



# 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:	03 March 2022
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0035927

## 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. 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 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. Specially designed signage has been installed. A secure garden area had been designed for residents with dementia. There is a comprehensive complaints process in place and fire safety systems are maintained. Outings are facilitated and residents' independence and activity is promoted.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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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
Thursday 3 March 2022	09:30hrs to 18:30hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that Oaklodge Nursing Home was a nice place to live in and residents felt their rights were generally respected. Staff had implemented a person-centred approach to care and were observed by the inspector to be kind and caring towards residents. At the time of inspection there were 61 residents in the centre with four vacant beds. The inspector met and spoke with several residents throughout the inspection day. Residents said that they were satisfied with the care and service provided. Residents were found to be well informed about all aspects of the COVID-19 virus and praised staff for supporting them back to full health after the recent outbreak of COVID-19. Residents told the inspector that the staff were "very helpful" and "kind". Residents appeared well groomed and were dressed in their choice of clothes. The inspector also met seven visitors who were visiting their family members at various times throughout the day and were, on the whole, complimentary of the service and care provided. One visitor described the care as "fantastic" while another said that communication with the person in charge was very good throughout the outbreak of COVID-19.

The centre was located near the scenic coastal village of Cloyne and was set in lovely gardens which were designed for residents' use. There was ample car parking available near the building as well as lovely peaceful views of the surrounding hills. The provider had applied for renewal of the registration of the centre which was required every three years under the Health Act 2007. The inspector arrived unannounced at the centre and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and wearing a face mask. Following an opening meeting with the person in charge and the director who represented the provider, the inspector was accompanied on a tour of the premises. The centre consisted of three separate areas, the South wing incorporating the Suaimhneas unit, the north wing and the centre wing.

At this time of the morning there was a busy, convivial atmosphere around the centre with residents walking to breakfast, to the communal room and to join the 'breakfast club' in the dining room. Residents were seen to be supported to be as independent as possible and walking aids were available to those who required them. Staff were observed to chat with residents who appeared to be in good form, greeting each other and the inspector in the corridors.

Overall, the physical environment in the centre appeared clean and well maintained throughout. Bedrooms were bright with sufficient space for residents' personal items. Rooms were seen to be personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. Staff were observed to knock on residents' doors and wear the required face masks appropriately. Residents told the inspector that they were delighted that their photographs and personal items had been placed near their beds and in some bedrooms a chest of drawers had been provided for residents to store small items of clothes and personal effects. One

resident who spoke with the inspector described the kindness shown to her by a chef from a local cookery school who was her friend before she came to live in Oaklodge. This person had given of his time to arrange a lovely afternoon tea for all residents and also spent time playing music on the patio area during the outbreak.

The inspector observed gentle and warm interactions between staff and residents throughout the day. One resident said that he felt safe in the centre and he was heard to chat freely with staff who were seen to attend to his requirements. A number of residents had their nails beautifully painted and their hair groomed. Staff were seen to perform beauty therapy in the afternoon which residents said they found very "relaxing". Residents were complimentary about the meals and the choice available to them. A breakfast club had been set up among residents and small groupings from all areas of the centre were seen to enjoy coffee, tea and scones mid-morning. Menus were displayed and residents said the meals were tasty with appropriate portions. The inspector observed that a snack trolley with tea, drinks and snacks was brought around to each room and communal area in the afternoon. Every evening there was an additional late tea round at 7pm and 8pm which residents said was very welcome. It provided yogurt, sandwiches, tea, or biscuits before bed.

