



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

Issued by the Chief Inspector

Name of designated centre:	Oakdale Nursing Home
Name of provider:	Oakdale Nursing Home Ltd
Address of centre:	Kilmalogue, Gracefield, Portarlinton, Laois
Type of inspection:	Unannounced
Date of inspection:	17 August 2020
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0030092

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 is located in close proximity to shops, pubs, restaurants and other amenities. The service employs a physiotherapist, occupational therapist, nurses, carers, activity, catering, household, administration and maintenance staff and offers 24 hour nursing care to residents. Oakdale nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Monday 17 August 2020	10:30hrs to 16:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The inspector spoke with nine residents during the day of this inspection. Residents described their lives and experiences living in the centre including of COVID-19. None of the residents who spoke with the inspector expressed having any fear or anxiety about COVID-19. They said that they had been well informed about the virus and agreed that they were assured by the safety measures taken to protect them. One resident said that the centre was one of the safest places to be during the COVID-19 pandemic as the 'managers and staff were doing everything in their power' to keep her and the other residents safe.

Residents said that during the outbreak their care needs were met to good standard at all times and that staff worked very hard for several weeks to keep them in good health and to look after residents who had COVID-19 infection. Resident were very pleased that most of the affected residents had recovered from the virus and spoke with sorrow about the resident who had passed away. One resident spoken with who recovered from COVID-19 infection said it was a frightening time but staff reassured them and they could feel that they were recovering. Another resident described their COVID -19 experience as a 'battle they won'.

Residents told the inspector that they were saddened that they were in one of three counties where visiting restrictions were back in place. One resident said that 'you could easily get disheartened' but staff made sure that they could keep in contact with their family remotely 'as much and as often as they wanted to'. Another resident said window visits were not the same but were thankful that they could see their family 'as they really were'. One resident said he found the periods of isolation in his bedroom difficult and now that they were free to move around more, their quality of life was better. However, this resident said that he appreciated all the efforts staff made for him but he 'longed to be back living' in his own home and was looking forward to the concerns regarding COVID-19 being over, so he could at least visit his home again. Residents were very appreciative of the varied measures put in place to keep them connected with their families.

The provider representative, person in charge and staff team were committed to keeping activities going for residents during the outbreak and thereafter. Residents were glad that they could attend group activities and enjoy their meals together in the dining room. It made their daily routing seem more normal and enjoyable. Residents said that staff visited them frequently in their bedrooms during the outbreak to make sure they were not feeling lonely or isolated.

Residents told the inspector that they were 'very comfortable' and several residents had personalised their bedrooms with their own furnishings, pictures and ornaments. Three residents highlighted mealtimes as being 'really good' and 'special'. Residents said the chef was 'excellent', 'the best' and would cook 'any food you wanted'.

The communal sitting and dining room had been organised to accommodate social distancing and residents were observed to be comfortable with these arrangements. Some residents chatted with each other and there was plenty of fun and laughter. Interactions by staff with residents were very positive and therapeutic. Residents responded well to staff interactions and there was a nice relaxed atmosphere in the centre. Residents told the inspector that they valued staff because of their good humour, patience and dedication to ensuring they were content and had the social, medical and psychological supports they needed.

Capacity and capability

Oakdale Nursing Home is managed by Oakdale Nursing Home Limited. The governance structure of the centre includes four directors, one of whom is the registered provider representative. The centre has an appropriately qualified and experienced Person in Charge (PIC), who is supported in her management role by the provider representative and an assistant director of nursing. The registered provider representative and the person in charge work on a full-time basis in the centre. During the COVID-19 outbreak, the person in charge and assistant director of nursing had a period of unplanned leave. During this time, the provider representative continued to maintain a full-time presence in the centre and ensured there was consistent oversight of the operation of the service. This arrangement also ensured timely access to a key member of the management team for residents and their relatives regarding their queries and any issues that arose especially during the COVID-19 outbreak in the centre.

