduled medications. This was rectified immediately when brought to the attention of the person in charge.

There was evidence that residents' medication prescriptions were reviewed at least every three months by a medical practitioner and a pharmacist.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's 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 resident's 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that residents' wellbeing and welfare was maintained as they received contemporary evidence-based nursing care. Written nursing records indicated each resident was comprehensively reviewed by nursing staff on a frequent basis to monitor residents' progress and to detect any deterioration and residents with risk factors were monitored and cared for appropriately. Nursing care plans that detailed the arrangements to meet each resident's assessed needs were in place for each resident and there was evidence that the care plans were reviewed and updated by nursing staff at least three-monthly or more frequently if required.

A review of residents' medical records indicated that residents had frequent access to and review by general practitioners and they also had access to specialist medical review such as a gerontologist, if required.

Residents' also had access to allied health services such as, dietician, physiotherapy, speech and language therapy, occupational therapy, chiropody, dentistry, optical care and audiology.

Residents were provided with opportunities to engage in meaningful and stimulating activities. A timetable of the daily organised activities was available for residents and each resident had a written social and recreational activities care plan and a record was maintained of their participation.

Outcome 12

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.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Appropriate equipment was available for both residents' and staff use; records indicated that equipment was checked regularly and maintained as required and there was dedicated storage space for equipment.

There was a good standard of accommodation with the décor comfortable and homely. The premises was bright, well maintained with good quality flooring, fittings, lighting and curtains and the furniture was appropriate to meet residents' needs.

There was a safe outdoor space for residents which consisted of an enclosed garden that was entered from within the centre.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures

Standard 6: Complaints

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

A written complaints policy was in place and a written complaints procedure was hung in a prominent place. Residents had access to an independent appeals process.

A written record was maintained of complaints, detailing the actual complaint and the ongoing management of any complaints. The records that were reviewed by an inspector indicated that complaints were appropriately acted upon.

Outcome 15

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.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence that residents' dietary requirements were communicated to the kitchen staff and were catered for and residents were provided with food and drink at times and in quantities adequate for their needs. The daily menu was displayed and choice was offered to residents at mealtimes and a varied diet was made available as the menu was regularly rotated and changed.

Residents were offered their meals in two dining areas and they were also facilitated to dine in their own bedrooms. Residents who needed assistance with meals were assisted by staff using appropriate techniques in a discreet and respectful manner. Residents had access to fresh drinking water, hot drinks and snacks throughout the day.

Residents' weights were monitored regularly and clinical assessment of residents' nutritional status was frequently undertaken to monitor each resident.

Outcome 17

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Adequate space was provided for residents to store personal possessions in their bedrooms in their own bedside cabinets, wardrobes and cupboards. The inspector found that suitable processes and procedures for the management of laundry were in place for regular laundering of linen and clothing.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed duty rosters and they indicated there was sufficient staff employed and consistently rostered to work. During the two days of inspection the inspector observed that the number and skill-mix of staff working was appropriate to meet the needs of residents.

Staff had been provided with opportunities to attend ongoing relevant education that was additional to the mandatory training of manual handling and fire safety. Some of the nursing staff had attended education and training in dementia care and delirium,

wound management, medication management, legal aspects of documentation and health promotion. Care staff had attended training in nutrition and dysphagia (swallowing difficulty), continence management, use of nutritional supplements and hand washing. Carers who required a relevant Further Education and Training Awards Council (FETAC) training programme had either completed it or were in the process of undertaking it.

There was a centre-specific written recruitment policy in place and there was evidence that staff were recruited in accordance with best recruitment practice as there was substantial compliance with maintaining the required documents for staff.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the owners and the person in charge to report on the inspector's findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, provider, person in charge and staff during the inspection.

Report compiled by:

Col Conway
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

8 October 2012

**Health Information and Quality Authority
Social Services Inspectorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Oaklands Nursing Home
Centre ID:	0260
Date of inspection:	27 September 2012 and 28 September 2012
Date of response:	1 November 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

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

The written health and safety policy did not include food safety.

The written risk management policy did not include the identification and assessment of risks throughout the centre and the precautions in place to control the risks identified as well as the precautions in place to control the risks of residents self harming.

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

Action required:	
Ensure the written health and safety policy includes food safety.	
Action required:	
Ensure the risk management policy includes the identification and assessment of risks throughout the centre and the precautions in place to control the risks identified as well as the precautions in place to control the risks of residents self harming.	
Reference:	
Health Act, 2007 Regulation 27: Operational policies and Procedures Regulation 30: Health and Safety Regulation 31: Risk Management Procedures	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new health and safety policy will be developed to include all the required assessments and controls.	February 2013

Any comments the provider may wish to make:

Provider's response:

Oaklands Nursing Home would like to acknowledge the inspector's professionalism over the two day inspection. We continue to be committed to continuous improvements of our service.

Provider's name: Michael O'Donoghue

Date: 1 November 2012