



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

Name of designated centre:	Oakdale Nursing Home
Name of provider:	Oakdale Nursing Home Ltd
Address of centre:	Kilmalogue, Gracefield, Portarlinton, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 September 2018
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0022388

## About the designated centre

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

Oakdale Nursing Home is a purpose built 58 bed Nursing Home opened in February 2009. The designated centre is located in the town of Portarlinton, just off the Tullamore Road. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 40 single and nine twin bedrooms, all with full en suite facilities. Bedrooms on the first floor are accessible by stairs or a mechanical lift. A variety of communal areas are available to residents including a dining room, sitting rooms and an enclosed courtyard/garden area. Oakdale Nursing Home located in close proximity to shops, pubs, restaurants and other amenities.

The service employs a medical officer, physiotherapist, occupational therapist, nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Oakdale nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

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

Current registration end date:	21/12/2020
Number of residents on the date of inspection:	56

## How we inspect

To prepare for this inspection the inspector or 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
14 September 2018	10:15hrs to 17:40hrs	Catherine Rose Connolly Gargan	Lead

## Views of people who use the service

Several residents who spoke with the inspector expressed their satisfaction with the service provided and the care they received. Residents said they felt at home in the centre and they enjoyed and were interested in the activities available to them. They particularly enjoyed the recent outings and one resident said she visited her home in the community for one night each week. Residents said they felt safe and staff were always kind and respectful towards them. Residents who spoke with the inspector said they were comfortable in the centre and enjoyed the food they received.

Residents told the inspector that they knew the person in charge and the provider representative. They confirmed that they could make a complaint and singled out various staff members they said they would be happy to talk to regarding any dissatisfaction they experienced with the service provided.

## Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Regulations. The inspector followed up on progress with completion of actions from the last inspection in September 2017. Two of the three actions were completed. Improvements in care planning was progressed and is restated in the compliance plan from this inspection. The inspector also followed up on notifications and unsolicited information received by the Health Information and Quality Authority (HIQA). The provider had identified that additional training was necessary for new staff in supporting residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While complaints were appropriately managed and investigated, improvement was necessary to ensure complainants satisfaction with the outcome of the provider's investigations were ascertained.

There was a clearly defined management structure. The centre was well managed with clear arrangements in place to monitor the standard of care delivered to residents and their quality of life in the centre. The person in charge worked on a full time basis in the centre and the provider representative worked in the centre at least three days each week. This arrangement ensured they were available to deal with issues as they arose, for example, complaints or operational issues. Arrangements were in place to monitor the standard of care delivered to residents. The outcome of audits and review of complaints and key clinical parameters such as falls, use of restrictive practices, wounds, complaints, medication management

and adverse incidents informed continuous quality improvement in the centre.

There was sufficient staff available with appropriate skills to meet the needs of residents. Staff were appropriately supervised and facilitated to attend mandatory and professional development training.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Staff were aware of their roles and responsibilities and there was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

### Regulation 15: Staffing

A minimum of two registered nurses were on duty at all times. Sufficient numbers of appropriately skilled staff were available to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate mandatory and professional development training and were adequately supervised according to their role. Staff who spoke with the inspector were knowledgeable regarding residents individual preferences and needs.

Judgment: Compliant

### Regulation 21: Records

Records of each fire practice, drill and test of fire equipment was maintained. The records of simulated emergency evacuation drills completed lacked sufficient detail to provide assurances that residents could be safely evacuated in the event of a fire in the centre. For example the records were inconsistent regarding the staffing resources, location of the simulated fire, area evacuated, time taken to complete evacuation and any areas identified as needing improvement.

All other records required under Schedules 1, 2, 3, 4, 5 and 6 of the Regulations were maintained.

Four staff files were examined by the inspector and were found to contain all

information as required by Schedule 2 of the regulations including evidence of completed Garda Siochana vetting.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clear management structure to ensure the centre delivered appropriate, safe and consistent care to residents. The company directors participated in the governance and management of the centre on a daily basis. There were clear systems in place to review the quality and safety of care delivered and the quality of life for residents in the centre. Regular management meetings were held to ensure good communication and oversight of the service. The person in charge met with staff to review practice in all areas and to share audit findings and promote learning.

Adequate resources were provided to meet residents' needs. An annual review report on the quality and safety of care and quality of life for residents was prepared for 2017. There was good evidence of continuous quality improvement. Improvements made were done in consultation with residents and informed by their feedback on the service provided.

Judgment: Compliant

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

Each resident had a contract of care outlining the terms and conditions of their residency in the centre. The fees for their residency and any additional fees were clearly outlined. The services provided for an additional fee of thirty euro were described and included physiotherapy, occupational therapy, in-house activities and outings. The contracts were signed by residents where possible or a family member on their behalf.

Judgment: Compliant

### Regulation 3: Statement of purpose

Minor revisions were made to the centre's statement of purpose on the day of inspection. The revised document contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres

for Older People) Regulations 2013 and clearly described the management structure, the facilities and the service provided. Each resident was provided with a copy of the centre's statement of purpose document.