At the time of this inspection, the COVID-19 outbreak in the centre was over. A total of nine residents and seven staff contracted the virus. The inspector was informed that one of these nine residents contracted the virus in hospital and sadly died there. All of the other eight residents recovered and no other residents contracted the COVID-19 virus. Effective communication by the provider with the health service executive (HSE) and support from the public health team including two geriatricians from CHO area 8 ensured the centre was provided with expert guidance during the outbreak. The two geriatricians also supported the centre's GPs and staff with liaising with residents' families. The unplanned absence of the person in charge and the assistant director of nursing and six other staff from the service proved challenging. With the support of four nurses from the HSE and four health care assistants from an external staffing agency, rostering of four separate staff teams was maintained to care for residents in the centre. This action ensured that residents with COVID-19 infection had their increased care and support needs met by a designated staff team led by a staff nurse in an area separate from other residents in the centre and proved effective in containing the virus and preventing spread to other residents.

There was evidence of strong leadership from management in the centre and the governance and management structure ensured there was good oversight of the

quality and safety of the service provided to residents. A review of the rosters found that staffing levels were allocated to meet the needs of residents and ensured delivery of person centred care. Staffing levels reflected the information described in the statement of purpose. Staff described the outbreak as challenging and overwhelming at times but said they were well supported by the management team and by support services put in place for them by the provider. These included the services of a counsellor and an occupational health company.

Staff training included training on infection prevention and control, cleaning procedures, use of personal protective equipment and hand hygiene and competency assessment procedures were in place to ensure that recommended procedures were rigorously adhered to. The inspector found that residents were also well informed about COVID-19 infection control procedures that included hand washing and social distancing. The provider facilitated five staff to receive training on taking viral swabs to test for COVID-19 infection. This meant that the provider could ensure that swabs were delivered to the laboratory for analysis before noon and test results were then available within one hour or if taken later in the day, results were returned the next morning. This was a positive outcome for residents as they were isolated for the shortest time possible and it also reduced the use of PPE.

The inspector found that staff were very well informed about the symptoms of COVID-19, including atypical symptoms and were knowledgeable about isolation procedures and the latest infection control guidelines published by the health protection and surveillance centre. There was a comprehensive monitoring system in place for residents and staff to detect symptoms related to COVID-19 without delay. There was also a good tracking system where the time-lines of testing, test results, infection and outcome were clearly recorded.

There was good evidence of consultation with residents and their families. Communication with residents' families was made a priority during the COVID-19 outbreak and staff who knew family members well were allocated time to keep in regular touch with them regarding the wellbeing of residents with COVID-19 infection.

A review of the COVID-19 outbreak was completed when the outbreak was declared over and was being updated further as new information became available to ensure a comprehensive review was available to inform preparedness of the service for further COVID-19 outbreaks.

Regulation 15: Staffing

There was adequate numbers of staff with appropriate skills to meet the support requirements and care needs of residents in line with the statement of purpose. At the time of this inspection the centre was subdivided into separate areas that were individually staffed for the purposes of limiting movement of staff in the centre. Contingency arrangements were in place to create another staff team to care for

residents in an area on the first floor designated for COVID-19 isolation purposes to ensure that only dedicated staff were providing care to residents who were newly admitted to the centre, or who were suspected of having COVID-19 symptoms.

The centre had a stable workforce and this had a positive impact on residents' care and their quality of life. There was a minimum of two registered nurses on duty at all times during the day and at night. All nurses working in the centre had valid registration with the Nursing and Midwifery Board of Ireland (NMBI). The provider and person in charge had contingency arrangement in place in the event of unexpected leave.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a system in place for monitoring and tracking mandatory and other training done by staff. The centre's training records were made available to the inspector and they confirmed that staff were facilitated to attend up-to-date mandatory training in safeguarding and protection of vulnerable adults, safe moving and handling procedures and fire safety training. Staff were also facilitated to attend professional development training informed by the needs of residents and annual appraisals completed by the person in charge.

The person in charge ensured that all staff working in the centre had attended training in infection prevention and control procedures and practices, including, timely identification and care of residents with COVID-19 infection, hand hygiene, donning and doffing of personal protective equipment (PPE) procedures and up-to-date public health guidance to prevent and control COVID-19 infection. This information was also prepared in a folder for staff reference. A clinical nurse manager employed in the centre had completed postgraduate training in infection prevention and control and functioned as the centre COVID-19 lead person.

