

**Health Information and Quality Authority  
Regulation Directorate**

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



|   |  |
|---|--|
| <b>Centre name:</b>                                       | Oak View Nursing Home                                    |
| <b>Centre ID:</b>   | OSV-0000151  |
| <b>Centre address:</b>                                    | The Commons,<br>Belturbet,<br>Cavan.                     |
| <b>Telephone number:</b>                                  | 049 952 2630   |
| <b>Email address:</b>                                     | info@oakviewnh.ie  |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Omega Nursing Home Limited                               |
| <b>Provider Nominee:</b>                                  | Maureen Dennehy  |
| <b>Lead inspector:</b>                                    | PJ Wynne   |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Announced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 61   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 0  |

## **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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:                   |
| 13 January 2015 08:50 | 13 January 2015 17:00 |
| 15 January 2015 09:10 | 15 January 2015 16:00 |

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

|   |
|---|
| Outcome 01: Statement of Purpose                                      |
| Outcome 02: Governance and Management                                 |
| Outcome 03: Information for residents                                 |
| Outcome 04: Suitable Person in Charge                                 |
| Outcome 05: Documentation to be kept at a designated centre           |
| Outcome 06: Absence of the Person in charge                           |
| Outcome 07: Safeguarding and Safety                                   |
| Outcome 08: Health and Safety and Risk Management                     |
| Outcome 09: Medication Management                                     |
| Outcome 10: Notification of Incidents                                 |
| 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 report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration of the designated centre.

The centre can accommodate a maximum of 61 residents who need long-term care, or who have respite, convalescent or palliative care needs. The centre was fully occupied at the time of inspection. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. There were 19 residents with maximum care needs and 22 highly dependent. Fourteen residents had medium dependency care needs.

The inspector met with the provider, person in charge and members of the management team who all displayed a good knowledge of the Authority's Standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. The inspector found the premises, fittings and equipment were very clean, well maintained and decorated.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. The building was comfortably warm and a wide range of activities was facilitated by two activity coordinators.

Some improvements were identified to further enhance the service provided. These include training by staff in behaviours that challenge, a review of menu options for the evening time and a review of the effectiveness of the training, and its implementation in practice to ensure enhanced outcomes for residents.

The areas identified for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

**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 2013 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:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose was revised in September 2014. The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

The provider is noted on the roster. She outlined her role to the inspector as supporting the person in charge, managing finances and overseeing maintenance and the governance operations of the centre. While the provider is a registered nurse she does not assist in the delivery of clinical care on a routine basis. However, if cover is required for sick/holiday leave the provider will assist on occasion to cover absences.

There is reporting system in place to demonstrate and communicate the service is effectively monitored and safe between the person in charge and the service provider. The provider was familiar with residents and informed of any specialist care needs by the person in charge.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned on an annual basis to include clinical data over a wide range of areas namely medication management, nutrition and weight loss and any accident/falls sustained by residents. A weekly report is compiled to review the dependency levels and admission and discharges. The inspector found that information collated was used to improve the service.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. 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:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that all residents accommodated for long term care had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

Charges payable per all items not included in the overall fee were outlined for all additional expenses incurred by residents clearly in the contract of care for example, chiropody, hairdressing and escort to appointments.

However, residents accommodated for respite or convalescent care did not have a contract detailing the terms and conditions of their care. One resident admitted for convalescent care was in the centre for a period of five weeks at the time of inspection.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure. Copies of the residents' guide were provided in each bedroom.

**Judgment:**

Substantially Compliant

**Outcome 04: Suitable Person in Charge**

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

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She maintained her professional development and attended mandatory training required by the Regulations. She has completed a master's degree in dementia care and a Train the Trainer (FETAC) Level 6 course.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a clinical nurse manager.

**Judgment:**

Compliant

**Outcome 05: Documentation to be kept at a designated centre**

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

A sample of five staff files to include the files of one of most recently recruited staff was reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

**Judgment:**

Compliant

***Outcome 06: 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:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The key senior manager is appointed to deputise while the person in charge is absent.

**Judgment:**

Compliant

***Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*



**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The ongoing balance was transparently managed.

The provider is a designated agent to collect pensions for two residents. This arrangement was made in consultation with residents and their next of kin a number of years ago. The provider no longer manages the pensions of new residents admitted. An accountable system was in place for the management of money collected by the provider on behalf of residents and money was lodged into a sub account of the centre's business account.

There is a policy on adult protection available. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults.

