



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oaklodge Nursing Home
Name of provider:	B & D Healthcare Company Limited
Address of centre:	Churchtown South, Cloyne, Cork
Type of inspection:	Announced
Date of inspection:	20 and 21 February 2019
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0022224

About the designated centre

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

Oaklodge Nursing Home is a single-storey building set in a scenic rural location in Cloyne. Full medical, nursing and social care needs of residents are catered for. Nursing care is available on a 24-hour basis. Individual care plans are developed with residents following a comprehensive pre-admission assessment. There are fifty-one bedrooms in the centre which is registered to accommodate 65 residents. Bedroom accommodation is composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four-bedded rooms. The majority of rooms have en-suite facilities, a telephone, a large television, nurse call-bell system and individual thermostatic controls for the under-floor heating system. There are adequate communal areas including a spacious, furnished entrance lobby, a restful conservatory, a large well-lit dining room, a sitting room and visitors' room. The dining room is nicely set with serviettes, fresh flowers, place mats and a variety of condiments daily. A second sitting room is also used as an activity room. There is a well equipped hairdressing/beauty room and an oratory in the centre. There are two assisted bathrooms available for residents as well as enclosed patio areas off the north corridor area with suitable seating for residents. The north and south corridors of the premises are linked by a central corridor which also provides bedroom accommodation for a number of residents. The south corridor of the nursing home caters predominantly for the needs of residents with dementia. This corridor leads to the dementia specific unit which has a separate sitting and dining area. Most bedrooms in this area are single occupancy with en-suite toilet and shower areas. There is also a three-bedded room and a four-bedded room on this unit, similar to the layout of the north corridor. Rooms are personalised to the likes and preferences of residents and their relatives. Specially designed signage has been installed which is located at a suitable height for residents. A secure garden area had been carefully planned and designed for residents with dementia. Plants had been chosen to provide sensory stimulation. The centre had received a innovation award for dementia care. Visitors are welcome and can speak with staff at any time. Residents meetings are held and staff are trained in all aspects of care of the older adult. Residents have access to advocacy services. There is a comprehensive complaints process in place and fire safety systems are maintained. Mass is said on a weekly basis and all beliefs are catered for. The ethos of the centre is one of person-centred individual care from highly trained staff. There is a comprehensive activity and activation programme in place. Outings are facilitated and residents' independence is promoted.

The following information outlines some additional data on this centre.

Current registration end date:	12/07/2019
Number of residents on the date of inspection:	65

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
20 February 2019	10:30hrs to 18:30hrs	Mary O'Mahony	Lead
21 February 2019	10:15hrs to 17:45hrs	Mary O'Mahony	Lead

Views of people who use the service

The inspector spoke with most of the residents during the two day inspection. They appeared to be happy and content in the centre. They said that they felt safe and would know who to approach if they were worried about any issue. They were complimentary of the staff, the management and the kindness shown to them.

Residents enjoyed the recent outings to Ballymaloe and to a well known restaurant in Midleton. Both these venues had accommodated a large group of residents. At one venue they had been facilitated to attend afternoon tea for the launch of a new, innovative development in the nourishment of older adults, in particular those with dementia. They said that this dietary approach was to be introduced to the nursing home and they were looking forward to evaluating it. The food was really nice and a chef from a local training school had visited the chefs in Oaklodge to evaluate the quality of the meals and the choices available. The inspector joined residents for a cup of tea after their lunch. Residents were very impressed with all the efforts made to enhance the dining experience and they were seen to be well informed about these events. The inspector was told about the art, reminiscence, music and therapeutic activities which residents availed of. Residents said that they enjoyed the visits from local schools, the music played by children of staff members and the activities led by a large group of dedicated volunteers and staff members. Residents' art work was displayed and they were proud of their achievements in raising money for various causes by knitting small items last year. Residents were seen to enjoy coffee mornings within one sitting room where there were facilities to make tea and serve it to residents in china teacups. The physiotherapist and the hairdresser were favourably mentioned by a number of residents who said they availed of these facilities on a weekly basis. Residents were seen to spend time after meals chatting with each other at the dining tables and the inspector found that there was a relaxed and calm atmosphere in the centre.

Capacity and capability

The inspector found that there was an effective management system in this centre which ensured that good quality care was delivered. Clear lines of accountability and authority were set out and roles were well defined. The person in charge was responsible for the quality and supervision of care. He was supported by the provider representative, the deputy person in charge and a knowledgeable health-care team. Management staff maintained records of staff training, policy updates and financial payments. Staffing levels were in line with the statement of

purpose and were adequate to support the current number and needs of residents. An appropriate number and skill-mix of staff were on duty during the days of inspection to ensure that adequate care and support was available to residents. A sample of residents' records such as care plans and medical records were reviewed. Care plans, health care and health and safety issues were addressed under the Quality and Safety dimension of this report.

The centre had developed a plan to drive improvements through regular training, auditing and benchmarking against the regulations and standards. The management team had visited other centre both in Ireland and abroad in order to evaluate best practice and drive improvements in Oaklodge. The senior management team members attended relevant conferences on nutrition, dementia care and activity provision and design. Learning from these conferences was then discussed with the care team and new ideas adapted and implemented. Staff meetings and detailed handover reports ensured that information on residents' needs was communicated effectively. The inspector reviewed the training matrix which indicated that staff had received training appropriate to their roles, for example, safeguarding of older adults, fire training, managing behaviours related to the effects of dementia, infection control and medication management. The inspector spoke with a number of staff members who were knowledgeable of the training they had received and the relevant care plans and policies. Staff spoken with were found to be aware of their statutory duties in relation to the general welfare and protection of residents.

Other documentation which was seen to be in compliance with the regulations included:

- the statement of purpose
- the annual review of the quality and safety of care
- the residents' guide

The inspector found that complaints were managed appropriately and learning was discussed. Residents were provided with contracts on admission which reflected living and care arrangement.

Copies of the standards and regulations were readily available to staff who as a result were found to be aware of the purpose and positive impact of the regulations. This meant that residents were treated with dignity, afforded choice in their daily lives and had access to advocacy. The records required under Schedule 2, 3 and 4 of the Regulations were accessible to the inspector and securely stored. Care plans were completed on an electronic system which was accessible to all staff members. This meant that all staff were involved in record keeping and were accountable and responsible for their actions.

Policies on staff recruitment and training supported robust induction, including a supervised probationary period. The person in charge and the provider representative assured the inspector that Garda Síochána Police (GV) vetting clearance was in place for all staff prior to taking up their respective roles. A sample of staff files was seen to be in compliance with regulations. This meant that residents were assured that only suitably qualified staff were employed to care for

them, with appropriate references and curriculae vitae (CVs) in place

Registration Regulation 4: Application for registration or renewal of registration

All the required documents were received within the regulatory time frame for renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was compliant with all the regulatory requirements for persons in charge of a designated centre. He was known to residents and their families and was supported by a knowledgeable nursing team.

Judgment: Compliant

Regulation 15: Staffing

The daily roster was correctly maintained. Staffing levels were adequate for the number and current needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date in relation to mandatory and appropriate training. Staff appraisal and re-training of staff was undertaken as part of the staff development protocol. There were defined roles for staff such as care duties, cleaning duties, laundry and kitchen duties. This meant that there was no ambiguity and good accountability within the team as to roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

The required records were available and accessible to the inspector. Staff files were correctly maintained and all staff had Garda Siochana (police) vetting (GV) clearance in place.

Judgment: Compliant

Regulation 23: Governance and management

The system of governance and management was robust. Incremental improvements were found in the management of audits, complaints, fire safety and documentation. Following findings on this inspection the inspector was assured that the centre was safe, appropriate, consistent and effectively managed. The management and governance team included a nurse with clinical expertise who was a member of the Board of Management, a newly employed operations manager, the provider representative, the person in charge, the clinical nurse manager and a team of senior staff. There were regular meetings held and the minutes were informative. The centre had set up a health and safety group and the members updated the risk register when appropriate.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contracts were detailed, set out the charges for residents and contained the room number of each resident residing in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the regulatory requirements as set out under Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2013.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers had Garda Siochana (police) vetting (GV) clearance in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation on any incidents which were notifiable under the regulations had been submitted to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints and concerns were well documented. Complaints were viewed as an opportunity for learning and the satisfaction or not of each complainant had been recorded. An appeals process was clearly set out.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies were based on best evidence-based practice and were updated within the regulatory time-frame of three years.

Judgment: Compliant

Quality and safety

Overall, the quality and safety of care provided to residents in Oaklodge Nursing Home was of a high standard and the inspector found that visitors and residents supported this finding.

The health of residents was promoted through ongoing medical review and assessment using a range of recognised tools. These assessments included communication, skin integrity, malnutrition, falls and pain assessments. Residents'

care plans were developed with their input or that of their representative. These were person-centred and were based on information and knowledge from residents' life stories. During the inspection the inspector found evidence that plans were implemented and reviewed on a four-monthly basis reflecting residents' changing needs.

Residents' well being and social care was enhanced by the choice of appropriate and stimulating activities available to meet their preferences and choice. These were listed daily on the information board. Residents said that they liked the outings, music, art and relaxation. Residents' meetings were held which provided opportunities for residents to expressed their opinion. Minutes of these were maintained and actions were completed. Residents confirmed that they always had the opportunity to vote at election time either in the centre or in the polling station. Mass was said in the centre weekly and communion was available on Sundays.

Residents' rights were safeguarded by the robust systems which had been developed such as:

- comprehensive fire safety procedures including regular fire drills
- continuous audit of the use of bed-rails
- medication audit including the use of psychotropic drugs
- required and mandatory updated training
- access to external advocacy and safe financial management
- outings and community and inter-generational involvement
- choice in mealtimes and bedtimes and pre-admission assessments with good care planning

On this inspection the inspector found that this was a compliant centre where residents were living full lives and their abilities were encouraged and promoted.

Residents felt that their lives and experiences mattered to management and staff who were continuously striving for improvement.

Regulation 11: Visits

Visitors were always welcome and spoke with the inspector about the positive experiences they had since their respective family members were admitted. There was a newly developed, nicely decorated parlour/visitors' room which was available for private visits or family events.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had a number of personal items from home in their bedrooms. These included items of furniture, framed pictures, treasured mementos and books.

Judgment: Compliant

Regulation 13: End of life

The palliative expert team were available to support the care at end of life. Personal touches were seen in relation to this care which indicated sensitivity and kindness to residents and families. A memorial mass was held on an annual basis for residents who had died during the year and there was a relaxing oratory available for residents, relatives and staff. Relatives were supported to stay with their sick relatives and mass was said weekly.

Judgment: Compliant

Regulation 17: Premises

The premises was bright and spacious. It was very clean and well decorated. There were adequate communal rooms available to residents including two large sitting rooms, two dining rooms, a conservatory, a large entrance lobby, and a family room. Woodwork and walls were newly painted and the gardens were well maintained and planted with seasonal flowers. Most bedrooms were single occupancy en-suite with shower and toilet facilities. There were a number of triple and four-bedded bedrooms also which were spacious and well laid out. The provider had plans to extend the centre in the future and he informed the inspector that the occupancy levels of these rooms would be reduced when the newly proposed development was completed.

Judgment: Compliant

Regulation 18: Food and nutrition

Two chefs and their assistants were employed by the centre. One member of the team spoke with the inspector and explained how she strived to ensure that meals were varied and tasty for residents. Residents were seen to be offered a variety of sauces with their dinner, Each day the chef baked bread and made homemade desserts which residents enjoyed, Specialised diets were catered for and visiting chefs offered consultation and advice. There were plans in place to introduce new ideas and approaches to making fortified and modified food more appetising and

appealing to residents. The dietitian and the speech and language therapist liaised with the staff and ensured that the menus were suitable. The environmental report on the kitchen was seen to be generally complementary of the kitchen management.

Judgment: Compliant

Regulation 20: Information for residents

Residents had an information booklet available to them. Volunteers and community groups kept them apprised of local and national events. Information of advocacy was displayed and the information on making a complaint was displayed. Daily newspapers were accessible and reminiscence sessions stimulated conversation. Residents were facilitated to go out to local events regularly and a centre mini-bus was available to take them to and from events.

Judgment: Compliant

Regulation 26: Risk management

The health and safety statement was updated. The risk register was populated . Individual risk assessments had been undertaken for residents. These were currently being replicated into the electronic record system to ensure accuracy of records.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean. Colour coded cloths were used for cleaning. Staff had infection control knowledge as well as appropriate and mandatory training. The inspector saw that plentiful hand sanitisers were available for the use of staff and relatives.

Judgment: Compliant

Regulation 28: Fire precautions

Weekly fire drills were being undertaken. These were recorded and documented. Mandatory training had been facilitated. Fire safety assessments had been carried

out by a suitably qualified person and these works had been prioritised for completion. Fire safety certificates had been obtained and the fire safety equipment had been serviced.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were well managed. Unused medicines were returned to pharmacy. Audit was conducted, medicines were reviewed by the general practitioner and staff had the appropriate training. Staff were supervised if a medication error was found. These were documented to inform better practise and to support learning. Improvements were found in this area due to the work of the senior nurse management team.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were informative, person-centred and detailed. Residents were involved in their development and were informed of changes.

Judgment: Compliant

Regulation 6: Health care

The general practitioners attended residents on a regular basis in relation to residents' needs. Allied health care services were available to residents including physiotherapy, occupational therapy and speech and language therapy. Residents had access to safe outdoor spaces and were encouraged to remain independent where possible and socially involved in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Care plans for people who experienced the behaviour and psychological symptoms of dementia (BPSD) were in place where relevant. These informed staff of different

strategies to manage the behaviour and support residents when communicating their needs through behaviour.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in this aspect of care which was a requirement of the regulations. Any allegations were appropriately documented and addressed. The required notifications were submitted to the office of the Chief Inspector. Investigations were undertaken where warranted. Residents said they felt safe in the centre and staff were knowledgeable and informed of all aspects of the training. Restraints such as bedrails were reduced gradually.

Judgment: Compliant

Regulation 9: Residents' rights

Residents felt that their rights were protected. They felt that the quality of their lives mattered to staff and management. The diverse activity sessions and opportunities for new challenges were facilitated. Residents said they voted whenever there was an election. They were supported to attend mass and prayers and they had access to their religious leaders. They enjoyed the well-being sessions such as mindfulness, spa sessions and complementary sessions. Art work was impressive and tea mornings were a weekly occurrence. Outings were meaningful and new ideas were fostered and developed. Inter-generational contact and meetings played a major role in the centre. During the inspection children gave a recital on the tin-whistle and the accordion. Residents shared their art work skills with residents and the children reciprocated with birthday cards and paintings of their own. Teachers from local schools were hugely supportive of this connection which had very positive well-being and psychological results. Volunteers supported the activity staff with gentle encouragement to residents and meaningful conversations. The garden areas were utilised particularly in spring and summer. Gardening was particularly popular and residents said that they loved the garden furniture which had been painted in bright primary colours. Raised flower beds had been planted with seasonal flowering plants.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