All staff were supervised on an appropriate basis according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was made available to and examined by the inspector. Since the last inspection in September, a directory of residents was maintained to include all information as required by the Regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were examined by the inspector and contained all information as required in Schedule 2 of the regulations. The staff files examined contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The Inspector received assurances from the provider representative that all staff working in the centre had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

Records of simulated emergency evacuation drills, tests of fire equipment and a record of the number and service records of equipment was maintained and made available to the inspector. Since the last inspection, the records of simulated emergency evacuation drills contained information to provide sufficient assurances regarding the practice procedure.

A signed and dated daily record of each resident's health, condition and treatments given was maintained by nursing staff.

A register of restrictive procedures or equipment used in the centre was maintained.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a well-established management team with a clearly defined governance and management structure that identified lines of authority and accountability. The provider representative and person in charge worked in the centre on a full-time basis and they maintained good oversight of the quality and safety of the service provided and ensured that there were adequate resources allocated to meet the needs of residents.

The quality, safety and effectiveness of the service provided to residents was closely and consistently monitored. The management systems for monitoring infection prevention and control, hygiene standards, risk management, staffing allocations and clinical oversight were well established and ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). A system of frequent auditing and review of key clinical information ensured delivery of effective, safe, quality care services and promotion of residents' quality of life in the centre. Where areas for improvement were identified, specific and time-bound action plans were put in place and completed.

A review of the COVID-19 outbreak in the centre was completed and actions taken that had been effective in managing the outbreak or what could be done differently to guide and inform staff in the management of a further outbreak informed revisions to the centre's preparedness plan. There was good evidence that residents were consulted with feedback about their experiences of the COVID-19 outbreak was utilised to develop supports for residents, especially residents who were experiencing persisting anxieties.

An annual review report on the quality and safety of the service and quality of life for residents had been completed in consultation with residents for 2019.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was recently revised and detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was accurately reflected in practice in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. Notification of other events involving residents including quarterly reports were submitted 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 in day-to-day discussions, an assigned comment box and regular residents' meetings. 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. The outcome of complaint investigations was recorded and communicated to complainants. Since the last inspection, complainants' satisfaction with the outcome of investigations was recorded and an independent appeals process was available to those 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.

Residents told the inspector that they were aware of the complaints procedure and said they would express their dissatisfaction or concerns to the person in charge, their family or staff they had got to know well.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and were specific to the centre. The centre's policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information. Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting and admission of residents were recently updated.

Judgment: Compliant

Quality and safety

Residents' medical and health care needs were met to a good standard and residents were provided with timely access to multidisciplinary services as needed. Residents' care plan documentation provided assurances that residents' needs had been comprehensively assessed and care interventions were respectful of their individual preferences and choices. There was good evidence that residents were consulted with regarding their care plans and that they received a high standard of evidenced based nursing care to meet their needs.

Having experienced and recovered from an outbreak of COVID-19 in the centre, the provider, person in charge and staff team were committed to keeping residents and staff in the centre free of further COVID-19 infection. The centre's preparedness plan was strengthened in this regard and infection prevention and control

procedures were rigorously adhered to in efforts to. The provider appointed a COVID-19 compliance officer with assigned responsibility for ensuring all COVID-19 infection prevention and control precautions and procedures were implemented to minimise risk of any further outbreaks. Arrangements were in place to keep staff informed of all guidance published by the health protection and surveillance centre (HPSC) and to ensure it was implemented.

The provider ensured there was a plentiful supply of PPE available and that it was appropriately used by staff. Signage was in place throughout the centre advising of COVID-19 infection prevention and control precautions. Residents' equipment was observed to be spotlessly clean and there was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. Clinical waste was appropriately segregated and securely stored awaiting removal by the centre's waste management company. Laundry procedures in the centre were in line with best practice to mitigate potential risks of cross infection.

Staff training in the centre included health screening procedures and up-to-date information in relation to COVID-19 symptom presentation. Five staff in the centre had been trained to take viral swabs and there was a supply in the centre so that any resident with symptoms could have a test without delay. Resident and staff health screening included recommended temperature checking to ensure that any symptoms of COVID-19 infection were detected at the earliest opportunity and appropriate containment measures were put in place.

