



# 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:	15 February 2022
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0033356

## 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:	50
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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 15 February 2022	09:50hrs to 17:00hrs	Helena Budzicz	Lead

## What residents told us and what inspectors observed

Overall, the inspector found there was a warm and welcoming atmosphere in the centre. The inspector spoke with a number of residents and visitors over the day of the inspection to elicit their experiences and views of life in Oakdale Nursing Home. It was evident that this was a centre where residents were enjoying a good quality of life. The inspector also observed visitors coming and going, visiting their family members at various times throughout the day. Relatives spoken with were in general complimentary about the care provided to their family members and said that their family member was happy living in the centre. One resident said, 'There is no place like home, but this is as closest as it could be'.

On arrival at the centre, the inspector was guided through the centre's infection prevention and control procedures, which included hand hygiene and temperature checking before entering the centre. A short introductory meeting was held with two members of management from the centre. Following this meeting, the person in charge and the inspector completed a walk around the centre.

The premises were observed to be bright, spacious and clean in all areas occupied by residents. The centre is a two-story purpose-built facility registered to accommodate 58 residents. There was a communal area in each unit which were used by the residents throughout the day for activities, dining purposes, watching TV and listening to music. The inspector observed that communal areas were supervised at all times. Residents who chose to smoke could do so in the internal smoking room. There was a small oratory available for all religious denominations. There were paintings on the corridor walls, some of which had been created by residents during art sessions held in the centre. Rooms were seen to be decorated with residents' personal possessions and photographs. Residents were observed to have access to television, radio and the internet. Local and national newspapers were also made available. Residents could mobilise freely throughout the centre, and a number of residents were observed walking around independently or with the assistance of staff on the day of the inspection. An outdoor garden area provided unrestricted access to a very pleasant outdoor space for the residents.

Residents appeared well-groomed and were all dressed in nice, warm outfits suitable for the season. One resident who was resting in their bedroom explained to the inspector that they preferred to spend their time in their room watching television and that they always got help when they needed it. The inspector observed a lovely conversation and courteous interactions were heard throughout the day between staff and residents. Residents spoke very positively of staff and indicated that staff were caring and treated them with dignity and respect.

There was a varied schedule of activities on offer seven days a week. This was facilitated by the activity coordinators. The schedule of activities was displayed beside the day room. On the day of inspection, the inspector saw a number of lively activities such as bingo or music. The inspector observed that staff and the residents

while playing bingo, had some good-humoured laughter and engaged in joyful conversations.

The inspector saw that the meals served were well presented, and there was a good choice of nutritious food available. The dining room was nicely decorated, and residents were observed having a positive dining experience. Residents enjoyed the choices available and had a choice of having their meals in the dining room or their bedroom.

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

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The centre has a good history of compliance with the regulations and was found to be mostly compliant under regulations reviewed on the last inspection. However, during this inspection, the inspector found evidence that there were insufficient management systems to ensure the safe delivery of care, particularly in the areas of risk management, infection control and auditing. Enhanced focus, improved oversight of service and strengthening of the governance and management systems was now required to ensure the service continued to be delivered in line with its statement of purpose.

This was an unannounced risk inspection by the inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There has been a change in the directorship and ownership of the centre in November 2021. 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 new person in charge joined the centre in February 2022 and was well supported to oversee the centre's clinical care by a regional operations manager. At the operational level, the person in charge was assisted in her role by an assistant director of nursing, two clinical nurse managers, a team of nurses and healthcare assistants, activity coordinators and a catering and domestic team.

On the day of the inspection, the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs.

There was an auditing schedule in place. Audits had been completed in line with the schedule. The inspector found that the audits reviewed required further development to ensure a clear action plan was developed from the findings.

Furthermore, environmental audits were not sufficiently developed to identify the challenges and barriers in the centre, for example, in ensuring adequate storage arrangements were in place.

Policies and procedures were available, which provided staff with guidance about how to deliver safe care to the residents; however, some policies required a review to ensure that they were updated according to the relevant guidelines.

When indicated, residents or their next-of-kin signed contracts of care. Fees, plus additional fees to be charged, were included; however, details of room occupancy of either single or twin bedrooms and the room number in the contracts for respite care residents were missing.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A comprehensive record was maintained about how the complaints were investigated and managed. The complainant's level of satisfaction was also documented.

### Regulation 15: Staffing

There were sufficient numbers of staff with the necessary skills and competencies to meet the needs of residents and which reflected the size, layout and purpose of the service on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. A comprehensive training matrix was in place, which highlighted when training was next due.

Judgment: Compliant

### Regulation 23: Governance and management

Some aspects of the governance and management systems in place were not sufficiently consistent or effective to ensure a safe standard of care was provided to all residents.

- While some auditing was carried out, it did not serve as a tool to improve

quality improvement as some audits were in the format of a checklist, and there were no associated improvement plans and actions to address the areas identified for improvement. Furthermore, the current auditing system in place had not identified many of the issues found on the day of the inspection.

- Risk management processes and improvement systems in place to manage risks associated with the environmental and clinical risk in the centre were not sufficiently developed. The inspector was informed that there was no Risk register that identified the environmental and clinical risk of the centre available on the inspection day, including the COVID-19 Risk assessment.
- The contingency plan of the centre was not updated to reflect current public guidelines in respect of the self-isolation period required for confirmed residents with COVID-19 infection, updated symptoms of COVID-19 and correct use of PPE equipment such as wearing a respirator mask (i.e. FFP2) for all resident care activity.
- An Annual review of the quality and safety of care delivered to residents in the centre was not completed to reflect residents' experience in the year 2020.
- Minutes of resident meetings identified that residents were consulted about the running of the service and their individual needs; however, where the resident raised an issue regarding the quality of care, no action plan or follow-up was in place, and no further discussion with the resident who raised the issue was documented.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed four contracts for the provision of the services and found that the details of bedrooms offered to the residents, including whether the bedroom available for them is single or multi-occupancy, were not included in all contracts for the provision.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy in place and was available to staff. The complaints policy identified the nominated complaints officer and included an appeals process. The records of complaints reviewed assured the inspector that all complaints were fully investigated in a prompt manner.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

As required by Schedule 5 of the regulations, all policies were in place and updated on a three-yearly basis, in line with regulatory requirements. However, the policy on admissions to the centre and infection control policy required review to reflect the changes in practice in response to the current public guidelines. Furthermore, the medicine policy was not updated in accordance with NMBI Guidance for Registered Nurses and Midwives on medicine Administration (2020). The Risk management policy was not implemented in practice as the centre's Risk register and the COVID-19 risk assessment was not available on the day of the inspection.

Judgment: Substantially compliant

#### Quality and safety

The provider was keen to provide a good quality service, and staff supported residents to maintain their independence where possible. Residents' health care needs were met through timely access to all relevant healthcare professionals and access to social activities. Some improvements in respect of infection prevention and control was identified as further described under the relevant regulation.

Residents' care plans were updated regularly as required by legislation and thereafter to reflect residents changing needs. There was evidence that the care plans were very person-centred and sufficiently detailed to direct care. The nutritional status of residents was monitored through regular weights and nutritional assessments.

The inspector identified examples of good practices in the prevention and control of infection. The inspector observed that personal protective equipment such as surgical or FFP2 masks was used appropriately by staff during the course of the inspection. All staff had completed training in infection prevention and control and hand hygiene. Overall, the environment appeared clean and well maintained, with few exceptions. For example, storage space was limited, and access to dedicated clinical hand hygiene sinks and hand sanitisers in the centre was not sufficient. This is further discussed under Regulation 27: Infection Control.

The laundry facilities and procedures were managed appropriately to ensure residents' clothing was managed with care and minimised the risk of clothing becoming misplaced.

The fire safety management folder was examined. Appropriate certification was

evidenced for servicing and maintenance. Annual fire training for staff was provided. Daily checks of the fire panel and means of escape and weekly checks of fire doors were completed. Signage for oxygen storage was not in place to alert staff to the location of oxygen cylinders and concentrators in the event of a fire. This was addressed by the person in charge on the day of inspection. While the provider accommodated the staff to practice regular fire drills in different compartments in the centre, the inspector identified some improvements in the management of fire precautions on the day of the inspection. The evidence of the extended practice of the fire drills was submitted to the Chief Inspector's office by the person in charge following the inspection.

### Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were unrestricted and taking place in line with the current public guidance. The inspector observed visitors visiting their loved ones in their bedrooms.

Judgment: Compliant

### Regulation 17: Premises

Full call-bell provision required review as some emergency call bells were missing or were not working in facilities used by residents. The person in charge ensured that this issue was addressed on the day of the inspection.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Transfer letters were generated from the online record system and included a copy of the resident's care plan and prescription. When the resident returned from the hospital, the inspector saw evidence that all relevant information was obtained upon the residents' readmission to the centre.

Judgment: Compliant

### Regulation 26: Risk management

The designated centre's risk management policy met the requirements as set out under schedule 5 of the regulations; however, the policy was not implemented into the practice as outlined under Regulation 4: Written policies and procedures.

Judgment: Compliant

### Regulation 27: Infection control

Despite the numerous examples of good practice observed on the day, there were issues fundamental to good infection prevention and control that required improvement.

The inspector observed inappropriate storage of some equipment; for example:

- A number of residents' equipment, such as hoists, were stored in the communal bathroom blocking access to the toilet and sink or in the hairdressing salon. Residents' equipment, such as wheelchairs, shower chairs, commodes, were inappropriately stored in the dirty facility areas, pressure cushions were observed on the floor, personal protective equipment (PPE) was stored in the dirty facility room; urine sample was stored in the fridge designated for medicine storage.
- Segregation between the clean and dirty equipment was not implemented in practice and required review.
- The oversight of cleaning checklists required strengthening; the inspector observed inconsistencies in the cleaning documentation which had not been identified or followed up by the management team.
- Facilities for and access to staff hand wash sinks and hand sanitisers were less than optimal throughout the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Further assurances were required in respect of the ability of the registered provider to safely implement the evacuation procedure in the centre in line with the centre's fire safety policy. For example, fire drill practices did not include the evacuation of the largest compartments with minimum staffing levels. This was subsequently submitted and provided assurances that staff were aware of the procedures to be followed in the event of a fire in the largest compartment with night time staffing levels.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including the risk of falling, malnutrition, pressure-related skin damage and mobility assessments. Assessment and care plan reviews took place within four months or more frequently if required. There was evidence of residents being involved in the consultation of their care plan and their review with the resident's family, where appropriate.