Residents said they were looking forward to the spring and summer weather so that they could avail of the mens club, gardening activities, external gardens walks and using the new colourful garden furniture. Residents spoke with the inspector about the vintage tractor and vintage car exhibition which had visited the grounds of the centre. They were especially impressed by the ice cream party and chip van which created great excitement earlier in the year. One group of residents were seen to enjoy afternoon tea in the dining room while three other residents were observed to be watching a movie in their own private "booth". Residents in the Suaimhneas unit were treated to a concert of music from the olden days at their gramophone club. However, not all residents in this unit had the opportunity to engage in meaningful activity and additional supervision was required in this unit to ensure that residents had access to a range of interesting items and more individualised attention from staff throughout the day. Musicians played in the main sitting room in the afternoon and the staff who were leading activities were seen dancing and singing with residents. Some residents choose to read or watch TV in their bedrooms while others enjoyed an afternoon nap or quiet time crafting in the bright dining room.

One resident told the inspector that as the staff were mainly from the locality they were a source of news for them from the community. Another informed the inspector that they were happy living in the centre and loved their single room and personal bathroom. They said that staff were quick to come to them whenever they needed help. On the day of inspection the inspector observed that call bells were answered without delay and staff maintained a calm atmosphere when attending to residents' needs. Residents' independence was seen to be encouraged, for example encouraging residents to mobilise and to eat and drink independently, according to their ability. Residents in the Suaimhneas unit were seen to walk in and out of the patio and gardens throughout the day and they benefited from the circular walking space provided by the two garden access doors. They were suitably dressed for the weather and were seen to mobilise without effort. The inspector saw that the

majority of residents had an outdoor coat and hat in their wardrobe which was a good indicator that residents were not confined indoors when the weather was cold. Staff said that optimal mobility was supported by the weekly visits from the physiotherapist and the balance and strength exercise classes held weekly also.

Throughout the day visiting was undertaken in line with the Health Protection Surveillance Centre (HPSC) guidelines 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities'. Visitors were guided by staff to follow the infection control rules and protocol. They were seen to be known to staff who welcomed them and actively engaged with them. Visitors and residents told inspectors that they were very happy with the arrangements in place for visits, including the commencement of the new arrangement for having a nominated visitor for each resident, in addition to any other weekly visits. They said that compassionate visiting was always allowed even during the outbreak of infection. Management staff described how one visitor had been facilitated to stay overnight when their resident had been unwell, as the relative had travelled a long distance to the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections. The inspector saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Nevertheless, some improvements were required in staffing, supervision, food preparation, infection control, complaints and health care, a number of which are addressed in this section of the report as well as under the quality and safety dimension of this report.

The provider of Oaklodge Nursing home was B and D Healthcare Company Ltd, a company comprised of five directors. At a governance level the senior management team included one of the directors of the company who was also the owner, the person in charge, two clinical nurse managers and a member of the board of management with nursing and clinical expertise. In addition, there was a medical team, a team of nurses, health care assistants, activity staff, housekeeping, catering, maintenance and full time administrative support. The person in charge was well known to residents and staff and facilitated the inspection process. She stated that she was committed to ensuring that residents experienced a good quality of life and safe, experienced care. Members of the senior management team informed the inspector that they had acted to implement public health and infection

prevention and control (IPC) recommendations throughout the time of the pandemic and particularly during the outbreak of COVID-19, which had resolved at the time of the inspection.

There was documented evidence of positive communication between the nurse managers and the provider. Meetings were held weekly and monthly and on-going risks were discussed. The person in charge was collecting key performance indicators (KPIs) and regular audits and action plans connected to these findings demonstrated improvements in the quality and safety of care. A schedule of audits had been set out for 2022 and was seen to be commenced.

While the service was generally appropriately resourced there were recent staff shortages reported, as seen on the day of inspection. The assistant director of nursing post was vacant and there was a recruitment drive underway to fill the post. The roster for staff seen on the day of inspection indicated that there was a shortfall of three staff on that day and staff shortage on a number of other days, due to absence and sick leave. Staffing issues were highlighted under Regulation 15: staffing. The provider and person in charge stated that staffing shortage was a rare occurrence and agency staff would be utilised to ensure optimal care for residents until recruitment processes were completed and those on sick leave returned. A staffing plan was submitted following the inspection which provided for adequate staffing levels to meet the needs of residents.