Restricted visiting into the centre put in place on 06 March 2020 had been eased and residents had been enjoying scheduled visits with their relatives and friends again. However, restricted visiting was reintroduced at the time of this inspection in the centre due to the regional restrictions put in place by Public Health for Kildare, Laois and Offaly. Exceptions to these restrictions were made by the person in charge to facilitate visits on compassionate grounds such as, when residents were at end of life or where a resident became distressed at not seeing their loved ones.

Residents had opportunities to participate in meaningful varied activities that were appropriate to their interests and capabilities. Residents were encouraged to participate in group activities in the sitting room with social distancing arrangements in place. A daily exercise session facilitated as part of the activity programme helped residents who had recovered from COVID-19 with their rehabilitation and these daily exercises helped other residents with maintaining their mobility and strength.

The provider had taken measures to safeguard residents from being harmed or suffering abuse and ensured all staff had received training in the protection of vulnerable people. Staff interactions with residents were observed by the inspector to be respectful, courteous and kind. Staff had developed positive relationships with residents and they knew them and preferences well. This had a positive impact on the quality of life of residents living in the centre.

Residents with responsive behaviours were assessed and well supported by staff. Restrictive practices were in line with the national standards and the person in charge and staff team were successfully reducing use of full-length bedrails in the

centre.

Regulation 11: Visits

Scheduled visits to the centre had commenced on 15 June. However, restricted visiting was back in place at the time of this inspection in line with Health Protection and Surveillance Centre (HPSC) guidance. The provider had reintroduced a system of scheduled window visits to ensure that residents could continue to see their family in a controlled and safe way. Residents were also supported to maintain contact with their families with regular telephone calls and use of video technology. Residents' families were encouraged to contact the centre for updates on residents' wellbeing. During the COVID-19 outbreak in the centre, the provider and person in charge had formalised arrangements to ensure families were kept up to date on all residents and were informed promptly of any changes in their wellbeing.

Judgment: Compliant

Regulation 13: End of life

Each resident had an end-of-life care plan in place which had been updated in consultation with them or their family on their behalf prior to, and following the COVID-19 outbreak in the centre to ensure residents had opportunity to review and update their wishes. Residents' end-of-life care plans described their wishes in relation to their physical, psychological and spiritual care. This information also included residents' specific preferences regarding where they wished to be cared for at the end of their lives and their arrangements for their funeral and final resting place.

Some residents' care documentation recorded advanced care directives. These records provided assurances that residents or their families on their behalf, as appropriate were involved in their advanced care decisions. Palliative care services were available remotely to advise residents' GPs and staff in the centre on managing and supporting residents' end-of-life symptoms including pain relief and comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain relief and symptom management.

Residents families were kept informed of residents' health condition and were facilitated with opportunities to be with their loved ones when they became very ill. Staff told the inspector that where family members were unable to be with residents in their last days and hours, they ensured staff they knew were with them and that no one died alone.

Judgment: Compliant

Regulation 27: Infection control

The centre premises was visibly clean, bright and well ventilated throughout. All clutter was removed and surfaces were in a good state of repair. Advisory signage regarding infection prevention and control procedures and reminders to maintain two meters social distancing was posted at several points in the centre. A health assessment station with hand sanitising facilities and face coverings was set up and staffed on a continuing basis in the reception area of the centre to protect residents from contracting COVID-19 infection. In addition to

Hand sanitizers were strategically placed along circulating corridors and inside the door of all residents' bedrooms and each communal room, to ensure ease of access for regular use in line with current best practice guidance. Hand sanitising stations were also strategically placed outside the front door and outside residents' bedroom windows to facilitate visitors with convenient access to hand hygiene facilities during visiting restrictions. Staff were also observed by the inspector to assist and gently prompt residents with carrying out hand hygiene and respiratory etiquette.

Systems were in place to ensure personal protective equipment (PPE) was accessible and was appropriately used by staff in line with current guidance. The inspector observed staff using PPE and completing regular hand hygiene appropriately on the day of this inspection. The provider and person in charge had staffing team arrangements in place where a team of staff led by a staff nurse were assigned to specific areas. This arrangement minimised staff movement around the centre and helped to ensure any incidence of infection was contained. The first floor of the centre was used as an isolation area. There were no residents residing on the first floor of the centre on the day of inspection. The inspector was told that this area was used to safely accommodate residents with confirmed or suspected COVID-19 infection or a precautionary facility for periodic isolation of residents who attended out-patient appointments or were newly admitted to the centre.

