

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	OSV-0000261
<b>Centre address:</b>	Churchtown South, Cloyne, Midleton, Cork.
<b>Telephone number:</b>	021 464 6080
<b>Email address:</b>	info@oaklodgenursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	B & D Healthcare Company Limited
<b>Provider Nominee:</b>	Diarmuid Ó'Dálaigh
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	Mairead Harrington
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	58
<b>Number of vacancies on the date of inspection:</b>	7

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
30 March 2016 10:00	30 March 2016 18:00
31 March 2016 09:40	31 March 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was the seventh inspection of Oaklodge Nursing Home by the Health Information and Quality Authority (HIQA). The providers had applied to renew registration of the centre. The inspection was announced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives, the provider, the person in charge, the deputy person in charge, administration staff

and staff members. Inspectors observed practices and reviewed documentation for example, care plans, medical records, training records, policies and procedures and staff files. The provider and person in charge were proactive in response to the actions required from previous inspections. There were 56 residents in the centre on the first day of inspection and two residents were in hospital.

Inspectors found the premises, fittings and equipment were of a high standard and the centre was clean and well maintained. There was a good standard of décor throughout. Feedback from residents and relatives was one of satisfaction with the service and care provided. Pre inspection questionnaires sent by HIQA prior to the inspection, were reviewed by inspectors. These were found to include positive comments in regards to staff, the care provided, the food, safeguarding and safety and activities in the centre.

The centre had employed a social care leader who provided a wide variety of social and recreational activities which were designed to suit individual resident's needs. Family and community involvement was encouraged in the centre. Relatives and friends of residents were seen visiting during the day. Those who were spoken with by inspectors stated that they were always welcomed by staff and were complimentary of how residents were cared for. Overall there was a good standard of person-centred care in the centre and staff training was of a high standard.

While inspectors found that the centre was in substantial compliance with the requirements of Regulations some improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These included the use of CCTV in communal rooms and privacy and dignity issues in the four bedded rooms.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care to residents. There was a clearly defined management structure in place that identified the lines of authority and accountability.

Inspectors viewed the annual review of the quality and safety of care delivered to residents. This had yet to be completed for 2015 as consultation with residents and their representatives had not been concluded at the time of inspection.

**Judgment:**

Substantially Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a Resident's Guide available to residents. It contained all the required information and a copy was seen in each resident's bedroom. In a sample of residents' files reviewed inspectors found that there was a written contract signed and agreed on admission. Each resident's contract outlined the care and services available in the centre. The contracts specified the fees to be charged and outlined the services which were to be paid for by residents, for example, hairdressing fees and bus outings.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge had been in this position for almost three years. She worked full time in the centre and was a nurse with experience in the care of the older person. The person in charge demonstrated clinical knowledge in ensuring suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She

was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met regularly with members of the board of management, the provider, the management team and staff. Minutes were maintained of these meetings. She organised audits and analyzed the data to study trends and improve care. She explained to inspectors that she was engaged in continuous professional development and promoted continuous improvement in residents' care and staff access to training and promotional opportunities.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately and were easily accessible to inspectors. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by inspectors. The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. Complaints and incidents were documented. Copies of medication incidents were maintained in the centre. A copy of the statement of purpose, the Resident's Guide and previous inspection reports were available to residents.

**Judgment:**  
Compliant

**Outcome 06: Absence of the Person in charge**  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of his statutory duty to inform the Chief Inspector of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during her absence. There was a suitably qualified and experienced person in place to deputise in the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 07: Safeguarding and Safety**  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the prevention, detection and response to abuse. This had been updated since the last inspection and made reference to the Health Service Executive policy (HSE) 2014. Staff with whom inspectors spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Training records were reviewed and these indicated that all staff had received updated training. Residents stated they felt safe and attributed this to the kindness and support of staff.



Systems were in place to safeguard residents' money and this system was monitored by the provider, the person in charge and administration staff. This system included two staff signing for any money lodged or withdrawn. A sample of records checked were seen to be in order. Residents had a locked storage space available for storage of personal items. Some personal items were listed on residents' property lists as being stored in the safe. A number of these items were seen by inspectors to be safely stored in the safe.

The use of bedrails was notified to the Authority as required by Regulations and these were checked regularly when in use. A log of these checks was maintained in the centre and reviewed by inspectors. Consent for their use had been signed and inspectors viewed the risk assessments which had been undertaken prior to their use.