Training records were up to date and a comprehensive training matrix was maintained. Discussion with staff and a review of documentation indicated that staff had been afforded a range of appropriate training such as, safeguarding, manual handling, the correct wearing of personal protective equipment (PPE) and hand hygiene protocol. As the centre had a 25 bedded unit dedicated to the care of those with dementia, relevant training such as dementia care training, person centred care training and dementia awareness training had been provided to all staff.

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 good level of compliance in general.

Records required to be held under the regulations were easily accessible and made available to the inspector. Records were well maintained and securely stored. 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 were reviewed. These contained the requirements of Schedule 2 of the regulations.

A record was maintained of all accidents and incidents that occurred in the centre and appropriate action was generally taken following any such incident. Specified incidents had been notified to the Chief Inspector within the required time frame.

The provider had a system in place to manage complaints. Complaints were seen to be clearly documented on the whole and identified areas of quality improvement where necessary. Where complaints indicated a pattern such as, poor communication these had been followed up with staff training and performance improvement plans where appropriate. Not all complaints were resolved however. Complaints were further discussed under Regulation 34: Complaints management.

The annual review of the quality and safety of care had been completed for 2021. This had been compiled in consultation with residents and was available for inspection purposes. The required Schedule 5 policies, including policies on the prevention of abuse, risk management, nutrition and staff recruitment were available to guide staff and support safe care. The infection control policy had been updated to include protocols for the COVID-19 pandemic.

#### Registration Regulation 4: Application for registration or renewal of registration

All the required documents were submitted in a timely manner.

Judgment: Compliant

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the required fees were paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was experienced in management in the centre. She fulfilled the requirements of the regulations and was suitably qualified. She was engaged in continuous professional development and was supported by a management team who had additional expertise and knowledge.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels were not at full capacity on the day of inspection:

- On the day of inspection the centre was not fully staffed in accordance with the roster set out for the centre. One nurse and two healthcare assistants were absent. This meant that the person in charge was not free to engage in supervisory and management duties as she was working in the role of a nurse. Additional staff were brought in to work on the day of inspection to ensure that the person in charge was available to support the inspection process.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

There were issues identified which were indicative of a lack of adequate supervision:

- Increased supervision was required in the Suaimhneas unit (a unit for those with a diagnosis of dementia) and particularly in single occupancy rooms. By way of example, the inspector saw that not all residents had access to their call bells, the remote control of the TV or other items of interest in their rooms to promote well being for residents and improve consistent staff engagement.

Judgment: Substantially compliant

## Regulation 21: Records

Records were maintained as required under the regulations:

- A review of a random sample of five staff files indicated that all the required regulatory documents were held for staff.
- Records required for inspection were well maintained and easily retrievable.
- The provider gave assurance that all staff had the required an Garda Síochána (Irish Police) vetting clearance in place prior to commencing employment.
- All the required regulatory records were accessible and made available to the inspector.

Judgment: Compliant

## Regulation 22: Insurance

The centre had the required insurance cover in place.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored

This was evidenced by:

- Staffing levels did not reflect the rostered staffing on the day of inspection.
- Requirement for increasing supervision of care in the Suaimhneas unit.
- Requirement to enhance the management team to enable management oversight of skin integrity and wound care.

Judgment: Substantially compliant

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

A sample of contacts viewed complied with the regulations.

Where a contact had not been signed attempts had been made by the provider to ensure compliance with the regulations that each contact be agreed in writing with residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the details required under Schedule 1 of the regulations including the ethos in the centre, the care available to residents and the complaints process.

Judgment: Compliant

### Regulation 31: Notification of incidents

Specified incidents, required to be notified to the Chief Inspector, had been submitted. These included a fall requiring hospitalisation and any sudden death.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were a number of complaints about missing items which were not closed off to the satisfaction of the complainant.

For example: missing dentures and missing clothes and slippers. There was no evidence of these complaints having been fully resolved and closed.

