



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

Issued by the Chief Inspector

Name of designated centre:	Oakdale Nursing Home
Name of provider:	Oakdale Nursing Home Ltd
Address of centre:	Kilmalogue, Gracefield, Portarlinton, Laois
Type of inspection:	Unannounced
Date of inspection:	07 February 2023
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0038293

About the designated centre

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

Oakdale Nursing Home is a purpose-built 58-bed Nursing Home that opened in February 2009. The designated centre is located in the town of Portarlinton, just off Tullamore Road. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 40 single and nine twin bedrooms, all with full en suite facilities. Bedrooms on the first floor are accessible by stairs or a mechanical lift. A variety of communal areas are available to residents, including a dining room, sitting rooms and an enclosed courtyard/garden area. Oakdale Nursing Home is located in close proximity to shops, pubs, restaurants and other amenities. The service employs a physiotherapist, occupational therapist, nurses, carers, activity, catering, household, administration and maintenance staff and offers 24-hour nursing care to residents. Oakdale nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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 7 February 2023	09:00hrs to 16:30hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

The inspector observed interactions between staff and residents and spoke at length with residents and visitors to gain an insight into life in the centre. The overall feedback from residents was one of satisfaction with the care and services provided in the centre. Compliments were provided from residents in relation to the food provided to them, 'we get good solid food and plenty of it' while another resident said 'I am fussy with what I like to eat but they will always get me something I fancy'. Residents spoke very highly of the person in charge and how 'they are always here, I think they live here'. One relative who spoke with the inspector said 'the person in charge is very good and keeps us well updated on my relative's care'.

While the inspector walked around the centre it was found to be clean, tidy and well organised. Residents bedrooms were on a cleaning schedule and residents told the inspector that they were very happy with the cleanliness of their bedrooms and over all cleanliness in the centre. The cleaners were very aware of their role and the importance of maintaining high standards of cleanliness.

Each resident's bedroom was well laid out with adequate storage space for their personal belongings. Many bedrooms were found to have residents' personal items displayed which brought a homely atmosphere to each room.

Staff were observed to be kind and caring towards residents. Staff were seen to respect each resident's privacy by knocking the bedroom doors and calling out to inform the resident who they were before entering.

There were two enclosed gardens for the residents use. These had adequate seating for residents to enjoy in the finer weather.

There was a large dining room available to residents. This was observed to be a calm and welcoming environment. Residents were discreetly offered assistance if required. Residents were seen to have a choice at each meal time where there was also a selection of drinks available to them.

There were two activity coordinators employed in the centre. They both worked full-time in the centre and were replaced by care staff if and when required. There was a selection of activities available to residents. Roman catholic mass was available in the centre once a month and residents were welcome to attend the local church more often if requested, other denominations were also catered for. There were daily newspapers available to residents if they wished. Wi-fi was available free of charge for resident's use.

The next two sections of this 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

On the day of the inspection, the inspector found that there was a clearly defined management structure, with some effective management systems in place. The provider has a history of good regulatory compliance. However, there were improvements required in relation to governance and management, staffing, records and premises. These will be discussed in more detail under the respective regulations.

Oakdale nursing home is operated by Oakdale Nursing Home Ltd, the registered provider. The provider is part of the Evergreen Care group. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge joined the centre in February 2022 and was well supported to oversee the centre's clinical care by two regional operations managers. At the operational level, the person in charge was assisted in her role by an assistant director of nursing, one clinical nurse manager, a team of nurses and healthcare assistants, activity coordinators and a catering and domestic team.

The auditing system used in the designated centre did not provide for any learning. This was a repeated compliance issue since the previous inspection. Audits observed by the inspector showed that they were completed but no improvement plans were developed or actioned to address the areas for improvement.

On the day of this inspection there was the full required staffing in place. However, on review of the working roster there were many health-care assistants shifts that were not covered for unplanned absences. For the previous two weeks there had been six shifts not filled leaving the centre under resourced. This would have a negative impact on the residents and the standards of care they receive.

The training matrix for the centre was reviewed and staff were found to have completed all the required mandatory training. Staff spoken with were knowledgeable on how to deliver high standards of care to the residents and what to do should they have concerns for a residents care or welfare.

