



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	29 April 2021
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0031096

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.

Number of residents on the date of inspection:

63

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
Thursday 29 April 2021	09:45hrs to 18:30hrs	Mary O'Mahony	Lead
Thursday 29 April 2021	09:45hrs to 18:30hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day and inspectors communicated with the majority of the residents residing in the centre throughout the inspection. From what residents told inspectors and from what was observed on the day of inspection it was evident that Oaklodge was a pleasant place to live and residents rights were respected in how they spent their days.

The designated centre was located near Cloyne, and was nicely situated in scenic, rural grounds. There was a large car park to the front of the building. As the inspection took place during this time of the national COVID-19 pandemic COVID-19 restrictions were in place. By way of example, when inspectors arrived at the centre they were met by a member of staff. The provider had processes in place to ensure that visitors to the centre adhered to infection protection and control measures, such as the use of hand sanitising gel, the wearing of masks and temperature monitoring. Inspectors completed this process on arrival.

Following an opening meeting, inspectors were accompanied on a tour of the premises by the person in charge where they met and spoke with residents in their bedrooms and communal rooms. Inspectors saw that residents' accommodation and living space was laid out over one floor and for this reason all areas were easily accessible to residents. Bedroom accommodation comprised of 43 single bedrooms, four twin bedrooms, two triple rooms and two four bedded rooms. En suite toilet and showers were available in each room for enhanced privacy and dignity. The multi-occupancy bedrooms were very spacious. The provider explained that there were plans in place to reduce the occupancy of these bedrooms when a planned new extension was completed. Inspectors viewed a number of residents' bedrooms at residents' invitation and these were found to be clean, bright, and homely spaces. There was sufficient storage and seating for residents and all bedrooms had a television and radio for entertainment. A number of residents had personalised their bedrooms with items of furniture, bedding, photographs and ornaments from home. Residents said that this made them feel "at home" and connected to family. They stated they were delighted that visiting was now less restrictive, in line with the Health Protection and Surveillance Centre (HPSC) guidelines on visits to nursing homes.

The centre was well maintained. The design and layout of the home promoted a good quality of life for residents. There were a variety of communal spaces for residents to enjoy, including a sitting room, a dining room, a visitor's room and spacious conservatory. A specialised dementia care unit was set up in the centre with its own small sitting area and dining area even though a number of these residents also availed of communal rooms in the main section. Inspectors found that the communal rooms were comfortable, nicely decorated spaces and residents were observed sitting there to watch television, chat together in small socially distance groups or partake in activities. Residents had access to an enclosed garden with outdoor furniture and colourful planting. Suitable signage was in place to orientate

residents to their bedrooms and in the direction of communal rooms. Personalised memory boxes were observed to be in place outside a number of bedrooms which acted as reminiscence triggers for residents as well as aiding location of their personal space. The provider had commissioned a portrait of one resident who had reached a milestone birthday. This life-like painting was displayed on the wall near the resident's bedroom. She told the inspector she was very proud of it. This personal gift personified the person-centred, kind approach which was demonstrated from senior management.

Overall, residents accommodation and personal space was found to be clean and tidy. Staff were observed to be compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Twice daily temperature checks of residents and staff were seen to be documented and cleaning schedules had been adapted in response to the pandemic. Residents were observed to be supported to complete hand hygiene protocol and cough etiquette practices.

Feedback from residents was that staff were very kind and caring. Residents were seen to be relaxed and confident in their presence. Staff were observed to speak with residents in a kind, and respectful manner. Throughout the day of the inspection residents were seen mobilising freely around the centre and sat chatting with each other or with staff in the communal rooms. The atmosphere and environment in the centre was very relaxed. Inspectors observed a number of meaningful interactions between staff and residents including birthday celebrations and dancing. Call bells were answered promptly and staff were seen knocking on bedroom doors prior to entering.

Staff spoken with on inspection were knowledgeable of their role and of individual residents' needs. Residents were familiar with the names of the person in charge and the provider. They said that they were approachable and would address any concerns brought to their attention. Residents identified other staff members that they could approach, by name. They said that they felt safe in the centre. There were external care champions working with residents which added transparency and an objective view on the care and lived experience for residents. Issues which were raised by these invaluable co-carers were addressed and audited for improvement.