However, the provider had put a process in place to further investigate a solution to this issue and meet with the people involved.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Policies were maintained and updated:

- Schedule 5 policies including policies on the prevention of abuse, fire safety, the use of restraint, dementia care and staff recruitment were up to date.
- A contingency plan and policy for the event of an outbreak of COVID-19 had been developed and implemented during the outbreak.

Judgment: Compliant

## Quality and safety

Overall, residents in Oaklodge nursing home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The findings of this inspection were that the quality of life of residents had been maintained to a good standard throughout the challenges of the pandemic. There was evidence of consultation with residents and their needs were being met through timely access to healthcare services and opportunities for social engagement. Residents' meetings were held and surveys and questionnaires were completed which were seen to have positive comments on the service and the staff. Staff were

found to be knowledgeable, kind and respectful to residents. Nonetheless, this inspection found that the quality and safety of residents' care highlighted in this section of the report required increased oversight by management in relation to aspects of health care and food and nutrition.

The premises was laid out over three corridors in this single storey building and residents had good access to private and communal facilities. The north and south corridors of the premises were linked by a central corridor which also provided bedroom accommodation for a number of residents. The south corridor led to the dementia specific unit which had a separate sitting and dining area. The door to this unit was generally unlocked at meal times and times of activity to allow free movement where appropriate. In addition, there were hand washing facilities available for staff, additional to the sinks in residents' bedrooms.

Residents in the centre had recovered from an outbreak of COVID-19. The inspector acknowledged that this had been a challenging time for staff, residents and visitors. Residents and visitors praised the communication, the medical attention and care from staff during the outbreak and they were glad to have recovered. Adequate procedures had been maintained for monitoring residents, staff and visitors to minimise the impact of the virus and for the early recognition of symptoms should a repeat outbreak occur. A COVID-19 contingency plan was in place and was updated in line with any new Health Services Executive (HSE) guidelines. Household staff spoken with were found to be generally knowledgeable of their training and the products in use. Staff were seen to wear their masks appropriately. The inspector found that there was an adequate supply of PPE which was available in the event of an outbreak of COVID-19 and to prevent cross infection at the present time. Audits were conducted on a range of topics including, cleanliness of the environment, donning and doffing PPE and hand hygiene protocol. Some issues to be addressed under infection control were highlighted under Regulation 27: infection control.

The care plan system ensured that information about residents was accessible and care plan details were maintained on an electronic system. Care plans were updated and contained evidence of good assessments and life story information. Residents' healthcare needs were met with good access to individual GPs and consultants where necessary. Documentation from members of the medical team was seen in residents' files and it was apparent that there was timely intervention available for infections, falls, medicine review or other medical need. Staff and residents were satisfied with the expertise and input from the physiotherapist, who was employed to attend weekly. Nevertheless, there were issues related to the maintenance of good skin integrity which were described under Regulation 6, health care, and these were impacted on by a lack of adequate supervision. However, information and guidance had been sought from the tissue viability nurse on the management of these and photographs were available to indicate that the areas effected were healing well.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult safeguarding and a number of those spoken with were aware of the actions to be taken if there were suspicions or allegations of abuse. There was an up-to-date adult safeguarding policy available and a member

of staff in the centre was identified as the designated person in the prevention of abuse. Systems were in place to promote safety and effectively manage risks. Policies and procedures for health and safety, risk management, fire safety, and infection control were up to date. There were contingency plans in place in the event of an emergency or the centre having to be evacuated.

The inspector found that comprehensive systems had been developed for the maintenance of the fire detection and alarm system and emergency lighting. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. Residents had Personal Emergency Evacuation Plans (PEEPs) on file and these were updated regularly. An up to date copy of these was seen in the fire "emergency" kit. A number of fire drills were conducted indicating that staff were assessed for response time, team work, efficiency and knowledge.