Residents' records were found to be well-maintained in the centre and comprehensive in detail. However, staffing records did not meet the requirement of the regulations. One staff member had worked in the centre five weeks prior to having a Garda Vetting Disclosure in place. The inspector reviewed the roster with the person in charge and this staff member was not on induction and was counted as a member of the team.

The registered provider had a suite of policies to guide practice, these were reviewed and updated as required.

There was a directory of residents made available to the inspector. This had all the required information in relation to residents' admissions, next of kin details and GP's

(general practitioner) contact details.

Regulation 15: Staffing

The registered provider did not consistently ensure that the number and skill-mix of staff were appropriate having regard to the needs of the residents. For example;

- Over a two week period six health care assistant shifts could not be replaced or filled.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix (a record of training undertaken by staff) and found that all mandatory training was up-to-date. Staff were provided with all the training required to carry out their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had not ensured that all the records set out in Schedule 2 were in place prior to a staff member taking up their position in the centre. One staff member had been rostered in the centre five weeks before a vetting disclosure in accordance with the National Vetting bureau had been obtained.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the services provided were safe appropriate and consistent. However, these systems were not effectively monitored. For example;

- Audits were completed but they did not identify any learning in relation to, for example, end of life care. This was also pointed out in the previous inspection report.
- The provider did not ensure all staff had Garda vetting in place prior to commencing employment, which was not in line with local policy and regulatory requirements and posed a safeguarding risk to the residents. The inspector found that a staff member was employed in the centre for five weeks before a disclosure was completed. The inspector reviewed all staff files on the day and was assured that all other staff working in the centre had a Garda vetting in place.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

Although the provider had good arrangements in place to ensure a safe and high quality service was provided to the residents, this inspection identified that some improvements were required in respect of the premises. Many of the doors were not in a good state of repair and some display tables around the centre were chipped.

Some equipment for residents' use was not in good working order, for example; chairs found with torn or worn fabric, the hairdressing room chair was torn and could not be adequately cleaned as required.

Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy.

The inspector saw evidence of end-of-life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Care plans were developed for any problems identified through assessments. Care plans were resident specific and the resident or their chosen representative were involved in the care plan development process.

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had regular reviews with a general practitioner.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a consultant in gerontology, psychiatry of later life and palliative services as required.

All staff were trained and knowledgeable in relation to the detection and prevention of abuse. The registered provider was the pension-agent for four residents. The inspector viewed the documents in relation to this and found that there were appropriate procedures in place to safeguard residents' finances. However, one staff member was found to have worked in the centre without a Garda Vetting disclosure in place prior to commencement of employment. This staff member was employed in the centre for five weeks before a disclosure was completed.

The registered provider ensured that residents has access to facilities for occupation and recreation. There was a varied activities programme available for residents to attend. Residents also had access to individual activities. There were minutes of residents meetings reviewed by the inspector, where their voice could be heard and their opinion provided. Suggestions were documented such as a book club and alternative activity requests.

Regulation 17: Premises

Overall, the premises met the regulatory requirements, however, the following issues which did not meet Schedule 6 requirements were identified;

- Not all areas of the premises were kept in a good state of repair; for example damage and chipping to doors and tables around the centre were found.

- Resident seating required repair or replacement as some were found to have torn fabric which would not allow for adequate cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A validated assessment tool was used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. They had been completed within 48 hours of admission and updated within four months or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to health care. The General Practitioner (GP) visited the centre routinely and reviewed residents' needs. There was a robust referral system in place to allied health professionals.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in relation to the detection and prevention of and responses to abuse.

The registered provider was the pension agent for four residents. Documents viewed by the inspector showed clear and transparent transactions for each resident.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre.

Residents were provided with access to independent advocacy services if required.

Judgment: 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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0038293

Date of inspection: 08/02/2023

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: Staffing arrangements reviewed on going. Currently fully recruited for all positions. Absence sickness policy fully implemented. Ongoing support from HR department regarding any absence or recruitment to ensure full staffing maintained.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff complaint with schedule 2 prior to employment. Audit check list in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Auditing systems reviewed; action plan clearly identifies key issues. Specific responsible person name and date of expected completion. Audit system in place to ensure that all new employees are full compliant with schedule. 2 requirements.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Identified doors replaced on 14th of February,2023. Damaged tables disposed on 08th February,2023. Identified resident seating (torn) was replaced	

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	06/02/2023
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	14/02/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	20/02/2023

	and are available for inspection by the Chief Inspector.			
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	20/02/2023