



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

Issued by the Chief Inspector

Name of designated centre:	Oakfield Nursing Home
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Ballinakill, Courtown, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	22 October 2024
Centre ID:	OSV-0005701
Fieldwork ID:	MON-0040229

About the designated centre

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

Oakfield Nursing Home is a three-storey building, purpose built in 2005, with a lower level, ground floor and first floor accessed by lift and stairs. It is located in a rural setting on eight acres of landscaped gardens near Courtown Harbour and Gorey town. Resident accommodation consists of 51 single rooms and 20 twin rooms. All bedrooms contained en-suite bathrooms and there is an assisted bathroom on each of the two floors where residents reside. The centre has a well stocked library. The provider is a limited company called Knockrobin Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The centres stated aim is to meet the needs of residents by providing them with the highest level of person-centred care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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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
Tuesday 22 October 2024	09:35hrs to 17:35hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted with a number of residents in the centre to gain an insight into their experiences of living in Oakfield Nursing Home and spoke in more detail with 10 residents. The inspector also spent time in the communal areas observing resident and staff engagement. The inspector observed that staff and resident interactions were kind, and it was evident that residents felt comfortable to talk to staff if they had any concerns. Residents were highly complimentary of the care they received, the staff and were happy living in the centre. One resident spoken with said "it feels like home here". Another resident said "staff are wonderful".

The inspector had an opening meeting with the assistant director of nursing, who then accompanied the inspector on a tour of the centre. The person in charge arrived on duty during the tour of the centre. Residents were observed in communal areas and their bedrooms during the tour of the centre. Some were having their breakfast and others were relaxing in various communal areas.

Oakfield Nursing Home is a purpose built centre located in a rural setting in Wexford, near Courttown Harbour. It is set out over three floors and divided into five different units, referred to as Birch, Maple, Cedar, Oak and Aspen. The centre is registered to accommodate 91 residents and provides long-term residential care, respite residential care and convalescence care services to adults over 18 years of age. Residents were accommodated on each floor in 51 single occupancy bedrooms and 20 twin occupancy bedrooms, all of which were en-suite. There was one vacancy on the day of inspection.

The centre was pleasantly decorated. Residents' bedrooms were personalised and contained items such as family pictures, trinkets, plants and fresh flowers. Communal space consisted of a dining room and day room on each floor. On the ground floor, residents also had access to a sunroom, a reading area, a games area and an oratory where Mass was held once a week. There was a reading area located near the reception area, which also had a fish tank and piano. Residents were seen to meet visitors in this area. On the first floor, there was a library which was also used as an activity room. One of the walls in the library had a mural and the other walls were filled with pictures of residents and staff enjoying various activities that had taken place throughout the year. There was a beauty salon on the first floor where residents were able to book an appointment to have their hair done. There was additional seating in open corridors for residents to sit and relax.

Residents had access to secure garden areas through communal areas on the ground floor. These were well-maintained with pathways clear from debris. One of the garden areas had a small grotto which residents enjoyed. Another garden area had rabbits which residents helped to care for.

There was a programme of activities scheduled for residents which changed weekly.

This was displayed on notice boards throughout the centre for residents to see. On the day of inspection, the inspector observed staff taking the time to enjoy activities with the residents, such as playing ball games and watching a movie with drinks and snacks. A volunteer also ran an exercise class on each floor with residents in the afternoon, which residents spoken with said they particularly enjoyed. There was some mixed feedback about the activities available. Some residents said they were happy with the activities available. However, some residents said that they did not like the group activities available and would like more opportunities to participate in different activities in accordance with their interests.

The inspector observed a mealtime in the dining rooms throughout the centre as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Each table was set and a menu was available for residents to choose from, with two dinner options available to them. Residents could also have their meals in their bedroom if they preferred. Overall, residents were complimentary of the quality and quantity of food on offer.

Residents meetings were taking place regularly which gave residents the opportunity to be consulted in the running of the service. Resident surveys were also completed throughout the year to gather feedback from residents and their family members.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. A resident spoken with said that "staff are excellent". Other residents described feeling safe in the centre.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. The centre was well-managed with residents expressing a high level of satisfaction regarding the care and support provided to them. In addition, the centre had a good history of compliance with the regulations and this was evident on the day of inspection. Some actions were required in relation to residents' rights and premises, which will be detailed further in the report.

This inspection was unannounced to assess compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended) and associated standards. It took place over one day with one inspector. The inspector found that the actions identified from the previous

inspections' compliance plan had been addressed.

The registered provider for Oakfield Nursing Home is Knockrobin Nursing Home Limited. The centre was part of a group of nursing homes which had five centres in total. The person in charge facilitated this inspection and was observed to be well-known to the residents. They worked full time in the centre and reported to the registered provider. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported in their role by the registered provider, the director of care, quality and standards and the risk and compliance manager. They oversaw a team consisting of an assistant director of nursing, two clinical nurse managers (CMN), staff nurses, healthcare assistants, activity staff, maintenance staff, catering staff, housekeeping and administration staff.

The provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement were assigned to a nominated person, with times for completion noted. Updates on these actions were discussed in management meetings. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. Senior management meetings also took place at regular intervals to discuss clinical care and to put a plan of action required in place. The annual review for 2023 was available, it set out a quality improvement plan for 2024. It also set out the improvements completed in 2023 and improvement plans for 2024.

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre and it contained all of the required information specified in Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2023 had been completed in consultation with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures set out in Scheduled 5. These were available to staff and were reviewed at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. Residents' independence, privacy and dignity were upheld through staff policies and practices. Some improvements were required for residents' rights and premises.

Care staff used an electronic system of assessment and care planning in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centred assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a resident's changing needs.

The registered provider had taken measures to protect residents from abuse. Staff were knowledgeable about abuse and how to report suspected abuse in the centre. The registered provider had a local policy and was investigating allegations aligned with the Health Service Executive (HSE) policy. The provider was a pension agent for two residents, and records showed the lodging of resident money into a resident's account. Garda Siochana (police) vetting was in place before the

commencement of staff employment.

Residents who had communication difficulties were supported to communicate freely. Care plans were in place to support residents' communication needs. These were detailed and individualised to each resident, clearly outlining how to support them to communicate.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life. Care plans for residents approaching end of life were completed and individualised for each resident.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. The centre was found to be warm and bright with a variety of communal areas observed in use by residents on the day of inspection. The inspector noted that some areas of the centre were not maintained to the same standard as others. The registered provider had identified this and had a plan in place to complete some upgrading renovation work.

In general, residents' choices and preferences were seen to be respected. The inspector saw that staff engaged with residents in a respectful and dignified way. Regular residents meetings took place and residents and family members were given the opportunity to feedback on the centre in a residents survey. Information was available and displayed throughout the centre on independent advocacy services available for residents to avail of if they choose. Residents also had access to newspapers, radio, television and internet services. While there was an activity schedule in place, the inspector observed periods of time where some residents were observed sitting in communal areas without other meaningful activation.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met

their physical, emotional, social and spiritual needs. There was a policy in place to ensure residents end of life wishes were documented and individualised in their care plan. All residents had an End of Life care plan in place which detailed their religious and cultural needs and any arrangements they wished to have in place.

Judgment: Compliant

Regulation 17: Premises

While the premises overall provided a pleasant environment for residents, the inspector found that some areas of the premises required action by the provider. This was evidenced by:

- There was damage to floors in some residents bedrooms from the wheels on the bed and marks on some floors in assisted bathrooms.
- There was some areas of wear and tear within the centre. For example, paint damage was observed in some areas of the centre.
- A store room wall was missing some tiles and some pipes had brown staining.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and information regarding independent advocacy services.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed a sample of residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed. Residents' were appropriately assessed as required and detailed care plans were in place to guide staff practice and ensure residents needs were met. There was evidence of referrals being made to members of the allied healthcare professionals and records reviewed assured the inspector that residents had been seen as requested. There was also evidence of the resident's and, where requested by the resident, their families input into their care plan.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. The policy in place covered all types of abuse and it was being implemented in practice. The inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse and additional in-person training had also been planned for all staff to attend.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of inspection, there was one activity co-ordinator for 90 residents due to staff vacancies. The inspector was informed that a healthcare assistant was scheduled to run activities when the activity co-ordinator was not working. Activities were observed to be taking place on the ground floor for residents throughout the day. However, the provision of activities observed for residents on the lower ground and first floor, on the day of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While some activities were taking place on the first floor in the afternoon, the residents on the lower ground and first floor sat in the sitting room with television as the main source of stimulation.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakfield Nursing Home OSV-0005701

Inspection ID: MON-0040229

Date of inspection: 22/10/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We have an ongoing programme of upgrading the physical environment in the centre and have identified a number of bedrooms where the floor covering will be replaced.</p> <p>The marks identified by the inspector on the floor in the assisted bathroom on the first floor are scuff marks arising from the removal of a carpet covering during the refurbishment in 2020. The floor covering is fully intact and serviceable.</p> <p>We have engaged a painting contractor to repaint areas of the centre identified as requiring decorative improvement.</p> <p>The missing tiles in the storeroom identified by the inspector have been replaced and the pipework has been repaired.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: On the day of Inspection Oakfield Nursing Home were actively recruiting for the Activities Team. The activities coordinator was supported by a Health Care Assistant who was deployed to support during the recruitment process.</p> <p>The activities schedule is displayed in each area of the home identifying what area of the home the activity is being held and all residents are encouraged and supported to attend activities regardless of the location within the home.</p> <p>The position of activities assistant has now being filled.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/08/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	13/12/2024