As found on previous inspections food was generally observed to be nicely served. Mealtimes were seen to be happy social occasions. All kitchen staff had attended food safety training. Social distance was respected at meal times in the spacious dining room by facilitating two sittings for main meals. The dietitian and the speech and language therapist (SALT) were found to have attended relevant residents and their input was documented. The malnutrition universal screening tool (MUST) was used to establish any risk of malnutrition in residents: residents' weights' were recorded monthly to support this assessment. However, modified diet preparation, and training in this, required improvement to ensure it was prepared and served appropriately. This was addressed under Regulation 18: Food and nutrition.

Medicines were well managed and subject to audit both within and external to the centre. The local pharmacy was attentive to staff and residents in the centre. Allergies were recorded and GPs had prescribed when a resident's medicine was to be crushed.

The provision of varied daily activities for residents continued to be a positive focus in residents' lives and lent structure to their day. Dedicated and enthusiastic staff were seen to lead morning and afternoon activity, tea times and personal interactions. Residents were familiar with the various activities on the day of inspection and were seen to engage in singing, discussions on the headlines in the newspaper, quiz, movies and crafting. Other aspects of residents' rights and lived experience were further outlined under Regulation 9: Residents' rights.

## Regulation 11: Visits

The inspector found that the registered provider had ensured that visiting arrangements were taking place in line with the current Health Protection Surveillance Centre (HPSC) guidance. Visits were encouraged with appropriate precautions to manage the risk of introducing COVID-19. Visitors were required to wear a suitable mask, use hand sanitising gel and have their temperatures checked

prior to entering the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre was well maintained. There were painting and repair works underway at the time of inspection as this had been delaying due to the COVID-19 pandemic.

The design and layout of the home promoted a good quality of life for residents. Bedroom accommodation consisted of mainly single, fully en suite bedrooms as well as four double, two treble and two spacious, fully en suite four bedded rooms. The larger bedrooms were well laid out to afford maximum privacy for each person. There were a variety of communal spaces for residents to enjoy, including sitting rooms, a small oratory, a conservatory, dining rooms and visitors'/quiet rooms. A specialised dementia care unit was set up in the centre with its own small sitting area and dining area as well as access to a second dining room to enable residents to walk out and enjoy the general community of the nursing home each day. Staff informed the inspector that a number of residents from Suaimhneas unit availed of the general communal rooms including the breakfast club in the main section. The inspector found that the communal rooms were comfortable, nicely decorated spaces. Suitable signage was in place to orientate residents to their bedrooms and in the direction of communal rooms. Appropriate pictures and clocks were displayed around the walls which were placed at a suitable height for residents' enjoyment. Residents had access to enclosed spacious garden and patio areas with colourful outdoor furniture.

Judgment: Compliant

### Regulation 18: Food and nutrition

Despite an incident where a modified diet had not been properly and safely prepared the inspector found that additional controls or updated training had not been put in place, for example appropriate training and a risk assessment to prevent a repeat of this incident.

The observation of staff prevented an adverse outcome.

Training and the risk assessment were completed following the inspection.

Judgment: Substantially compliant

## Regulation 20: Information for residents

There was a comprehensive residents' information booklet available to residents.

Judgment: Compliant

## Regulation 26: Risk management

Risk was in general comprehensively managed:

- A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments.
- The health and safety statement had been updated and an emergency incident management policy was in place.
- The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.
- Risk assessments and controls were set out in individual residents' file related to COVID-19 and for example for any resident at risk of aspiration or falls.

Judgment: Compliant

## Regulation 27: Infection control

To maintain effective infection control processes the following issues required attention:

- The inspector found that a number of soap dispensers were blocked.
- The battery was not working in one paper towel dispenser, which was significant as it was located in the sluice room.
- The laundry room required cleaning behind the machines.
- Laundry baskets were required in some bedrooms for the storage of soiled clothes which were being taken home by relatives.
- Food items in bedrooms required suitable storage boxes to maintain freshness and prevent food spilling onto the floor.