A number of residents told inspectors that they were very happy to have been vaccinated. Residents said they were looking forward to the summer time and had great hopes that normality would return. Residents said that they had missed their families and friends during the 'lockdown' but were very understanding of why this had happened. They were very grateful to staff that the centre had remained free from COVID-19 since the start of the pandemic. Inspectors observed a steady flow of visitors in the designated visitors' area. Staff were seen to clean this area between use and records were maintained of this. Compassionate visiting was facilitated as required, during the restrictions whenever residents were very lonely or at the end of life. Examples of when this had occurred were discussed and these demonstrated a sense of empathy towards family members and efforts to sustain the mental health of residents. While residents stated that they found the COVID restrictions difficult, they said that staff made sure that they felt safe particularly with regard to the risk of COVID-19. Inspectors observed residents making phone

calls to families and a group of residents confirmed that they had regular contact with family and friends by phone or via video call. The person in charge said that 24 'I-pads' (small computer-like devices) had been made available to the centre to support residents' communication with friends and family.

Residents were supported to be involved with the community. Donations of gifts and cards from school children had been sent in to residents during the pandemic. Musicians gave of their time freely to outdoor concerts. A mens' shed had been developed in the grounds and the male residents were looking forward to a programme of activities which were planned for the summer. Outings had been discussed and recorded in the minutes of residents' meetings. A chip van and coffee van had visited for residents to avail of a "takeaway". there was a walking group in place as well as outdoor concerts. Residents enjoyed these during the restrictions as it kept their minds occupied and helped them to maintain their spirits, according to staff.

Residents were complementary about the meals and the choice available to them. A breakfast club had been set up among residents and small groupings were seen to enjoy morning coffee, tea and scones mid-morning. Residents told inspectors that the meals were very tasty and that there was always a choice available to them. Records of residents meetings indicated that residents had asked for new choices, such as spaghetti bolognese, which had been facilitated, Inspectors observed residents' dining experience and found that the dining room had been beautifully decorated in a calming blue and white colour scheme. One wall was decorated with a very large colourful mural of Ballycotton lighthouse which lent it's name to the restaurant. The mural was the source of great banter and chat about the beauty of the locality and the lovely rural views through the windows. There were arrangements in place to facilitate social distancing. Residents were observed enjoying their dinner, snacks and chats. They were assisted appropriately where required. Some residents chose to remain in their bedrooms for meals and this choice was respected.

A good proportion of residents spent their day in the large sitting room. It was furnished with comfortable couches and chairs. It was observed to be a relaxed area for residents to meet together in a safe and socially distanced way. Inspectors observed musical entertainment during the day as well as familiar songs for those who were celebrating birthdays. On the day of inspection music was provided by the activity person who was held in high regard by residents, as well as a member of the board of management who entertained residents with guitar playing and their choice of songs. Residents said that bingo was one of their favourite games. This communal area was supervised at all times and staff were observed interacting with residents in a positive and person centred manner. It was evident that staff had good knowledge of residents' life stories and previous jobs as they were heard talking with residents about their past lives in a meaningful way. Overall, there was a warm and good-humoured atmosphere in the centre and inspectors saw evidence of lovely moments of engagement throughout the day. Residents told inspectors they enjoyed talking with staff and knew some of them from their previous lives in the community.

Overall, inspector observed that residents were content living in the centre. There was a lively atmosphere in Oaklodge with a strong focus on residents' welfare and on their rights. Staff and management worked hard to ensure that care was best evidence-based, as seen by the many innovative projects which the centre was involved with, to improve and enhance residents' lived experience.

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. It will describe in more detail how the centre aimed for excellence and strived for compliance with the regulations for the sector.

Capacity and capability

At the time of this inspection there were 61 residents living in Oaklodge with two vacant beds. The inspection was an unannounced risk based inspection to monitor compliance with the regulations. On the day of inspection, inspectors found that there were clear lines of accountability and responsibility set out in relation to governance and management arrangements which ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The person in charge was well known to residents and staff and facilitated the inspection process. He stated that he was committed to ensuring that residents living in the centre enjoyed a good quality of life and safe, high quality care. At a governance level the senior management team included the person in charge, the registered provider representative, who was the owner, and the newly appointed Chief Executive Officer (CEO). The person in charge was also supported by an assistant person in charge, clinical expertise, nurses, health care assistants, activity staff, housekeeping, catering and full time administrative support. Senior management reported that they had acted to implement the majority of public health and infection prevention and control (IPC) recommendations throughout the time of the pandemic. Discussion with staff and a review of documentation indicated that staff had been afforded a range of appropriate training such as the correct wearing of personal protective equipment (PPE) and hand hygiene inspection. It was evident to inspectors that resources had been made available for a number of hand washing solutions such as portable and sensor operated devices. Staff and residents said that these were convenient to use and for this reason they were encouraged to hand wash even more frequently than in the tradition type of sink. In addition, there were appropriate levels of staff available to meet the assessed needs of residents, on the day of inspection.