There were robust cleaning procedures in place including for floor cleaning and decontamination of frequently touched surfaces. These procedures reflected best practice and designated cleaning staff were trained to ensure the centre's cleaning procedures were consistently completed to a high standard. Assistive equipment used by residents was also seen to be cleaned to a high standard and the inspector observed staff decontaminating this equipment between use in line with infection prevention and control guidelines.

Residents' chairs were arranged in the sitting and dining room to facilitate them with social distancing. Staff temperatures were recorded twice per shift and staff were aware of the local policy to report any signs of illness to the person in charge. A staff uniform policy was in place and all staff changed their clothes going on and off

duty.

All waste was appropriately segregated and securely stored awaiting removal. Arrangements were in place to ensure residents laundry was segregated and washed as recommended to mitigate any risk of cross infection. The layout of the centre's laundry ensured that all used linen including contaminated linen was brought into the laundry through one door and clean laundry was brought out of the laundry by another door.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and made themselves available to answer any queries individual residents had regarding their medicines.

There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter including their additional needs and support during a recent COVID-19 in the centre. Residents' assessments included monitoring of their wellbeing, their infection prevention and control procedures and the arrangements in place so they could see their families. Each resident in the centre had a care plan in place to inform their individual care and support needs. The care plans of residents who tested positive during the centre's COVID-19 infection outbreak outlined their increased clinical monitoring and care needs. Ongoing active monitoring and surveillance for signs and symptoms of COVID-19 was carried out for each resident in line with HPSC guidance

Staff used a variety of accredited assessment tools to assess residents' needs. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs.

The information in the six residents' care plans examined by the inspector was person-centred and clearly described the interventions staff must complete to meet resident's needs and preferences regarding their care. The details detailed in the care plans examined gave assurances that staff spent time talking with residents to ascertain their preferences regarding the care procedures that were important to them and that should be prioritised. For example, the skincare products residents like to use during their personal care was described in their care plans. Residents' records confirmed that they, or their relatives on their behalf, were consulted when reviews were completed and when changes were made to their care plans.

Residents were closely monitored for changes in their health and wellbeing or any indication of infection. Wounds and any irregularities on residents' skin was comprehensively documented and timely and effective treatment plans were put in place. Residents did not experience significant weight loss due to COVID-19 but were closely monitored for any unintentional weight loss or gain with regular assessment of their weight and intake monitoring procedures in place. The centre's chef prepared residents' meals including meals for residents with special dietary needs to accommodate their preferred food as much as possible

There were no residents with pressure related skin injuries. Residents at increased risk of developing pressure related damage to their skin were nursed on pressure relieving mattresses and pressure relieving repositioning schedules were completed. Details of the type of pressure relieving mattress in use, other equipment and specific care procedures that must be implemented were documented in residents' care plans.

Judgment: Compliant

Regulation 6: Health care

Residents nursing care needs were met to a good standard. The inspector found on this inspection that the frequency of all care and assessment procedures including optimal blood glucose parameters for residents with a diagnosis of diabetes were described in residents' care plans. This ensured staff communication and consistency of effective care procedures for residents.

During the COVID-19 outbreak in the centre, GP visits to the centre were reduced. GPs were contacted remotely by staff and they then made a decision whether instructions could be given remotely to staff or there was a need for them to attend the centre to review residents. This arrangement ensured there were no delays for residents with receiving appropriate interventions and having treatment plans

developed to meet their needs. GPs were attending residents' in the centre again at the time of this inspection and were completing residents' routine medical reviews.

Residents had access to community psychiatry of older age, palliative care, physiotherapy, occupational therapy and tissue viability nursing services remotely during the COVID-19 outbreak and these services were now available to visit residents in the centre. The centre's physiotherapist and staff were assisting residents with mobility and strengthening exercises, including rehabilitation of residents who had recovered from COVID-19 infection. Other health and social care professionals including speech and language therapy and a dietician continued to support residents' care remotely as needed. The person in charge was working with these services to resume on-site consultations. Recommendations and treatment plans developed by specialist health and social care professionals were documented in residents' care plans and implemented by staff. A chiropody service was available to residents in the centre.