A number of these were addressed by the end of the inspection day.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety was well managed on the day of inspection:

- Fire drills had been undertaken and areas for improvement were identified after each drill.
- There was a fire safety policy in place.
- Staff had received annual fire safety training.
- Fire safe doors for the containment of fire and smoke had been serviced.
- There had been improvements in the safe storage of cigarette lighters and staff were not allowed to keep these on the premises following a near miss incident.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Medicines were well managed.

- The practice of administering medicine was audited and action plans were evident where issues were identified.
- Medicine errors were recorded, trended and actioned. These results were available to the inspector.
- The pharmacist was responsive to staff and residents' needs.
- The general practitioner (GP) reviewed the use of medicines on a regular basis and revised the prescriptions where possible.
- There was an electronic prescribing system in place and electronic signatures were seen for the GP and nursing staff.
- Staff nurses undertook appropriate, relevant training.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plans were well maintained and detailed.

- Residents who had contracted COVID-19 were seen to have been assessed by the GP and appropriate medical treatment was prescribed. Medical personnel had also reviewed each resident's medicine on a routine basis and changes were seen to have been made where it was assessed as appropriate.
- Care plans were developed on an electronic system. They generally reflected the assessed needs of residents.

- Members of the multidisciplinary team such as the physiotherapist and the occupational therapist (OT) had also provided advice for staff in best evidence-based care.
- Care plans were written in a personalised, detailed way and updated within the regulatory time frame.
- A number of residents were seen to have been consulted about their personal plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector was not assured that a high standard of evidence-based care was consistently provided to residents in relation to wound care:

For example:

- There were three residents with pressure ulcers at the time of the inspection and there were issues to be addressed in relation to the development of these.

The inspector found that the pressure sore development had not been diagnosed in a timely manner in the residents and appropriate prevention techniques had not been in place such as pressure relieving mattresses or other pressure relieving measures, records of position changes when the residents were in bed and checking of skin integrity on pressure points for vulnerable residents.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Staff were aware of the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

- A review of a number of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident.
- For example, one resident had been moved to a different corridor when other residents were negatively impacted by the behaviour being expressed.
- Residents had access to consultant psychiatry services also.

- The use of bedrails and other restraint was used in line with the national policy and risk assessed as required.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

- The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training.
- Additional specific training in safeguarding had been organised in ensure that all types of abuse were identified and understood by staff, as a response to complaints or allegations.
- Staff spoken with were knowledgeable of how to report any allegation of abuse.
- Records reviewed by the inspector provided assurances of the ongoing commitment to training, a zero tolerance approach and addressing any allegations of abuse.
- The centre had robust procedures in place to manage residents' finances. Receipts and invoices were made available to residents or their relatives. The provider acted as a pension agent for one resident, who accounts were audited yearly and maintained separately from the centre's accounts.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were promoted in the centre:

- Residents' survey results and minutes of residents' meetings were reviewed. These indicated that residents were attending regular resident information meetings and were made aware of any changes in the centre. Residents indicated in these documents that their rights were respected and the advocacy service was accessible to them.
- Staff, residents and relatives assured the inspector that choices were respected in relation to visits, meal times, bedtimes, access to the outdoors, smoking choices, personal newspapers and mobile phones.
- A resident group had formed a movie club and were seen watching their latest choice of film on a 'tablet' in a quiet corner of the dining room.
- The hairdresser and the chiropodist visited on a regular basis and these visits were documented. There was a suitable hairdressing salon in the centre.

- The inspector saw evidence to indicate that there was good communication with relatives and residents from the person in charge and the provider throughout the COVID-19 outbreak.
- Activity coordination staff members were maintained on the roster throughout the outbreak to ensure residents' social and communication needs were met and supported.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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	Substantially 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-0035927