Serial testing of staff working in the centre for the presence of COVID-19 was ongoing. Testing of residents who were symptomatic for COVID-19 was being carried out in line with public health recommendations. Nurses had been trained to collect a viral swab sample for testing for SARS-CoV-2, the cause of COVID-19. Up-

to-date infection prevention and control policies were in place and these were based on the most recent national guidelines. Efforts to integrate infection prevention and control guidelines into everyday practice were underpinned by the aforementioned infection prevention and control education and training. The infection prevention and control audits seen covered a range of topics including donning and doffing PPE and hand hygiene. The guidelines from the Health Protection and Surveillance Centre (HPSC) were available and up to date.

The provider also had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, information notices, and audits of equipment and environmental cleanliness. The environmental hygiene audits indicated that there was a high level of compliance which was also reflected in the findings on the day of inspection.

There was documented evidence of positive communication between nurse managers and the provider. Meetings were held monthly and on-going risks were discussed. The person in charge was collecting key performance indicators (KPIs) and ongoing audits and action plans connected to these findings demonstrated improvements in the quality and safety of care.

Records required to be held under the regulations were easily accessible and made available to inspectors. Records were maintained in a neat and orderly manner and appropriately secured. There were robust recruitment arrangements in place which included an induction, probationary and appraisal process. This enable early identification of training needs and ensured that staff felt supported in the centre. A sample of staff files reviewed by inspectors were found to be well maintained and contained the requirements of Schedule 2 of the regulations. The management team assured inspectors that all staff had appropriate Garda (police) vetting clearance in place. Staff were not allowed to commence employment without this in place. This ensured that all efforts were made to safeguard residents by recruiting suitable staff.

A record was maintained of all accidents and incidents that occurred in the centre and appropriate action was generally taken following any such incident. Regulatory incidents had been notified to the Chief Inspector within the required time frame. The provider had a system in place to manage complaints. These were seen to be clearly documented on the whole and identified areas of quality improvement where necessary. One complaint was open at the time of inspection. The policy on complaints was required to be followed in this regard.

The annual review of the quality and safety of care had been completed for 2020. This had been compiled in consultation with residents and was available to inspectors. The required Schedule 5 policies, including policies on the prevention of abuse, nutrition and staff recruitment were available in the centre to guide staff practice and support safe care.

The centre had robust procedures in place to manage residents' finances and the provider did not act as pension agent for any resident.

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, their families and was responsive to the regulator. The person in charge was supported by a knowledgeable team.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of residents and the design and layout of the centre. Rosters reviewed showed that there was a nurse on duty at all times.

The roster seen on the day of inspection corresponded with the information discussed with the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

- A comprehensive training matrix was in place and it was evident that staff were facilitated and supported to attend training relevant to their role.
- There was good participation in COVID-19 related training, such as infection prevention and control, hand hygiene and donning and doffing personal protective equipment (PPE).
- All staff had completed safeguarding training and fire safety training. Staff spoken with confirmed their attendance and knowledge of the the training provided was evident in the fire drill reports seen.
- A number of senior staff and clinical experts were qualified to deliver in-house training for example, protection from abuse, manual handling and dementia care. Other training such as nutritional needs training and food safety training was provided by external facilitators.
- A group of staff were seen to be attending a training day for a number of mandatory subjects on the day of inspection.

Judgment: Compliant

Regulation 21: Records

- The records required to be available for inspection purposes were available and well maintained. These included staff files, incidents, medicine errors and complaints.
- Staff files contained all the requirements of Schedule 2 of the regulations.
- Documentation was available which indicated that all staff had the required Garda Vetting (police) clearance in place.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined roles and responsibilities set out for the governance and management arrangements in Oaklodge Nursing Home. Staff were aware of the line management reporting protocol. Managers and staff were found to be knowledgeable, suitably qualified and competent.