A policy on managing behaviour that challenged, which was related to the behavioural and psychological symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place to the effect that distraction and de-escalation techniques were employed as a first response if required. Staff spoken with were aware of this policy and had received updated knowledge in dementia care from the deputy person in charge, who was the in house trainer. This staff member had a clinical and academic background and had attained a PhD in aspects of dementia care.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A health and safety statement was in place and it was updated every three years, this was dated 2016. The risk management policy was reviewed and risk assessments carried out were specific to the centre and which mitigated risks to residents' safety. Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor, grab-rails were located in toilets, the floor covering was safe and staff had training in health and safety issues. Copies of risk assessments were seen by inspectors including the risk assessments for smokers in the centre. There was a room specified for smokers and this was appropriately set up. Visitors were not allowed to smoke internally. The provider and person in charge had instigated a Quality Standards Awareness (QSA) system which highlighted the Regulations, the Standards and health and safety issues for staff. The centre had received a gold level certification

for an associated body, in response to the initiatives which had been undertaken to raise awareness of health and safety issues on a daily basis.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand washing facilities were easily accessible. Personal protective equipment (PPE) was stored in specific boxes on the walls of each unit. The external area of these containers was painted and decorated to provide a less clinical appearance for residents and relatives. Posters to guide staff and visitors on correct hand washing procedures were available and a contract was in place for the disposal of clinical waste. There was a colour coded mopping system in place and staff spoken with by inspectors were knowledgeable of the system.

Arrangements were in place for responding to emergencies. A safe external location had been identified in the event of an emergency evacuation. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks in relation to fire exits, ensuring the alarm panel was working and weekly testing of the fire alarm. The fire alarm panel and emergency lighting were serviced regularly and all fire equipment was serviced on an annual basis. These records were viewed by inspectors. The provider explained that all the fire extinguishers had been replaced this year as they were now 10 years old. This was done to comply with new legislation. The procedure for the safe evacuation of residents and staff was prominently displayed. Residents had individual evacuation plans in their files. Staff received training in fire safety and fire drills took place on a three-monthly basis. However, a member of staff had not attending an update in the mandatory fire training or fire drill. As this staff member worked on night duty this was significant due to the reduced number of staff on duty at this time. This staff member was reported as being on leave at the time of inspection.

Staff were trained in moving and handling of residents. Records viewed by inspectors confirmed this. Records were available which indicated that equipment was serviced when required. However, CCTV cameras were in place in some communal rooms. This was addressed under Outcome 16: Residents' rights, dignity and consultation.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Each resident was protected by the designated centre's policies and procedures for medication management. Inspectors reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medication management practices and medications were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. Safe medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the senior staff nurse checked the medication stock and residents' prescriptions on a monthly basis. The senior staff nurse had also instigated improvements in the medication administration sheet. For example, all drugs administered had details of the rational for use recorded on the drug administration sheet. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by pharmacist was accessed for staff and residents.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

A record was maintained of all incidents occurring in the centre.

Quarterly notifications were provided to HIQA as required.

The person in charge was found to be knowledgeable of the Regulations related to notifications.

**Judgment:**

Compliant

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**Outcome 11: Health and Social Care Needs**

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents had access to regular GP and pharmacy services. Medication was reviewed by GPs on a three-monthly basis. Specialist services and allied health care services such as physiotherapy, occupational therapy and the dietician were available when required. Chiropody and hairdressing services were accessed on a private basis within the nursing home. Records were maintained of referrals and follow-up appointments to consultants or allied health services. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were completed. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place prior to admission. The person in charge carried out these pre admission assessments and a sample of the completed forms were reviewed by inspectors. Inspectors spoke with a relative who stated that the person in charge came to the resident's home for this assessment. He said that this was reassuring for the resident and the family. Appropriate care plans were seen to be in place which were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating care plans. Residents' signatures were seen on consent forms within the care plan and on their contracts of care. There were comprehensive life story documents in place which were used to inform the activity programme and the daily routine of each resident. There were opportunities for residents to participate in activities which suited their needs, interests and capacities. For example, residents with a cognitive impairment were provided with reminiscence therapy, old movies and one to one activity. Residents with restricted mobility had access to music, singing session, chair based exercises, DVDs and art work. Residents who enjoyed keeping up-to-date with current affairs were provided with daily newspapers, outings and crosswords. Access to outdoor gardens, radio, TV, horse racing on TV and outings was also facilitated.