Date of inspection: 03/03/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Covid related absences have reduced significantly and we have a better system of cover in place. We have successfully recruited a new PIC commencing on 21st April, a new HR manager who commenced on 1st April and four nurses from overseas commencing circa June/July. Ongoing recruitment continues. A number of staff incentives have been commenced to aid retention of staff and the new HR manager will review recent staff attrition, staff exit interviews and develop a recruitment and retention strategy for Oaklodge.</p> <p>Staffing levels throughout the nursing home and on a unit-basis have been reviewed using the Modified Barthel, a validated nursing assessment tool. This has demonstrated that we have adequate staffing levels in place to meet the needs of residents. This will be continually updated regularly to direct the staffing levels required for each unit on an ongoing basis.</p> <p>Resident and staff satisfaction surveys will be undertaken by 30 May 2022 to ascertain effectiveness of measures implemented to date and further quality improvements required.</p>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

The staffing levels in the Suaimhneas Unit has been reviewed using a validated tool to determine required staffing levels based on dependencies of residents. All staff have been reminded of the need to ensure residents have access to the call bell and TV remotes via clinical handover and at staff meetings. A residents' meeting was held on 4th March and a family meeting is scheduled to take place on 12th March to enable residents/ families to share any concerns. Daily walkarounds by the management team will monitor effectiveness of interventions. All staff have and all new staff will complete the HIQA elearning modules on Applying a Human Rights-based Approach to Health and Social Care. Nurses and Senior Carers are being trained and supported to ensure appropriate supervision of communal areas and individual bedrooms in Suaimhneas.

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To further strengthen the governance and management provision in Oaklodge, a new Person in Charge has been recruited and will commence in post from 21st April 2022. In addition, a new HR manager has been recruited and commenced in post on 1st April. Recruitment is ongoing for the post of Assistant Director of Nursing and /or other Clinical Management posts.

In the interim, the Clinical Director and Registered Provider Representative will alternate their work patterns to have an on-site presence 7 days per week and continue to support 24/7 on-call availability until such time as the new persons have completed a suitable induction and probationary period and an external party will provide mentorship and support with regulatory compliance and clinical matters to the CNMs.

Staffing levels and supervision requirements on each unit will be determined by a validated assessment tool updated regularly. An analysis of pressure area assessment and management will be conducted by 30 April 2022 and any quality improvements implemented.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Missing items will be scheduled for discussion at the next residents' and/or families meeting. A review and analysis of all complaints about missing items will be conducted

by 30 April 2022.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The incident referred to above was a one-off incident which was recognized immediately and escalated appropriately by staff assisting in the dining room before the resident commenced eating. It was investigated and risk assessed and the following additional mitigating controls were implemented:

- Additional training for chef and all clinical staff supervising meals on texture diet and IDDSI commenced 5th April 2022
- Additional high spec kitchen equipment purchased for preparation of texture diet meals Ordered 30th March 2022
- Menus, cooking methods and kitchen staffing reviewed to ensure adequate selection of meals suitable to modification and sufficient cooking and preparation time to achieve desired consistency 6/April/22
- Additional spot checks by ADON/ CNM/ Ops Manager 3rd March 2022

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Food storage boxes and laundry baskets for individual resident rooms have been purchased – complete
- Batteries replaced in the paper towel dispenser and soap dispensers unblocked (both completed). Both items listed on daily checks by maintenance and household teams
- Deep clean of laundry room completed on 7th March 2022
- Paper towel and soap dispensers and laundry room behind machines added to IPC environmental audits 6th April 2022

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- A full review and analysis of the prevention, assessment, reporting, management and development of the three residents with pressure ulcers will be conducted by 30 April 2022.
- All relevant staff will complete the HSEland training entitled "Fundamentals of Care: Pressure Ulcers"
- Staff nurses and CNMs will supervise and participate in the provision of general care to residents to enable assessment and monitoring of skin integrity and pressure area care
- Pressure area assessment, care and management will be reinforced at clinical handovers

All residents will have a full review of their Waterlow risk assessment and associated pressure relieving equipment where indicated.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2022
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/05/2022
Regulation 23(c)	The registered	Substantially	Yellow	21/04/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
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	03/03/2022
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 including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/05/2022
Regulation 6(1)	The registered	Substantially	Yellow	30/04/2022

	<p>provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>	<p>Compliant</p>		
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