Judgment: Compliant

### Regulation 30: Volunteers

A volunteer advocate attended the centre and provided very valuable support and assistance to residents with participating in the running of the centre and expressing their feedback on the service. The inspector saw that they had been appropriately vetted, supervised and had their roles and responsibilities set out in writing as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider welcomed feedback on the service provided from residents and their relatives and provided them with opportunities to communicate their views including a comment box, regular residents' meetings and a volunteer advocate. The complaints procedure in the centre was displayed and summarised in the centre's statement of purpose, a copy of which was given to each resident. All complaints received were recorded and investigated. There was one open complaint under investigation on the day of inspection. The outcome of complaint investigations was recorded and communicated to complainants. While the inspector was told that satisfaction with the outcome of complaints was sought from complainants, this information was not recorded. An independent appeals process was available to complainants dissatisfied with the outcome of investigations by the complaints officer in the centre.

An independent advocacy service was available to assist residents with making a complaint if necessary and this service was used in the past to assist residents. All complaints were reviewed at the centre's governance and management meetings, and areas identified for learning were implemented.

Judgment: Substantially compliant

### Quality and safety

Overall, residents were provided a good quality service and good quality of life for residents in the centre. Residents who spoke with the inspector stated they were comfortable and were happy in the centre.

Residents were provided with choices. For example, about how they spent their day, the ir meals, the activities they participated in, the time they retired to bed and the time they got up in the mornings. There were dedicated activity staff who facilitated a variety of meaningful and interesting activities for residents. Residents spoke positively about the activities available to them.

Residents healthcare and nursing needs were met to a good standard and were provided with timely access to medical and allied health professional services. Residents were encouraged and supported to exercise choice and optimise their independence where possible. The provider employed the services of a medical officer for the centre, physiotherapist and an occupational therapist to ensure there were no delays in meeting residents' healthcare needs.

The layout and design of the premises met residents individual and collective needs. The centre was visibly clean throughout and was maintained and decorated to a high standard. Residents remarked on the importance and positive benefits of the homely appearance and atmosphere in the centre.

Residents were consulted with regarding their care and the service provided. The provider valued residents' views and provided them with opportunities to participate in the running of the centre with a residents' committee that met regularly.

Residents stated they felt safe in the centre and spoke positively about the care team and management in the centre. Staff who spoke with the inspector knew residents' well and were knowledgeable regarding their individual needs. A safeguarding policy was in place and all staff were facilitated to attend training on safeguarding residents from abuse. Staff told the inspector they were aware of their responsibilities to report and stated there was no impediment to them reporting and suspicions, disclosures or incidents they may witness.

The provider took a proactive approach to managing risk in the centre and had appropriate measures and procedures in place to ensure residents health and safety needs were met. Residents were protected from risk of fire in the centre and staff who spoke with the inspector were knowledgeable regarding emergency evacuation procedures in the centre.

## Regulation 11: Visits

Residents' visitors were welcomed into the centre. Staff controlled access to the centre and a record of all visitors was recorded. A kitchenette and several alternative areas to residents' bedrooms were available for them to meet their visitors in private if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had sufficient space to store their clothes and other possessions including a lockable storage facility for securing personal possessions of value. The provider held small amounts of money on behalf of a number of residents for their personal use and available to them as they wished for their day-to-day expenses. These small amounts of cash were held securely and all transactions were recorded and signed.

Residents were supported and facilitated to retain access to and control over their personal clothing and possessions. Residents' clothing was maintained and laundered in the centre to a high standard.

The provider confirmed that they were a pension agent for collection of four residents social welfare pensions. The procedures in place were discussed with the provider and the arrangements in place were transparent. These pensions were paid into individual resident accounts.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of the centre met residents' needs. The centre was comfortable and warm. Residents were accommodated over two floor levels in single and twin bedrooms. All residents' bedrooms were fitted with en suite toilet, wash basin and shower facilities. Residents' bedrooms were spacious and met their individual needs. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments and soft furnishings. Residents' communal accommodation was bright and spacious with furnishings and fittings that were domestic in style and familiar to them.

The fitting of grab rails or support seating in residents' en suite toilets was informed by an assessment of their needs. Appropriate assistive equipment was available to meet residents' support needs such as hoists and wheelchairs. Handrails were fitted on corridors.

Judgment: Compliant

### Regulation 26: Risk management

A risk management policy was available and included identification and assessment of risks throughout the centre. Measures to control identified environmental and clinical hazards were specified and implemented in practice. Controls were in place to mitigate risk of abuse, unexplained absence of a resident, accidental injury to residents, self-harm and aggression and violence. Staff were facilitated to participate in simulated missing resident drills.

There was a relatively low incidence of residents falling and sustaining a serious injury requiring hospital treatment. The incidence of residents falling was closely monitored and appropriate measures were put in place to mitigate assessed risks. A review of falls by residents up to July 2018 undertaken by the management team referenced a 50% reduction in the number of falls over the same period in 2017.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety management procedures were completed with scheduled servicing and maintenance of fire warning system and equipment. Fire safety checking procedures were completed as recommended and no gaps in the records examined were seen.