Weekly management meetings were held to discuss all relevant issues. Records were reviewed which demonstrated a clear, comprehensive exchange of important information between staff and the clinical governance group.

Resources had been made available for a plentiful supply of good quality PPE, the provision of suitable changing rooms and plentiful assistive equipment for residents. There were sufficient staffing resources in place for the needs of current residents and it was evident that this was under constant review,

A COVID-19 compliance officer had been engaged by the provider to maximise adherence to infection control guidelines to prevent an outbreak of COVID-19. External and internal clinical expertise was available to support best-evidence based practice including audit of services and training provision. The inspector met two of these personnel engaged in audit and training on the day of inspection.

The annual review was available. A number of actions had been completed and an action plan for the remaining items was in place. Due to the pandemic restrictions some items had been understandably delayed. However, a clear plan was evident.

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 within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

- There was a policy in the centre on complaints management and this was seen to be followed when addressing complaints.
- A number of recent complaints were reviewed. Each complaint had been dealt with appropriately and meetings were held with the complainants.
- The satisfaction of the complainant was recorded in the sample of complaints reviewed for 2021.

There was a complaint on file which had yet to be closed. This was still in process.

Complaints follow up was not sufficiently detailed for a complaint seen.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

- The policies and procedures for the centre had been updated within the three-yearly time frame required by the regulations.
- These set out the guidelines and protocols to guide staff practices on all areas such as, care, staff induction and medicine management.
- Relevant policies for the management of the COVID-19 pandemic had been developed. These included infection control, visiting and cleaning protocols.

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. It was evident that residents' health care needs were well managed by the general practitioners (GPs) and supported by regular consultations with a geriatrician who visited on site every six weeks. Dedicated staff worked as a cohesive team to maintain safe levels of care to residents and adhere to HPSC guidelines. Residents confirmed their satisfaction to inspectors that staff had maintained a COVID-19 free environment, Staff were seen appropriately washing their hands and wearing masks throughout the day.

Residents' reported that they had great opportunities for social interaction through the proactive social care programme developed by the experienced activity personnel. This service had been maintained as much as possible, which residents said they found very supportive, during the lockdown period .

A sample of care plans reviewed by inspectors was detailed, individualised and relevant. Residents' life stories were recorded and staff were found to be knowledgeable about what was important to each individual person residing in the centre. Life story information formed the basis for a number of care plans where residents chose to share this.

The catering staff were generally familiar with any specialised diets or the dietary preferences of residents. Food was attractively presented. On the day of inspection staff were seen to assist residents appropriately in the dining room and in their bedrooms. The kitchen staff spoken with were found to be knowledgeable of residents' dietary needs for example, inspectors were shown a supply of gluten free food in stock for those residents who had coeliac disease (intolerance to gluten).

Residents' choice, dignity and independence were safeguarded through staff training, staff appraisals and the provision of adequate bedroom and toilet facilities. Resident surveys had been undertaken. There was evidence of ongoing, daily consultation with residents and relatives. Residents had unrestricted access to spacious safe gardens where there were raised beds for herbs and seasonal flower planting. Residents were also seen to be accompanied out to the front gardens, appropriately dressed for the weather. Positive interactions between staff and residents were observed during the inspection. Inspectors found that staff availed of opportunities to socially engage with residents, for example, chatting, reading, walking, singing and playing bingo.

The premises layout met residents' needs in relation to privacy and dignity as well as accessibility. The majority of rooms were single occupancy and there were efforts underway to reduce occupancy in the three and four bedded rooms to facilitate social distance and increased privacy. En suite facilities included shower, toilet and wash basin. There were adequate communal toilet and shower facilities and two was available. New dining room furniture had been purchased and appropriate assistive equipment was available for residents' needs. In addition, the visitors' hub was incorporated into a section of one dining room with a separate access point for visitors. This minimised potential cross infection. The nicely furnished conservatory offered an additional relaxation area.