Residents were supported to maintain their independence. There was an emphasis on promoting health and residents' general well being. All residents were encouraged to participate in the social life of the centre. On the day of inspection a music session took place in the sitting room. All residents joined in the singing and residents were seen to

be enjoying the fun. Tea and cakes were served and staff informed inspectors that this enhanced the social opportunity. Members of staff and a group of relatives sat with residents while this was going on and were heard to chat with them about the songs and other events.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The premises was a single-storey building set in a scenic rural area. The entrance hall was a wide, circular design and it was lit by natural light from the large glass entrance doors and dome shaped skylight. The area was furnished with a circular table, the reception desk and adequate seating for residents. Corridors were wide and spacious for residents to walk around safely, using the grab rails provided. The environment was homely, well decorated and very clean. There were adequate communal areas including a restful conservatory, a large well lit dining room, a sitting room and visitors' room. The sitting room was furnished with a large TV, a fireplace and suitable interesting pictures. The dining room was well set out with separate tables for each four to six residents. There was an option for a resident to sit alone or at a table for two also. Tables well nicely set with serviettes, fresh flowers, place mats and a variety of condiments. The centre had a second sitting room which was used as an activity room also. There was a well equipped hairdressing/beauty room and an oratory in the centre. The provider informed inspectors that he was planning to renovate the oratory with the addition of a stained glass window which was being part funded by grateful relatives. There were two assisted bathrooms available for residents.

There were fifty-one bedrooms in the centre which was registered to accommodate 65 residents. Bedroom accommodation was composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four bedded rooms. The majority of rooms had en suite facilities, a telephone, a large television, nurse call-bell system and individual thermostatic controls for the underfloor heating system. There were two enclosed patio areas off the north corridor area with suitable seating and water features located within. These were suitably planted according to seasonal changes. There was a

safe outdoor walkway around the building. Equipment was fit for purpose and there was a process for ensuring that all equipment was properly installed, used, tested and serviced. This included the electrically operated assisted baths, manual handling processes and hoists. Servicing records were viewed by inspectors. Both the north and south corridor were similar in layout. There was a four bedded room on this corridor. Issues related to these rooms were addressed under Outcome 16: Residents' rights, dignity and consultation. The north and south corridors were linked by a central corridor which also provided bedroom accommodation for a number of residents.

The south corridor of the nursing home catered predominantly for the needs of residents with dementia. This corridor led to the dementia specific secure unit which had a separate sitting and dining area. However, while most bedrooms were single occupancy with en suite toilet and shower areas there was also a three bedded room and a four bedded room on this unit, similar to the bedrooms on the north corridor. These issues were addressed under Outcome 16: as above. Rooms on the unit were personalised to the likes and preferences of residents and their relatives. Memory and reminiscence boxes were in place throughout the unit. The exit doors on the unit had been painted with a colourful countryside mural in keeping with the rural views from the windows in the centre. Specially designed signage has been installed which was located at a suitable height for residents. For example, one resident had his name located at the bottom of his bedroom door as his sight was limited. A secure garden area had been carefully planned and designed for residents with dementia. Plants had been chosen to provide sensory stimulation and there was adequate outdoor seating and pathways for residents' use. The deputy director of care outlined future plans to enhance the environment for residents' with dementia with further signage, rummage boxes and quiet areas among other plans. The centre had received a innovation award for dementia care.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of how to make a complaint. Residents expressed confidence in the complaints process and stated they had no concerns about speaking with staff. The person in charge was the

person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint. There was a transparent open approach to listening and dealing with complaints. Inspectors saw evidence in the detailed documentation reviewed that every effort was made to resolve complaints.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Care plans and care practices were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were encouraged to be with the resident at end of life. Residents had the option of a single room and access to specialist palliative care services, if required. At the time of inspection inspectors saw documentation which confirmed that residents who wished to return home or to stay in the centre, for end of life care, had their wishes recorded and respected.

Inspectors reviewed the end of life policy. The policy focused on the holistic needs of residents and their relatives. The person in charge informed inspectors that the centre was involved in continuing end of life training and inspectors viewed the programme which was being developed in the centre. She discussed the plans for introducing advanced care planning and was aware of new legislation in this area. End of life plans and associated discussions were seen in a sample of residents' files reviewed by inspectors. All staff had signed that they had attended training in end of life care. Property inventories were maintained for residents. These inventories were updated when necessary. This documentation was maintained in residents' care plans and was reviewed by inspectors. There was a end of life box available in the centre which contained relevant items for spiritual care at end of life.