Residents were supported to attend out-patient appointments as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents were 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). The inspector observed that these residents were very well supported by staff to ensure that any behaviours that caused them distress was minimised. Staff were observed to be attentive and empowered residents to make choices as they wished. Residents who potentially needed support to manage their behaviours had person-centred behavior support care plans in place. The information in the care plans seen by the inspector clearly informed staff on how they could prevent triggering individual behaviours and reduce residents' anxieties. For example, one resident felt comforted and assured by staff reiterating their spoken assurances with writing this information in her notebook.

Any episodes of responsive behaviours that occurred were tracked and recorded. This information helped staff with identifying triggers and effective person-centred de-escalation strategies. This information also informed treatment plans. 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 rare and if used, 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 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 residents were person-centred, 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, were aware of indications that abuse may have occurred and clearly articulated their responsibility to report any incidents of disclosure or incidents they may suspect or witness.

The provider acted in the role of pension agent for collection of social welfare pensions for four residents. The system in place was secure and transparent and reflected best practice procedures and legislative requirements. Small amounts of money were held in safekeeping on behalf of some residents for their day-to-day expenses. This money was held securely and receipts and dual signatory records were maintained for all transactions. Residents had access to their monies as they wished.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and encouraged to participate in day-to-day running and organisation of the centre. A resident's meeting was scheduled to take place in the days following this inspection. The last residents' meeting was held before the COVID-19 outbreak in the centre and the actions from this meeting were completed. From the inspector's discussions with residents, the centre's management team and staff, it was clear that residents' experiences of the COVID-19 outbreak and their worries including the impact of restricted visiting during the outbreak was acknowledged. The provider and person in charge provided residents with opportunity to feedback on the areas that concerned or caused them anxiety during the outbreak with a survey. The survey requested feedback on what residents thought could have been done better, their feelings of isolation, whether arrangements for maintaining contact with their families was sufficient, what residents missed most and if they felt well cared for. Returned feedback from greater than 50% of residents was analysed and areas were identified where improvements were needed to promote and optimise residents' psychological

recovery and in preparedness for a further outbreak.

Residents confirmed that they were kept informed and made aware of the COVID-19 outbreak in the centre. Residents who tested positive for COVID-19 were reassured and the associated changes to their care and infection prevention and control procedures were explained to them.

Meaningful activities were facilitated for residents in their bedrooms during the COVID-19 outbreak in the centre and continued for residents who wished to spend a lot of time in their bedrooms. Group activities had resumed in the sitting areas with social distancing in place and residents were enjoying being back together again. There was meaningful conversations among residents and positive interactions between staff and residents about life in the centre, local news and their families. A social needs assessment informed by each resident's history, hobbies and preferences was completed to ensure residents could continue with their hobbies and interests as much as possible. Several residents enjoyed arts and crafts and samples of their work was displayed along circulating corridors and in their bedrooms. The activity coordinators maintained a daily record of the activities each resident participated in and their level of interest in them. Residents had access to newspapers, radios, telephones and television. Internet access was available and the activity staff assisted residents with using portable technology to enable them to keep in touch with their families. Safe outdoor areas were accessible to residents at will and the inspector was told that some residents liked to walk in the outdoor areas on sunny days.

Resident privacy was respected by staff and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities. The inspector observed staff requesting residents' consent regarding care activities and offering and respecting residents' choice in their daily activities.

Residents were supported to continue to practice their religious faith remotely during the COVID-19 outbreak in the centre. Visits were continued by some religious clergy during the COVID-19 outbreak, especially for residents who were unwell or receiving end-of-life care. The provider representative and person in charge were working to provide the necessary assurances to progress resumption of visiting by other clergy for residents.

There was established links with families and friends of residents to keep them updated on each resident's wellbeing. During the outbreak, telephone and email communications with families of residents were prioritised by the provider representative and person in charge ensuring that clinical staff could devote their time to clinical care and that the phone was answered without delay. Activity staff supported residents with keeping in contact with their families which residents told the inspector, was appreciated by them.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant