



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Oakwood Lodge Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	Kilreesk Road, Skephubble, St Margaret's, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	18 November 2022
Centre ID:	OSV-0000154
Fieldwork ID:	MON-0037705

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Oakwood lodge Nursing Home is a purpose-built single-storey facility registered to provide accommodation to a maximum of 45 residents. It is a mixed-gender facility providing 24-hours nursing care for people aged 18 years and over with a range of needs, including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia, palliative and care of the frail and elderly. Accommodation is provided in 35 single and five twin rooms, a number of which have en-suite facilities. In addition, there is a range of sitting rooms, lounges and activities rooms for social gatherings. An oratory is also available. There are four internal courtyards providing a safe outdoor space to the residents. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 18 November 2022	09:00hrs to 17:00hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

During this unannounced one-day inspection, the inspector met and spoke with several residents and visitors and spent time in communal areas to gain insight into the residents' daily lives and experiences living in the centre. Overall feedback from residents and their visitors was positive regarding the residents' quality of life and the services that were provided.

The inspector completed a walk around the designated centre on the morning of the inspection with the person in charge. The centre was warm and comfortable, and residents were relaxed in their environment. The inspector observed that residents were comfortable in the company of staff and that the staff on duty maintained a positive and supportive presence throughout the day.

All bedrooms and communal areas are contained on the ground floor level, with wide, level corridors and assistive handrails throughout. Hallways and corridors were decorated with pictures and artwork. Bedrooms were suitably styled, with many residents decorating their rooms with personal items. There was sufficient space for residents, which included adequate space to store personal belongings. Call-bells were available throughout the centre.

Residents had opportunities to participate in varied group activities programme. Activity schedules were displayed on noticeboards throughout the centre. Small group activities took place in the dining room and lounge areas throughout the centre. Residents had access to local and national newspapers, television and radio. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Residents were very complimentary about the food, and the inspector saw that residents were offered choice. If they did not like what was on the menu, an alternative meal of choice was made available. Hot and cold drinks and fresh snacks were offered to residents regularly.

The inspector met numerous visitors throughout the day. Visitors spoken with were particularly complimentary regarding the person in charge and the staff's kindness. They were happy to talk freely with them and said the person in charge was very accommodating, and the staff were doing their best to provide for the residents.

The inspector saw evidence that residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents also had access to an independent advocate.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being

delivered.

Capacity and capability

Overall, this was a good service with effective governance and management, where a person-centred and individualised approach to care was promoted. This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The centre had a history of good compliance with the regulations. This inspection of the centre found a satisfactory level of compliance with the regulations assessed. Nonetheless, some action was required to comply with Regulation 15: Staffing, Regulation 23: Governance and management, Regulation 27: Infection control, Regulation 28: Fire precautions and Regulation 8: Protection.

The registered provider of the centre is Willoway Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative. The person in charge was supported in their role by a clinical nurse manager and a team of staff nurses, health care assistants, and household and catering staff. The designated centre also has access to maintenance support at a group level.

Although there appeared to be sufficient nursing and care staff available on the day of inspection, the inspector noted that the centre's staffing arrangement did not ensure that the centre was operating according to the centre's statement of purpose. As a result, the clinical nurse manager had been working as a staff nurse for a number of weeks to cover staffing vacancies. The supernumerary status of the clinical nurse manager who was supposed to support the person in charge and deputise in their absence was an action plan following a previous inspection. This was particularly important as the designated centre did not have a receptionist, and many of the calls and visiting arrangements were being facilitated by the nursing staff, which disrupted their role in supporting the residents. The representative of the registered provider and the person in charge informed the inspector that they were recruiting new staff and were awaiting their arrival so that the clinical nurse manager could revert to a supernumerary role.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

Records were generally well maintained and stored safely, and the policy on the retention of records was in line with regulatory requirements. These included residents' files, training, incidents, audits and complaints.

There was a programme of auditing in place which assessed the quality of clinical and operational aspects of the service, with identified action plans for improvement and assigned timelines for completion.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents. However, the medication policy required review as addressed under Regulation 4.

An annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed, with an action plan for the year ahead. This review incorporated residents' and relatives' feedback and satisfaction surveys regarding the care provided. However, this review was not made available to residents.

Regulation 15: Staffing

On the day of the inspection, the inspector was not assured that there was a sufficient number and skill-mix of staff for the assessed needs of residents and the size and layout of the designated centre and as outlined in the centre's Statement of Purpose. The centre had two vacancies for staff nurses and three vacancies for healthcare assistants. As a result, the management personnel worked as a staff nurse and not in a supernumerary capacity. The inspector was informed that the provider had successfully recruited a few positions, and they were continuing with their active recruitment process.

Judgment: Substantially compliant

Regulation 16: Training and staff development

An up-to-date record of staff training was made available to the inspector. The records reviewed confirmed that all staff had attended training according to their roles and responsibilities, including fire safety, safeguarding, manual handling, and infection control and prevention.

Judgment: Compliant

Regulation 21: Records

Records were well maintained and stored safely, and the policy on the retention of records was in line with regulatory requirements. These included residents' files, training, incidents, audits and complaints.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, with identified lines of accountability and authority. However, due to staffing vacancies, the governance structure was not in line with the statement of purpose; for example, the clinical nurse manager also worked as a staff nurse. While the inspector was informed on this inspection that this was a temporary measure, it was not clear when these hours would be increased.

A copy of the annual review was not made available to residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of four contracts of care was reviewed. Each contract included details of the services to be provided and the fees to be charged, including fees for additional services. Additionally, the bedroom number offered to the resident and the bedroom occupancy were clearly outlined in the contract.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications, and these were submitted in a timely manner and in accordance with the regulations.