Suitable booklets were available in the oratory. There were groups of residents in the centre who practiced three different religions. Residents spoken with said that they had access to their individual priests or ministers.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors viewed training records which indicated that staff had attended training on aspects of diet and nutrition from a dietician and a speech and language therapist (SALT). This was confirmed by staff with whom inspectors spoke. Inspectors observed mealtimes including dinner at 13.00hrs, afternoon tea at 15.30hrs and the evening meal at 17.30hrs. Inspectors joined residents for dinner on the first day of inspection. Before, during and after the meal inspectors spoke with individual residents. They were highly complementary of the staff and the care they received and advocated for each other if the need arose. Residents were found to have diverse and interesting lives and provided inspectors with a clear insight into daily life in the centre. Residents informed inspectors that there was a choice of meals on offer at each mealtime and that the quality of the food was very good. Inspectors observed residents being served their choice of meal. One resident opted for salad and this was also provided. Inspectors noted that there was a variety of four dessert choices and that special dietary needs were catered for. Residents utilised the main dining room for meals which were appropriately served, in a timely manner. Other residents dined in the living room/activity room where they were supported with their meals. Residents were enabled to dine with dignity and there was plenty of space between the tables. The tables were set up with care and flower arrangements were on display. Throughout the meal staff were observed to be quietly and respectfully supporting residents. They were observed to be aware of residents' likes and dislikes and residents were seen to have a friendly rapport with staff. Inspectors spoke with staff who were aware of the actions to take if a resident appeared to be choking or presented with a swallowing difficulty.

Inspectors spoke with the chef who said that she regularly met with the person in charge to discuss residents' dietary needs. The chef showed inspectors her files which contained relevant information including a copy of the most recent assessments carried out by the speech and language therapist, the dietician and a record of residents' food preferences. A white-board was in use in the kitchen for ease of reference and this was updated daily with any changes. The chef indicated that she received relevant training in nutrition. For example, HACCP (Hazard Analysis Critical Control Points) training had been



updated last year. The chef explained to inspectors how she ensured that the diet was nutritious by having a variety of meat, vegetables and fruit sourced from a reputable local supplier, as well as providing home baked bread and cakes. She was familiar with the likes and dislikes of residents, special dietary requirements and the needs of residents who required modified or fortified diets. There was a four weekly menu rotation in place and the chef confirmed that if a resident did not like what was on the menu, an alternative was available. The kitchen was seen to be very clean and modern. Snacks and hot/cold drinks including juices and fresh drinking water were readily available throughout the day.

A sample of medication administration charts and care plans were reviewed by inspectors. These indicated that nutritional supplements were prescribed by the GP. Inspectors saw these supplements being provided to residents. Inspectors noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated four-monthly or when required.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge met with residents daily and sought feedback with regards to care and any concerns. Residents were facilitated to exercise their political rights and voting was accommodated in the centre and externally. Residents' religious rights were supported through regular visits by the clergy and the provision of appropriate religious services. The provider stated that the centre was linked with the local church and arrangements were in place for residents to view certain ceremonies which were recorded for them. The statement of purpose emphasised the importance of residents receiving care in a dignified way that respected their privacy. Practices in the centre ensured this; for example, screening curtains were drawn in shared rooms when personal care was being attended to. Residents could access telephone facilities in private. A room was available for residents to receive visitors in private or to smoke, if required. There were no restrictions on visits except when requested by the resident or when the visit posed a risk, for example if an infection was present.

Inspectors observed that there was a four bedded room on each of the south and north corridors. These rooms were spacious with four large windows affording a view of the surrounding countryside. However, the suitability or otherwise of these room, as regards promoting optimal privacy, dignity and space for each resident was addressed with the provider, particularly as two beds were located very close to each other. In addition, staff confirmed that there was limited space to attend to residents' needs when the privacy curtains were pulled around each bed. As some residents were highly dependent for care needs the privacy and dignity of each resident in the room was compromised. Inspectors also noted that it was difficult to access one set of wardrobes because of the location of an unoccupied bed in the room. Furthermore there was only one TV set for residents in the three bedded and four bedded rooms. This limited choice for residents and the view of the TV set was occluded when curtains were pulled around other beds. The provider undertook to examine possible solutions to address this issue.

