

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oakwood Private Nursing Home
Centre ID:	OSV-0000372
Centre address:	Hawthorn Drive, Athlone Road, Roscommon.
Telephone number:	090 66 37090
Email address:	oakwoodnhros@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oakwood Private Nursing Home Limited
Provider Nominee:	Declan McGarry
Lead inspector:	Thelma O'Neill
Support inspector(s):	Mary McCann;
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	4

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 July 2014 11:00 To: 09 July 2014 19:30

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was triggered following a notification informing the Authority, that an allegation of verbal abuse was received from an anonymous family member. In addition, a number of other notifications were received by The Health Information and Quality Authority, regarding residents sustaining injuries as a result of falls in the centre.

Prior to inspection, the person in charge was requested to provide further information in relation to the allegation of abuse through a provider-led investigation. A report was returned as requested, and the steps taken to investigate the allegation were documented. The person in charge also stated in the report, all of the steps he had taken to safeguard the welfare of the residents, as per organisational policy and procedures. No evidence was found that the incident had occurred. The provider and person in charge stated that the investigation was difficult to conduct due to the fact that the allegation was anonymous, and no resident was specifically identified in the allegation. As a result, it was deemed to be unsubstantiated by the providers. Inspectors reviewed the information submitted to the Authority prior to inspection and spoke with the provider and person in charge with regard to the investigation, inspectors reviewed all available documentation with regard to the allegation and found that the incident was unsubstantiated.

The inspectors also reviewed the number of residents that had falls since the last inspection in January 2014 and found that there were twenty-three incidents of residents falling in the centre. One individual had fallen three times in the past three months and received fractures on two occasions. Inspectors reviewed the resident's care plans, and pre, and post falls prevention strategies, medical and medication

reviews, recommendations of the physiotherapist and General Practitioner's. Inspectors concluded from the information available that more supervision of residents was required, especially at night, and special precautions were required for individuals that were assessed as an extremely high risk of falling.

The inspectors also reviewed the actions from the previous inspection. There were eleven improvements required, inspectors found that eight of the actions identified were substantially achieved; three were not achieved and continue to require action. These include nursing care plans, the management of unwitnessed resident's falls and night staffing requirements.

The action plan at the end of this report identifies mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

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 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):

Findings:

The records listed in Schedules 2, & 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. As identified under the outcomes inspected, these include staffing, complaints and care records reviewed.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Inspectors met with the provider, person in charge and nurses and care staff on duty.

Staff informed inspectors of their knowledge of the organisation's policy and procedures for the prevention, detection and response to abuse.

Inspectors found that there were measures in place to protect residents being harmed or suffering abuse. Staff spoke with were aware of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents. Residents spoke with stated that they felt safe in the centre and relatives spoken with also praised the care their loved one had received in the centre.

Inspectors found that the organisation's policies and procedures were followed following receipt of an allegation of verbal abuse being made by a family member. The person in charge informed the authority of the allegation and a full investigation was instigated and facilitated as per organisational policy and the outcome of the investigation stated that the anonymous allegation was unsubstantiated.

Staff were trained in the policy and procedures for the prevention, detection and response to abuse. The person in charge had facilitated all of the staff training on elder abuse, however, he was unable to produce his certificates of competency for training staff on elder abuse.

The abuse policy, included a reporting flow chart for staff to follow in the event of an allegation of abuse. However, inspectors noted that the provider/ person in charge had not signed or dated the policies, and there were no review dates in place.

Judgment:

Non Compliant - Minor

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:

Inspectors reviewed the accidents and incidents in the centre for the past six months and noted that there were twenty-three incidents of residents falling, of which eighteen were reportedly unwitnessed falls. Falls incidents were recorded to have occurred at various times of the day, but the majority of the falls occurred in the evening or at night time. Accident forms observed by inspectors had documented the treatments that were provided post falls, for example; first-aid treatment, recorded neurological observations for 24 hours post falls reviews, by the General Practitioner's or if hospital treatment had been required.

Inspectors noted that there was no falls prevention check-list, or individual falls diaries in place, to ensure that all possible safety precautions, such as, appropriate medical treatments, environmental conditions and staffing levels were in place to help prevent residents assessed as a high-risk of falling from sustaining falls and possible injury.

There was no falls audits completed this year to identify any such analysis of environmental risks, time of accidents, equipment provided, to ensure that improvement strategies and actions were put in place to prevent further falls in the centre. Inspectors reviewed the care files of residents that had fallen and fractured limbs. There was evidence that some residents were at a high risk of falling due to their medical condition and had a high-fall risk rating. Nursing staff had completed an initial falls risk assessments on these residents and these residents were regularly reviewed by the physiotherapist. However, in a number of cases, there was no evidence that their fall prevention care plans reflected their current care needs. For example, one resident had received two fractures from falls in the past three months, and there had been no changes made to the residents care plan since October 2013. In addition to this, the physiotherapist had recommended that the resident be supervised when walking but the resident had fallen while mobilising independently post this advice. Inspectors also observed in the daily nursing progress notes that the nursing comments documented were often very generic for example; "resident up and dressed" "appears in good form". Residents notes did not always document the nursing care provided or residents conditions daily as indicated in the residents care plan. Inspectors observed that some of the beds in the centre were low low beds which dropped down to the ground and eliminated the need for bed rails. Staff stated there were a quantity of bed mats available to place at the side of beds to protect individuals should they slide off the mattress. However; Inspectors reviewed one residents post fall strategy, and noted that the resident had fallen out of standard height bed, and the nurse confirmed alternatives, such as trying a low low bed with an alarm mat, was not offered or trialled prior to the resident using bedrails as the resident had requested the bed rails.