All emergency exits were observed to be free of any obstruction. Procedures were in place to ensure residents could be safely evacuated in the event of a fire. Each resident had their evacuation needs individually assessed and documented. These assessments took account of residents with cognitive or physical conditions that could potentially delay their evacuation. Staff were facilitated to attend annual fire safety training and to participate in frequent simulated emergency evacuation drills. Staff who spoke with the inspector were knowledgeable regarding the procedures in place for emergency evacuation of residents.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs.

Care plans developed to inform the care supports and assistance each resident needed were person-centred and clearly described residents' individual preferences and wishes. Where possible, residents, or their families on their behalf were involved in their care plan development and subsequent reviews. Records were maintained of

this consultation process.

Residents were closely monitored for any deterioration in their health and wellbeing. For example, a small number of residents with unintentional weight loss had frequent weighing and intake monitoring procedures in place.

Judgment: Compliant

### Regulation 6: Health care

Residents' healthcare needs were met to a good standard. Residents were provided with timely access to medical and allied health professional services. Residents in the centre were cared for by the centre's medical officer or a general practitioner from the local practice as they wished. A physiotherapist and an occupational therapist was employed by the provider and attended to residents needs including optimising residents' good health on a weekly basis. Psychiatry, palliative care, dietetic, speech and language therapy and tissue viability services were available to residents on a referral basis.

Residents nursing care needs were met to a good standard. Although the inspector found that all care procedures were provided in line with best practice, improvements in records and documentation were necessary regarding the following;

- records of repositioning of residents at assessed risk of pressure related skin damage.
- repositioning frequency for some residents was not described in their care plans
- frequency of blood glucose monitoring and the parameters that serum blood glucose levels should be maintained within was not described in the care plan of a resident on insulin therapy.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported to ensure any behaviour that caused them distress was minimised. There were five residents in the centre who were predisposed to episodes of responsive behaviours and needed support to manage their behaviours. Episodes that occurred were

tracked and recorded. These residents' behaviour support care plans were detailed with information that informed staff on prevention procedures such as triggers to the behaviours and effective person-centred de-escalation strategies. Staff who spoke with the inspector were knowledgeable regarding care of residents with responsive behaviours. Use of PRN (a medicine taken as the need arises) psychotropic medicines was closely monitored and reviewed. This medicine was used only with all other de-escalation strategies failed.

Use of equipment that restricted residents in the centre reflected National Restraint policy guidelines. Use of full-length bed rails was significantly reduced. Residents' need for and safety using full length restrictive bed rails was assessed and alternatives were tried before implementation

Judgment: Compliant

### Regulation 8: Protection

Residents were protected and safeguarded from abuse. Residents who spoke with the inspector confirmed that they felt safe in the centre. All interactions observed by the inspector between staff and resident were respectful, courteous and kind. Staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector confirmed that they had attended safeguarding training and clearly articulated their responsibility to report any incidents of disclosure or incidents they may suspect or witness.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted with, encouraged and supported to participate in the running of the centre. A residents' committee met regularly and was attended by the centre's advocate to ensure all residents' views were heard. The day-to-day activity in the centre was organised around residents' wishes and preferences.

Residents' activity needs were assessed and they were provided with opportunities to participate in meaningful varied activities that met their interests and capabilities. A member of staff who specialised in facilitating arts and crafts attended the centre two days each week. Participation in arts and crafts was seen by the inspector to be very positive experience for many residents.

Resident' privacy and dignity needs were respected and met by staff. Doors were closed during all personal care procedures which were carried out discretely by staff. Some twin bedrooms had a second television fitted in accordance with

residents' wishes.

Residents were facilitated and supported to practice their religious faiths. A small oratory was available to residents. Arrangements were underway to ensure residents could vote in the upcoming presidential election.

Residents had access to independent advocacy services.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	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 Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0022388

Date of inspection: 14/09/2018

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have updated our documentation to ensure compliance with Regulation 21.</p> <p>Documentation now includes: Time alarm activated, Time alarm reset, Total compartmental evacuation time, Area of simulated fire, Compartment evacuated, Staff involved, Simulated conditions of drill, Actions required &amp; Initials of supervisor.</p> <p>Fire drills take place monthly including simulated night time scenarios.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We always endeavor to ensure that all parties are satisfied with the outcome of any complaint and have always documented this information in the residents' care plan.</p> <p>In compliance with Regulation 34 we have changed our practice to record this information on the complaint form.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>We strive for continuous improvements in our care planning process. We recognise that although we give high quality care, our documentation requires improvements to reflect this.</p> <p>Each resident's care plan has been updated to include information on the frequency of</p>	

repositioning required, plus the addition of repositioning charts for each resident.

We have identified the frequency of glucose monitoring for those residents who are IDDM and NIDDM in their care plan.

The GP has updated the residents' prescriptions and documented the parameters that serum glucose levels should be maintained within for all diabetics. (IDDM & NIDDM)  
This information has been documented in the residents' care plan.

## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/09/18
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	Substantially Compliant	Yellow	14/09/18

	resident was satisfied.			
Regulation 6(1)	The registered 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.	Substantially Compliant	Yellow	17/9/18