The provider had put a number of systems in place to manage risks and ensure that the health and safety of residents was promoted. The health and safety statement was seen to have been reviewed. The COVID-19 contingency plan was regularly updated and explained to staff. Minutes of staff meeting confirmed this. Infection prevention and control strategies had been implemented to effectively prevent the emergence of the COVID-19 virus in the centre. An emergency plan had been developed and an appropriate response was in place for emergency situations. Residents had personal emergency evacuation plans (PEEPS) in place, identifying the most appropriate means of evacuation at both day and night time. There were

very discreet labels seen on bedroom doors to provide a reminder to staff of each individuals' needs in this regard. Fire drills were conducted frequently and there were good records maintained of the scenarios simulated. The person in charge explained that the response time had improved at each fire drill.

All residents stated that they felt safe in the centre. Inspectors found that bed rail use was risk assessed and continuously reviewed. Alternatives to bed rails, such as low-low beds (where assessed as suitable) and chair sensor alarm mats were seen in use and were risk assessed. These were in use for those residents at risk of falls.

Residents were facilitated to use mobile phones and other media to talk with family members. The inspector was informed that 24 electronic tablets were available to facilitate video calls. The inspector was shown a new media device, on trial in the centre, which was specifically designed to make visual communication with friends and family very easy for residents. Residents were kept up to date with news from the community by staff, by relatives and by phone calls to relatives. Residents were updated daily about the virus and were well able to discuss this with inspectors. They each had a TV in their bedrooms so they could choose to watch the news or alternatively a favourite programme for relaxation. Residents' meetings, resident survey results and information leaflets were available. Pastoral care and counselling was accessible to all and the complaints process was on display for residents.

Medicines were generally appropriately stored and prescribed. Medicines no longer in use were returned to pharmacy. Controlled drugs were recorded in line with professional guidelines.

Regulation 10: Communication difficulties

Residents who experienced the behaviour and psychological symptoms of dementia (BPSD) were supported by comprehensive care planning, trained staff and a well designed environment in the dementia specific unit. Residents who communicated distress through altered behaviour, as a consequence of the impact of dementia, were known to staff who were seen to intervene appropriately with distraction techniques such as external walks and interventions before any anxiety was triggered.

Judgment: Compliant

Regulation 11: Visits

New protocols were set up for visiting and these were found to be in line with the current national guidelines from the Health Surveillance and Protection Centre (HPSC). This involved increased visits due to some relaxation of the COVID-19 restrictions. On the day of the inspection a good flow of visitors were witnessed, all

adhering to the COVID-19 policies implemented by the centre. A COVID-19 compliance officer was stationed by the reception area to ensure visitors and staff followed COVID-19 guidelines.

Judgment: Compliant

Regulation 13: End of life

Residents' end of life wishes were recorded and accessible. These plans were reviewed when necessary and care plans were in place where appropriate.

Judgment: Compliant

Regulation 26: Risk management

A COVID-19 risk register was maintained along with individual clinical and non-clinical risk registers. The risk register had been updated to include the risks associated with the COVID-19 pandemic. The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak.

These included:

- Implementation of transmission based precautions for residents where required.
- The presence of a COVID-19 guidelines compliance officer
- Staff temperature checks twice daily in line with current guidance.
- Plentiful supplies of PPE.
- Staff training and staff were observed to consistently use PPE in line with HPSC guidelines.
- Increased cleaning and disinfection of all areas in the centre.
- Inspectors were informed that there were sufficient cleaning resources to meet the needs of the centre.

- Isolation guidelines followed for staff and residents.
- Advice from the public health team, the Health Services Executive (HSE) and the IPC team was seen to have been followed and improvements made where required.
- The centre had been visited by a team of microbiologists from a university who tested the air and environment in the centre for viral load. This visit was part of a research project. The viral contaminants were found to be very low and presented a minimum risk at present.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A number of medicine errors were not fully addressed and learning had not been documented.

A comprehensive report was forward on this issue following the inspection which demonstrated a proactive approach to the prevention of further errors, retaining of staff and the maintenance of a no-blame culture to encourage reporting of errors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to support the identification of individual resident's needs. These included identifying the risk of falling, malnutrition, pressure related skin damage, depression, mobility and cognition. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection. Care plans were developed to inform staff of the assistance each resident needed as well as strategies on how to support and relate to residents. The information in the sample of residents' care plans reviewed by inspectors was person-centred and was informed by each resident's individual preferences and choice regarding their care.