Inspectors were informed that closed circuit TV cameras (CCTV) were located in the corridors and in two communal rooms. There was a CCTV policy in place which was required to be updated in line with the procedure in the centre. The provider was asked to ensure that data protection law was not breached by the installation of CCTV in communal rooms as regards, residents', relatives', visitors' and staff rights. The provider undertook to review this arrangement. Inspectors were informed by residents that they attended regular resident meetings. They stated that their feedback was listened to and changes made when necessary. A sample of the minutes of these meetings were viewed by inspectors.

In the dementia unit, staff were aware of the different communication needs of residents and systems were in place to meet their diverse needs. For example, one resident who spoke a foreign language had laminated word translation cards made available by relatives for communication use. A staff member explained their use to inspectors and stated that they were very useful. Staff were seen engaging with residents respectfully and with appropriate humour. The sensory garden was created to appeal to residents' senses. Residents partook in gardening activities. There were a number of photographs on display in the centre which indicated that there were parties and special occasions celebrated throughout the year. In addition, there were photographs on display of visiting musicians, the visiting zoo, choirs and school groups. Minutes of residents' meetings indicated that activities such as, residents' choir practice, quiz, bingo, movies and parties were part of weekly life in the centre. Residents and relatives with whom inspectors spoke confirmed this. There was an activities coordinator available on a daily basis and there was also volunteer involvement for relaxation therapy sessions and general conversation with residents. Other activities such as outings and art classes were discussed further under Outcome 11: Health and social care needs.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents maintained control over their personal property and possessions. Inspectors viewed the policy on personal possessions and clothing. There were adequate laundry facilities with systems in place to ensure that residents' personal clothing was marked and safely returned to them. Bed linen was laundered externally and adequate clean supplies were stored in the linen cupboard. Personal clothing was washed at home by residents' representatives in the case of a small number of residents.

There was adequate space for each resident to store and maintain his/her own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom for personal items.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. There were adequate staff numbers on duty for the size and layout of the designated centre, according to the roster viewed by inspectors. The majority of staff had up-to-date mandatory training. They also had access to a range of training to meet the needs of residents, for example training in dementia care issues, manual handling, health and safety, care issues and food hygiene. Staff with whom inspectors spoke confirmed their knowledge of this training. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted in accordance with the centre's policy.

A sample of staff and volunteer files viewed by inspectors were seen to be in compliance with the requirements of Regulations. All relevant staff had undertaken Fetac level 5 training in care of the older adult. A number of staff were undergoing in-house certified training in dementia care. This was to be rolled out to all staff and to external staff also.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Mary O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	OSV-0000261
<b>Date of inspection:</b>	30/03/2016
<b>Date of response:</b>	29/04/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The completed annual review of the quality and safety of care was not available to inspectors.

#### 1. Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

The 2015 review will be finalised shortly once family and resident consultation has concluded.

**Proposed Timescale:** 30/05/2016

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A staff member had not been afforded or had not attended mandatory fire training.

**2. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**

The staff member has now returned from an extended vacation and we ensured that the update in the relevant fire training was completed before resuming duties.

**Proposed Timescale:** 29/04/2016

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A staff member had not attended fire drill training.

**3. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**

The staff member has now returned from an extended vacation and we ensured that the update in the relevant fire training was completed before resuming duties.

**Proposed Timescale:** 29/04/2016

## Outcome 16: Residents' Rights, Dignity and Consultation

### Theme:

Person-centred care and support

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were two four bedded rooms in the centre. Inspectors formed the view that residents' privacy, dignity and bedroom space were compromised in these rooms.

Residents access to wardrobes in shared bedrooms was compromised due to lack of space.

CCTV cameras were in place in two communal rooms.

### 4. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

### Please state the actions you have taken or are planning to take:

We continually keep under review the arrangement of furniture in all bedrooms to facilitate residents' preferences and wishes without compromising the rights to privacy and dignity of any residents. We will review these rooms to ensure that the optimal levels of privacy and dignity are maintained by the best arrangement of furniture. The empty bed which was blocking an empty wardrobe has now been positioned correctly. We will also review our policy on CCTV use to ensure it is in line with best practice and legislation.

**Proposed Timescale:** 30/10/2016

### Theme:

Person-centred care and support

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The residents in the three and four bedded rooms shared a TV. Views of this were restricted for all residents when privacy curtains were pulled around the beds.

### 5. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

### Please state the actions you have taken or are planning to take:

This will be reviewed to ensure all residents who wish to watch TV can do so with ease.

**Proposed Timescale:** 30/08/2016