There is a policy on the management of behaviour that is challenging. The policy stated 'any resident with a history of challenging behaviour, aggression or violent behaviours will have an individual care plan'. However, one resident with behaviours that challenge did not have a plan of care to guide staff actions and interventions. A behavioural log was completed on incidents of behaviours that challenge. However, the information was not used to identify triggers and outline preventative and reactive strategies.

Staff spoken with were very familiar with resident's behaviours and could describe particular residents daily routines very well to the inspector. However, staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately. This is planned by the person in charge for 2015 in addition to training in caring for residents with dementia.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. The majority of the actions in the previous inspection which related to risk, health and safety were satisfactorily completed. However, details of the sling type and size were not outlined for residents who use the sit- to- stand hoist.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for older dependent people in advance of this inspection. Similarly evidence of compliance with planning and development legalisation was submitted to the Authority.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place. However, there was not a system in place to ensure this information could be communicated readily in the event of an emergency. The fire escape route plans were displayed.

All staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and to evacuate. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There was a small number resident who smoked. Cigarettes and lighters are held for safekeeping by staff members for all residents. A risk assessment was completed for all residents who smoke to ensure they were safe to smoke independently or outline the level of assistance and supervision these residents may require in a plan of care. This was identified as an area for improvement on the last visit. Fire retardant aprons were provided in the smoking room. However, there were no fire blankets available in this area.

Two notifications of an outbreak of an infection during September and December 2014

were notified to the Authority as required by the regulations. A review of the incident to inform learning to minimise the risk of future possible outbreaks was completed and reported on by the person in charge to staff.

There was a good cleaning system in place to break the cycle of infection and minimise the risk of cross contamination. Separate cleaning equipment and cloths were used to clean each bedroom and communal areas. There were a sufficient number of cleaning staff rostered each day of the week. Staff were able to explain how they cleaned a room in the event of an outbreak of infection in line with best practice.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a head injury. Individual strategies were outlined and utilised to minimise the risk of residents sustaining a fall to include, sensor mats placed on the floor outside beds and call bells placed close to residents. A post falls assessment was completed 24 hours in the aftermath of a fall by a resident.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from blister packs which were delivered to the centre on a monthly basis by the pharmacist. On arrival the prescription sheets from the pharmacist were checked against the prescription sheet in the signed kardex and the blister packs to ensure all medication orders were correct for each resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and distinguished between PRN (as needed), regular and short term medication and antibiotic therapy.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP.

Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

**Judgment:**

Compliant

***Outcome 10: 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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at required intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. A range of risk assessments had been completed and were used to develop care plans that were person-centred, individualised and described the current care to be given in the main.

Care plans for residents with dementia or cognitive impairment required review to ensure they are more person centred. In some instances the inspector found that while the degree of confusion was outlined for example "severe cognitive decline" there was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken which would guide staff practice was not always evident.

Two residents were accommodated for short term care. A comprehensive assessment was completed on admission and care plans were in place. However, the residents did not have a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available.

A restraint free environment was maintained. There were no physical restraint measures (bed rails or lap straps) in use at the time of this inspection. All residents were provided with a low- low bed. Alternative options were continually explored. Additional mattresses were placed by beds, sensor alarms connected to the nurse call system were utilised

and increased safety checks were in place for residents.

**Judgment:**

Substantially Compliant

**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The building is designed to meet the needs of dependent older people and is newly built within the past two years. There was a high standard of décor throughout and good levels of personalisation evident in current residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

The centre comprises of three separate suites of bedrooms each with their own day sitting room and dining rooms. However, the day sitting room on the first floor which accommodates 27 residents was very crowded each afternoon on the days of inspection. The layout of the seating arrangements which included a row of chairs down the centre of the sitting room restricted the safe movement of residents, particularly those who require aids to mobilise independently. The other sitting rooms were adequate in size to meet the needs of residents and there was one sitting room which was not fully utilised.

There was suitable heating provided in all areas. Bedrooms and communal areas were found to be comfortably warm. All radiators had low heat emitting surfaces to prevent risk of burns. Hand testing indicated the temperature of hot water did not pose a risk of burns or scalds.

Bedrooms accommodation comprises of 53 single and four twin bedrooms all with ensuite bathrooms. Bedrooms are spacious and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed and phone available to residents. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

Staff facilities were provided. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. Additional lockers have

been provided for the storage of personal belongings of all staff as required from the last inspection.

There are two safe enclosed landscaped garden available to residents.