A record of accidents and incidents involving residents in the centre was maintained and evidenced appropriate management and areas of learning identified and implemented.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed. The complaint procedures also

ensured that all complaints were logged and investigated and that the outcome of investigations was communicated to complainants.

Judgment: Compliant

Regulation 4: Written policies and procedures

The medicine policy was not updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020).

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were looked after by a staff team who knew them well, and care was person centred. They were supported to live a good life according to their wishes.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GPs) providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed needs.

There were adequate systems in place for the administration and storage of medicines. Controlled drug records and drug administration records were maintained in line with professional guidelines.

Staff were seen to wear their required face masks appropriately. Alcohol-based hand rub was readily available throughout the centre, and staff were observed to comply with good hand hygiene practices. However, some action was required to ensure that infection prevention and control practices in the centre were in line with best practices. This is further discussed under Regulation 27 below.

The centre had safeguarding policy and processes in place, and where there were suspicions or allegations of abuse, adequate measures were put in place to safeguard residents while the investigation was underway, and all allegations were appropriately investigated. Staff had received appropriate training, and staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse. However, one An Garda Síochána (police) vetting disclosure was not available as outlined in Regulation 8.

The provider was a pension-agent for six residents, and there were appropriate systems in place for the management and protection of residents' finances and in

the invoicing for care.

Fire safety equipment was serviced on an annual basis, and quarterly servicing was undertaken on emergency lighting and the fire alarm.

Fire safety training had been provided to staff. Personal evacuation plans were in place for each resident. However, the inspector saw several fire doors being held open by means other than appropriate hold-open devices connected to the fire alarm. Therefore, an improvement in fire safety precautions required a review.

Regulation 13: End of life

The resident's preferences when a resident is approaching the end of their life were recorded within the medical notes of the residents' files. The religious and cultural needs of the residents were also clearly outlined. The centre had established links with community palliative care services to ensure that residents receive appropriate care and comfort when needed.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, social activities and many other aspects of life in the centre. However, the complaints procedure and visiting arrangements were not included in the guide, in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed the residents' files and saw that relevant information about the resident was provided to the receiving hospital, and a copy of the transfer letter was maintained on-site. The discharge letters and information from discharging facilities were also kept in the residents' files to ensure residents were cared for in accordance with their assessed needs.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant:

- The inspector observed inappropriate storage practices around the centre. For example, five linen trollies, two of which were stored in the shower corner, were stored in the communal bathrooms posing a risk of cross-contamination.
- Mattresses were observed inappropriately stored on the floor, and two domestic appliances were stored in the corridor and the storage room with other residents' equipment and continence wear.
- Mould was present around pipes behind the sink in the communal bathroom, and the ventilation in the bathroom was not adequate.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed three fire doors being held open by a chair or bin while the residents were coming in and out of the dining room, communal bathroom and the sun lounge.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the registered provider had safe systems in place for the administration of medicines. Medicines were seen to be securely stored and disposed of in accordance with professional guidelines.

Judgment: Compliant

Regulation 8: Protection

While overall, there were good measures in place to protect the residents from the risk of abuse, the inspector found that one member of the public actively involved in services for the centre did not have vetting disclosure in place in accordance with

the National Vetting Bureau (Children and Vulnerable Adults) Act 2012. The inspector received assurances on the day of the inspection that this would be immediately sought and completed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Oakwood Lodge Nursing Home OSV-0000154

Inspection ID: MON-0037705

Date of inspection: 18/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with Regulation 15- staffing, there is ongoing recruitment at group level for the centre. The 2 vacancies for RGNs have been recruited and are both pending completion of aptitude test, scheduled January 8th 2023) and of the 3 HCA vacancies, 1 post has been filled (November 24th 2022)with the final 2 posts due to be filled January 15th 2023. Review of staffing levels and appropriate skill mix is completed daily with recruitment ongoing. Any staffing concerns are discussed at regular SMT meetings with escalation if required, with use of agency approved at group level to ensure safe staffing levels at all times.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: -In line with regulation 15 recruitment is ongoing within the centre. The CNM will return to 40 hours supernumerary upon the commencement of 2 RGNs in January 2023. -A copy of the annual review has been made available to residents and families in the centre with copies being made available in reception and sitting rooms with further copies available on request. This was completed November 2022.	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The medication management policy has been reviewed and updated in the centre. This was completed December 2022.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The resident's guide has been updated to include additional information on the complaints procedure and visiting arrangements in line with regulatory requirements. This was completed December 2022.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review will be undertaken of storage in the centre to identify potential storage solutions. This will be completed January 2023.</p> <p>A review was undertaken of cleaning practices in the centre to ensure that mould around pipes was identified and removed. Adherence to this process will be monitored through audits conducted in the centre. This will be completed January 2023.</p> <p>The ventilation in the bathrooms has been reviewed and there is a timed ventilation system in place in the centre. The frequency and duration of ventilation has been increased. This was completed December 2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The practice of wedging doors open is discontinued in the centre, with regular communication to all staff to ensure this practice ceases. Daily monitoring carried out by the management team in the centre. This is in place December 2022.</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Garda vetting for all staff working in the centre is in place, with garda vetting currently underway for an outsourced member of staff in the centre. This should be finalised by January 2023.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	06/12/2022
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Substantially Compliant	Yellow	06/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	31/01/2023

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	06/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/12/2022
Regulation 04(3)	The registered	Substantially	Yellow	16/12/2022

	provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Compliant		
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/01/2023