Judgment:

Non Compliant - Moderate

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 are policies and procedures in place to manage complaints. The complaint process is user-friendly, accessible, to all residents and displayed in a prominent place in the centre. Residents and family members spoken with on the day of inspection were aware of whom to make a complaint to and they stated that they were satisfied with the care and attention they or their loved one received and were happy living in the centre. There was a nominated person to deal with all complaints, and managers assured inspectors that all complaints are thoroughly investigated. The complainant (if identified)

is made aware promptly of the outcome of any complaint. The appeals process is detailed in the complaints policy, should the complainant not be happy with the outcome of a complaint.

On inspection of the complaint log, there were no complaints logged since 2012. Inspectors advised the person in charge that all complaints should be logged to ensure that any trends can be analysed to ensure a quality improvement plan is put in place, to enhance outcomes for residents. There was one anonymous complaint recently made by a family member; this had been investigated as detailed above under outcome 7.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents during the day. There was an actual and planned staff rota but the times that staff worked was not indicated on the roster, for example, LD indicated a long day 8.00 -20.00 and Pm, 14.00- 21.00 hours. The person in charge reviewed the roster during the inspection and included the actual times that staff commenced and finished duty

The dependency levels of the current 51 residents in the centre indicated that 32 residents were of high or maximum dependency. The person in charge stated that he had completed a staffing needs analysis to assess the staffing levels required to support the number of resident's dependency levels. However, the completed staffing analysis was not produced to inspectors at the time of inspection.

The person in charge confirmed during the inspection that three staff; i.e. one-staff nurse and two-care assistants are rostered on duty every night to attend up to 55 residents. Inspectors are of the view that there are not sufficient staff on duty at night to meet the assessed needs of residents, in addition to the size and layout of the

designated centre. Records showed that 73% of the falls occurred in the evening/night.

Staffing at night has been actioned in two reports from previous inspections but the actions have not been appropriately addressed to meet the health and safety needs of the residents.

There are written policies and procedures relating to the recruitment, selection and vetting of staff but not all documents required under Schedule 2 of the Regulations were contained in the personnel files examined.

Judgment:

Non Compliant - Major

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:

Thelma O'Neill
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:	Oakwood Private Nursing Home
Centre ID:	OSV-0000372
Date of inspection:	09/07/2014
Date of response:	08/08/2014

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.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Records listed under schedule 2 were not accurate and up-to-date.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

Schedule 2 and 3 of health act 2007, regulations 2013 are to be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval

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

Proposed Timescale: 01/08/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Ensure that all staff are aware of what constitutes abuse and staff respond to residents requests in an appropriate manner.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

All staff are trained as to what constitutes abuse and how to respond to residents requests in an appropriate manner, as we illustrated recently, which the inspectorate commended in her report.

Policies on abuse will be signed and updated by management.

Proposed Timescale: 01/08/2014

Theme:

Safe care and support

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

The person in charge could not produce his certificate for completion of the the train the trainer course to ensure that all staff are trained in elder abuse by an certified trainer.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The person in charge could not locate his certificate on train the trainer on abuse, he is awaiting response from HSE for new course. Bridget Mc Daid officer for elder abuse HSE west organising first available date for train the trainer course in September 2014

Proposed Timescale: 01/10/2014

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:

Falls prevention care plans were not reflective of the residents current needs, to ensure the delivery of safe and quality care.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Our risk management policy set out in schedule 5 will include measures such as falls prevention check lists, individual falls diaries, updated stratify falls risk assessments on all residents to identify those most at risk of falls, to ensure all possible safety precautions, such as, appropriate medical treatments, environmental conditions and staffing levels are in place to help prevent those assessed as high risk from sustaining falls

Proposed Timescale: 01/09/2014

Theme:

Safe care and support

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

There were a large number of unwitnessed falls documented in the centre.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

A falls audit is to be completed every six months to include identification, recording investigation and learning from serious incidents or adverse events involving residents, these will to be discussed at staff meetings, reports formatted and communicated to our residents, relatives and staff.

Falls audit now completed for January to June 2014.

Proposed Timescale: 01/09/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Residents progress notes were generic, and did not always document the care provided or indicated in the residents care plans.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Our progress reports will be updated to document the care provided or indicated in the residents care plan.

Proposed Timescale: 01/09/2014

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:

Ensure that a record is kept of all verbal and written complaints, including all details of any investigations into the complaint.

Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied

Proposed Timescale: 01/08/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The staffing skill mix at night is not adequate to meet the assessed needs of residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We continuously review our staffing levels to ensure that the number and skill mix is appropriate to the needs of the residents, assessed in accordance with regulation 5 and the size and layout of the building.

Due to the recent inspection where the inspectorate were unhappy with our level of night staff we have made a number of adjustments.

Two nurses will now stay till nine o'clock to help the night nurse (that's three nurses from eight to nine) with the medication round and any other assistance they can give her, an extra carer will work from eight to twelve midnight(that's three carers to twelve) to help with changing rounds and give extra assistance to the night nurse, two carers will now commence duty at seven am,(that's four carers to eight o clock) again to help with changing rounds and assist with early risers.

These staffing levels will be reviewed every fortnight by the management team and adjusted as is necessary

Proposed Timescale: 25/08/2014