**Judgment:**

Substantially Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a comprehensive complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed. However, a nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not detailed in the complaints procedure.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint required review. The person nominated is not involved in the governance operations of the centre. An advocate was identified to help residents raise an issues or concerns they may have.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

**Judgment:**

Substantially Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

This outcome was the subject of a thematic inspection in May 2014 and all aspects of end of life were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

Resident's end-of-life care preferences/wishes are now being identified and documented in their care plans. The policy of the centre is all residents are for resuscitation unless documented otherwise. At the time of this inspection no resident had a do not resuscitate (DNR) status.

The end-of-life care policy was revised to reflect all the good practices of end-of-life care provided and ensured sufficient detail to guide staff. The majority of staff had received end-of-life training. The person in charge had identified dates for future training of new staff recruited. A sofa bed was provided in the family room with tea/coffee making facilitates since the last visit.

**Judgment:**

Compliant

**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

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

This outcome was the subject of a thematic inspection in May 2014 and all aspects of food and nutrition were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

All resident's food and nutrition needs were detailed in a nutritional plan of care in files reviewed. The food and nutrition policy was revised to reference the links to the suite of allied documents supporting the nutritional policy. Pictorial menus were developed and available in the dementia unit to assist residents in their menu choices.

Training on completing nutritional assessments and nutrition and hydration in care of



the older person was undertaken by staff.

Previously all residents were required to confirm their menu choices for all meals in the morning time a day in advance of having their meals. The menus times have been revised since the last inspection. Residents are now requested to indicate their choice on the day. The lunch menu comprises of a choice of sandwiches, soup, creamy pudding or fresh fruit. The main meal is served between 16:00 hrs and 17:00 hrs on each of the three units. A supper trolley is available from 19:00 hrs which provides residents with tea/coffee, a creamed dessert or option of sandwiches. The revised menu has not been reviewed by the dietician and there was less variety in choice available to residents. The option of sandwiches twice each day was repetitive.

On the last inspection the mealtime experience on the Willow suite was not a social occasion due to the lack of adequate space. Two separate sittings are now arranged for each mealtime. There was ample space for all residents and they were able to mobilise independently in and out of the dining room. There was sufficient space for staff to comfortably assist residents who required help.

**Judgment:**

Substantially Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge.

Residents' civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote in elections. Residents could practice their religious beliefs. There was a visitor's room to allow residents meet with visitors in private.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator. A second activity coordinator has been employed since the last inspection for three hours, five days each week. The inspector spoke with the activity coordinators who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation. There is live music sessions scheduled weekly. Residents spoken with expressed satisfaction with the choice and variety of activities.

**Judgment:**

Compliant

***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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a policy for the managing of residents' personal property. It provided guidance to staff on the storage and care of residents' belongings. There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. However, a clear system was not in place to ensure all clothes were identifiable to each resident. Currently two separate systems are in operation. The provider indicated they are in transition to a new method of marking clothing to ensure they are all identifiable. The inspector checked items of clothing in the laundry and residents wardrobes and noted names were not recorded on all clothing. In some cases the name was illegible due to the washing process. There was no plan to ensure all clothes were marked within the one system in a specific time-frame.

A property list was completed with an inventory of all residents' possessions on

admission. The property list was updated every six months and maintained on the inside of each wardrobe. Staff were allocated as key workers with responsibility to care for residents clothing. The inspector noted that resident's bedrooms were personalised with many of the rooms decorated with pictures and photographs.

**Judgment:**

Substantially Compliant

**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The provider employs a whole-time equivalent of 12 registered nurses and 29 care assistants. In addition, there is catering, cleaning, laundry and activity coordinators an administration staff member employed. The inspector viewed the staff duty rota for a four week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

The inspector judged there was sufficient staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and end- of- life care. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management and cardio pulmonary resuscitation.

There was a significant program of training facilitated by the management team and undertaken by staff in the past 12 months. However, there has been no review of the effectiveness of the training, and its implementation in practice. There has been no follow up with staff to assess their understanding of training completed and evaluation to ensure improved outcomes for residents.

**Judgment:**  
Substantially Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

PJ Wynne  
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 report<sup>1</sup>

|                            |                           |
|----------------------------|---------------------------|
| <b>Centre name:</b>        | Oak View Nursing Home     |
| <b>Centre ID:</b>          | OSV-0000151               |
| <b>Date of inspection:</b> | 13/01/2015 and 15/01/2015 |
| <b>Date of response:</b>   | 16/02/2015                |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Residents accommodated for respite or convalescent care did not have a contract detailing the terms and conditions of their care.

#### Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

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

A new contract will be developed to cover residents who will be accommodated for respite or convalescent care. It will outline the terms and conditions of their care.

**Proposed Timescale:** 31/03/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately.

**Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

All staff employed in Oak View will receive training in Dementia and behaviours that challenge with in the next few months and all new staff who commence in Oak View there after will also receive training in the above.