Judgment: Compliant

## Regulation 6: Health care

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. Records showed effective oversight of residents' conditions, including regular review by GP and pharmacists.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. The inspector saw residents participating and enjoying an art session on the day of inspection. An advocacy service was available to residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0033356

Date of inspection: 15/02/2022

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will review the audits currently in use in Oakdale Nursing Home and replace/re-enforce to ensure that they encompass all aspects of care and life within the nursing home for Residents &amp; Staff. All of our audits will be further strengthened to ensure that an action plan/follow up plan is fully incorporated into the process. We have a number of healthcare audits in addition to our higher level, management audits that will be fully rolled out within the next two months. A schedule for completing these audits will be compiled to ensure easy use of same. These audits are held on our “Drive” which is accessible to both the home and Senior Managers off site. This enables full oversight of the auditing process and subsequent action plan &amp; follow up. The finding of the audits will then be discussed at our monthly management meetings and a plan for staff learning decided upon.</p> <p>Our senior staff will complete the HSEland online training on clinical audits to further their knowledge and understanding of the process.</p> <p>Our contingency plan will be updated to ensure that the current guidance is referenced comprehensively. This will be kept in the nurses station so that all staff have full access to same. We will use our plan once updated to be our “policy of the month” and ask that all staff are familiar with same – and sign to indicate that they have read it.</p> <p>As explained on the day, there had been a change of management in the Home since the last inspection, and the Annual Review relating to 2020 could not be located on the day. We have since located this review and will submit it along with the response to the inspection for review.</p> <p>We are in the process of fully reviewing our Risk Assessments and Risk Register for environmental, clinical and the ongoing risk posed by Covid 19. We anticipate that this will be completed by the end of May 2022. Our current nursing software does allow for a register but we will be replacing this software with the software that we use in all our</p>	

homes within the group. This allows for full oversight for management, easier access to all KPIs and the register can be easily and quickly updated online.	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We have reviewed all contracts for the provision of services and have included the bedroom details being offered to the individual Resident. We will review all existing contracts and ensure that this detail is included. To be completed by the end of April 2022</p>	
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>We are currently reviewing all policies on site and updated/replacing these as necessary. All policies will be held in the nurses station so that there is easy access for review by all staff. We have reviewed and updated our admissions &amp; infection control policy already since the inspection and will be updating our medication management policy to reflect the most up to date procedures within the next month.</p> <p>As mentioned previously we will have our Contingency plan and Risk register updated &amp; readily available for staff by the end of April &amp; May 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>We have identified appropriate storage areas for Resident equipment to ensure that communal areas are not blocked: No further items (Resident or laundry) will be stored in bathrooms.</p>	



We have appropriated a fridge that will solely be for the use of samples to be sent to the lab.

The review of our clean and dirty equipment segregation is underway – we do anticipate that this will be complete by 16th May 2022.

We are in the process of mapping the building so that all areas are included on our cleaning schedule. This is a valuable exercise as it enables us to relook at our processes for standard cleaning, deep cleaning and disinfection of the home.

We will be rolling out our new nursing software. This software package has an application where we can incorporate our home “map” which will enable staff to enter each area cleaned etc onto the software system. This will ensure that we will have full oversight of the cleaning checklists on same. This will enable easy oversight by our PIC, DPIC or CNM on a daily basis.

Within our group we have an IPC lead who is available for advice and questions at all times for all of our homes.

In Oakdale, the HSE have sent us a copy of the audit & checklist that they use when completing IPC audits – we will incorporate this into our own audit to ensure that all options/areas are covered comprehensively.

Throughout our home we have 6 handwash sinks that are for staff use. We have fully risk assessed the number of hand wash sinks that are available and have tailored our daily practices accordingly. We also have 41 sanitizing stations.

During our safety pause, we discuss and highlight the importance of hand hygiene with all members of staff.

All staff have completed the Hseland training on infection control, hand hygiene, donning & doffing etc.

We have reminders re the 5 moments of hand hygiene at various places throughout the home, however we are conscious that we must find the balance between a clinical setting and the home that we are providing for our Residents.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Not Compliant	Yellow	30/04/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	30/04/2022

Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Yellow	30/04/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/04/2022
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	31/05/2022
Regulation 04(3)	The registered provider shall review the policies and procedures	Substantially Compliant	Yellow	31/05/2022

	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.			
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