Judgment: Compliant

Regulation 6: Health care

A team of GPs provided medical services to the centre and residents also had the choice to retain the services of their own GP. Specialists' appointments were

facilitated. There was evidence of regular reviews of residents' care plans and medical interventions such as blood tests were facilitated. Regular access to a physiotherapist was described as very beneficial to residents and staff, in relation to correct handling of vulnerable residents as well as providing an exercise programme. Residents had access to geriatrician review regularly. The dietitian and to the speech and language therapist (SALT) were accessible through the nutrition company which supplied nutritional drinks. Access the dentist, consultants and the chiropodist was facilitated.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had attended training to update their knowledge and skills in this aspect of care.

The care of residents with behaviour associated with the effects of dementia was evaluated using appropriate records. These records described the Antecedent to the behaviour, the Behaviour and the Consequences of the intervention (ABC charts): this enabled a non-pharmaceutical, best-evidence approach to behaviour escalation.

Judgment: Compliant

Regulation 8: Protection

- Staff working in the centre had received training in safeguarding vulnerable adults.
- Restraints such as bed rails and chemical restraint was only used as a last resort.
- The person in charge said that concerns were addressed without delay and that staff appraisals formed part of the quality improvement system for staff.
- Protection of residents was routinely discussed at staff meetings according to records seen.
- Where staff were the subject of an allegation appropriate steps were taken to resolve and concerns and retrain and supervise the staff member where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were found to have the opportunity to participate in activities and recreation which was meaningful and respectful of their knowledge and experience. Family contact was maintained through window visits, hub visits, phone, video calling and letters. It was evident that residents had been consulted about the public health measures and minutes of residents' meetings confirmed this. Residents spoken with were found to be informed about the virus and the outbreak. They had been vaccinated and were very glad and reassured about this.

Face to face contact was supported with the use of electronic tablets and video calling. Pastoral visits were facilitated and staff chatted with residents about events in the community as well as nationally. One residents had been facilitated to attend counselling sessions for a particular anxiety, Local children had sent in letters and drawings to cheer up residents. Staff said that residents found this very moving and supportive. External comforts such as a visit from a fish and chip van and a coffee van had been warmly welcomed by residents.

Residents were familiar with the staff on duty on the day of inspection. They were interested in inspectors' roles and were praiseworthy of the staff when asked about the care. It was evident to inspectors that residents' lived experience was important to staff, particularly as most staff lived locally and would have known a number of residents prior to their admission.

Mass was available by video and audio link from the local church. The ministers for each religious group were available to residents and visited them required to provide emotional and spiritual support.

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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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

Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0031096

Date of inspection: 29/04/2021

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Oaklodge welcomes all comments, compliments and complaints and uses these as an opportunity for learning. Our overall objective is to ensure that all complaints are taken seriously and handled in a sensitive, timely and effective manner that protects the rights, privacy, dignity, and confidentiality of all those involved. The one complaint which was open at the time of inspection has now been followed up and has been closed to the satisfaction of the complainant. 30th May 2021</p> <p>Oaklodge complaints process and handling is currently under review by an external consultant to ensure that we are fully compliant with all relevant policies and that all steps of the process are fully adhered to. The learnings from this review will be used to inform continuous quality improvement and risk management of care and services in Oaklodge. Once this review is complete and considered we will implement all relevant findings as appropriate.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Updated Staff training on complaints writing, management and follow up will be completed by all staff. 30th August 2021 • All complaints will be reviewed at Clinical Governance and reported as part of the monthly report to the Board of Management. 30th June 2021 • The Board will appoint a senior staff to ensure that the monthly reports, trends compiled, and associated learnings are fully implemented. 15th July 2021 • Our annual service plan will be amended to prioritise Regulation 34 to ensure full compliance and adherence. 15th July 2021 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">- There is a new Standard Operating Procedure for Medication Errors which supports a positive reporting culture. 30th May 2021- More detailed analysis of key trends has commenced- Medication management errors have now been added as a specific agenda item at clinical governance meetings and added to monthly incident reports. 30th May 2021- Review of medication management audits. 30th May 2021- Enhanced staff communication in respect of learning from medication errors to include weekly huddles to discuss errors and learning with all nursing staff. 30th June 2021- Review of systems relating to the supply, receipt and use of pre-packaged dosing systems. 30th June 2021	

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 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/06/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints	Substantially Compliant	Yellow	15/07/2021

	including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
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