**Proposed Timescale:** 31/08/2015

**Theme:**

Safe care and support

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

One resident with behaviours that challenge did not have a plan of care to guide staff actions and interventions. A behavioural log was completed on incidents of behaviours that challenge but the information was not used to identify triggers and outline preventative and reactive strategies.

**Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

All staff nurses have been informed that all resident's who present with behaviours that challenge must have a care plan in place which will identify triggers and also methods

in which to prevent behaviours and also ways in which to deescalate these behaviours.

**Proposed Timescale:** 28/02/2015

### **Outcome 08: 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:**

Details of the sling type and size were not outlined for residents who use the sit- to-stand hoist

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

All sling types and sizes will be displayed on the resident's manual handling sheet and updated when necessary as the resident's condition changes.

**Proposed Timescale:** 28/02/2015

**Theme:**

Safe care and support

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

Evacuation sheets were fitted to each bed and all residents had a personal emergency evacuation plan in place. However, there was not a system in place to ensure this information could be communicated readily in the event of an emergency.

**Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

While there is an evacuation plan in place for all residents, this is located in the fire register and is for the use of the person who is leading the evacuation and the emergency team if required. In addition to this plan we will incorporate each resident's evacuation plan into their manual handling chart which is located in each of the resident's bedrooms.

**Proposed Timescale:** 31/03/2015

**Theme:**

Safe care and support

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

Fire drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and to evacuate. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

**Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The Person in Charge will implement an evaluation sheet which will be completed following all simulated fire drills. Fire drills will be carried out with night staff early so as not to inconvenience our residents.

**Proposed Timescale:** 31/03/2015

**Theme:**

Safe care and support

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

There were no fire blankets available in the smoking room.

**Action Required:**

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Fire blankets are in place in both smoking rooms.

**Proposed Timescale:** 16/02/2015

**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:**

Care plans for residents with dementia or cognitive impairment required review to ensure they are more person centred. There was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken.

Two residents were accommodated for short term care. However, the residents did not have a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge.

**Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

All staff nurses have been informed to ensure when care plans are reviewed for residents with dementia, they will reflect the changes in their daily activities and recognition and be more person centred to reflect what is occurring with them at that time. Also all staff nurses have been informed to ensure all residents admitted for respite will have a discharge care plan in place.

**Proposed Timescale:** 30/04/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The day sitting room on the first floor which accommodates 27 residents was very crowded each afternoon on the days of inspection. The layout of the seating arrangements which included a row of chairs down the centre of the sitting room restricted the safe movement of residents, particularly those who require aids to mobilise independently.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The management are working with the activity coordinators to put in place a plan for the full utilisation of all free rooms to ensure all residents have a feeling of space and activities which utilises the whole nursing home effectively.

**Proposed Timescale:** 30/05/2015

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not detailed in the complaints procedure.

**Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The complaints procedure will be changed to reflect the above and the nominated person will be identified to ensure all complaints are appropriately responded too.

**Proposed Timescale:** 28/02/2015

**Theme:**

Person-centred care and support

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

The independent appeals process if the complainant was not satisfied with the outcome of their complaint required review. The person nominated is not involved in the governance operations of the centre.

**Action Required:**

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The complaints policy will be changed to reflect the above and the nominated person who is mentioned in our complaint's policy will be changed to an appropriate person who is involved in the governance of the centre.

**Proposed Timescale:** 28/02/2015

### **Outcome 15: Food and Nutrition**

**Theme:**

Person-centred care and support

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

The revised menu has not been reviewed by the dietician. The inspector formed the opinion there was less variety in choice available to residents. The option of sandwiches twice each day was repetitive.

**Action Required:**

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

An action group will be formed to review and look at ways in which we can increase the variety of choice for our residents. As soon as changes are decided on and made, our menus will be sent to a dietician to review same.

**Proposed Timescale:** 31/07/2015

**Outcome 17: Residents' clothing and personal property and possessions****Theme:**

Person-centred care and support

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

There was no plan to ensure all clothes were marked within the one system in a specific time-frame.

**Action Required:**

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

Currently we are changing over to a specific system for identifying all resident's clothes.

**Proposed Timescale:** 30/06/2015

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

There has been no review of the effectiveness of the training, and its implementation in

practice. There has been no follow up with staff to assess their understanding of training completed and evaluation to ensure improved outcomes for residents.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

The Person in Charge is formulating an evaluation sheet to ensure that all staff have gained knowledge from all training given to them.

**Proposed Timescale:** 31/03/2015