



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

Issued by the Chief Inspector

Name of designated centre:	Oaklodge Nursing Home
Name of provider:	B & D Healthcare Company Limited
Address of centre:	Churchtown South, Cloyne, Cork
Type of inspection:	Unannounced
Date of inspection:	12 March 2024
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0043077

About the designated centre

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

Oaklodge Nursing Home is a single-storey building set in a scenic rural location in Cloyne. Nursing care is available on a 24-hour basis. There are fifty-one bedrooms in the centre which is registered to accommodate 65 residents. Bedroom accommodation is composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four-bedded rooms. There are adequate communal areas including a spacious, furnished entrance lobby, a restful conservatory, a large well-lit dining room, a sitting room and visitors' room. The north and south corridors of the premises are linked by a central corridor which also provides bedroom accommodation for a number of residents. The south corridor of the nursing home caters predominantly for the needs of residents with dementia. A secure garden area had been designed for these residents. Residents' independence and activity is promoted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Tuesday 12 March 2024	11:00hrs to 18:30hrs	Ella Ferriter	Lead
Wednesday 13 March 2024	07:45hrs to 12:45hrs	Ella Ferriter	Lead
Tuesday 12 March 2024	11:00hrs to 18:30hrs	Helen Lindsey	Support
Wednesday 13 March 2024	07:45hrs to 12:45hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

This was two day unannounced inspection by two inspectors. The inspectors spoke with fifteen residents and three visitors and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. Residents in Oaklodge Nursing Home spoke positively about their life in the centre, specifically about the kindness of the staff stating that they were gentle, friendly and they enjoyed their company. A large number of residents in the centre were living with a cognitive impairment (70%), and were unable to fully express their opinions to the inspectors. These residents appeared to be content and in the company of staff, when observed over the two days.

On arrival to the centre at 11 am, the inspectors met with the person in charge and the assistant director of nursing. They guided the inspectors on a tour of the premises. On completion of this, inspectors held an opening meeting with the management team. The plan for the inspection was outlined and a number of documents were requested, which would be reviewed as part of the inspection.

Oaklodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs and is situated a few kilometres outside the village of Cloyne in County Cork. The centre is a single story premises which can accommodate 65 residents. There were 60 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre is composed of 43 single occupancy rooms, four twin rooms, two three-bedded rooms and two four-bedded rooms. The centre operates in three distinct wings called Centre, North and South. Within the South wing there is a dementia specific unit called Suaimhneas, which can accommodate 25 residents.

When you enter the centre there is a large bright foyer with a range of seating, a large table and chairs, a reception desk and a nurses station. Inspectors observed this area was decorated for Mother's day on the first day and on day two of this inspection staff were busy putting up St Patrick's Day decor, which would be celebrated the following weekend. Residents were seen to enjoy spending time in this area over the two days, chatting to people as they passed, having a cup of tea and reading newspapers. During the walk around of the centre staff were observed to be assisting some residents in their bedrooms and the majority of residents were observed to be up and relaxing in the communal rooms. Inspectors saw that residents were well groomed and dressed. Residents confirmed to the inspectors that they could choose what time they would like to get up and how they would like to spend their day.

The centres main communal rooms were off the foyer, which comprised of two day rooms, a parlour/meeting room and a dining room. Inspectors saw that one of these days rooms was occupied throughout the two days, and residents were seen to be watching television, listening to music and taking part in a range of activities. The Cheltenham Festival was taking place at the time and some residents were observed

to be enjoying the horse racing and chatting with staff about the race results and the Irish horses. Inspectors saw that the second day room had been divided in half, with only one side available to residents. Inspectors were informed that this was constructed during the national pandemic to accommodate visiting. On the first day of inspection inspectors saw approximately 12 residents in this day room. They were engaging in activities and taking refreshments. The inspectors saw that some residents had mobility aids, and others were in specialised chairs. As a result space in the room was very limited and it was hard to walk through without being obstructed. The layout of this rooms required review, which is actioned under regulation 17.

Inspectors were informed that some areas of the centre had been redecorated since the previous inspection and new furniture had been purchased. The dining room and sitting room were bright pleasant rooms for residents to spend their time in. There was also a small room called the parlour which was homely with a fireplace, flat screen television and old memorabilia. Residents also had access to two internal courtyards.

As previously outlined the dementia specific unit called the Suaimhneas Unit, could accommodate 25 residents. Inspectors spent time in this unit over the two days and observed that significant upgrades to the decor were required as paint was chipped, flooring was damaged and in some bathrooms equipment was not functioning effectively. These findings and others pertaining to the premises are actioned under regulation 17. Inspectors also observed over the two days that there was not always communal space available to residents in this unit. Due to a keypad door system, residents could not leave without support from staff. The only communal space in this area, for up to 25 residents, was a conservatory measuring 14 m² which could only accommodate three to four residents at a time. Although inspectors were informed that residents were free to use the communal spaces in the main part of the centre, for the majority of the two day inspection doors were seen to be locked into and out of this unit. This impact of this finding is further detailed under regulation 9 and 17. Inspectors also observed that on the evening of day one of this inspection residents required increased support and staff were observed to be busy trying to supervise residents. Findings relating to staffing on this unit are further discussed under regulation 15.

The inspectors spent time observing the dining experience over the two days. The dining room had been refurbished, and provided a bright open space for residents with nicely set tables and menus on each table. There was also two seating areas on either side of the dining room with nice comfortable armchairs and coffee tables. Inspectors saw residents relaxing in these areas over the two days by the large windows overlooking the gardens. Residents commented that they found this was a nice place to socialise, read a book or if weather permitted sit out in the internal gardens which were fully accessible to residents off the dining room.

Overall the dining experience for the three meals were seen to be a very pleasant experience and residents reported they looked forward to coming to the dining room. There were sufficient amounts of staff to support those who required assistance discreetly. Staff were observed to be engaging positively with residents

and offering choices in relation to meals and drinks. Residents who spoke with inspectors said the food was very nice, and they enjoyed it. One resident said 'the scones are to die for'. Inspectors saw that the kitchen staff had made a chocolate cake for a residents birthday, and they were very pleased with it.

Residents who spoke with inspectors said they know who to raise concerns with, and one resident told inspectors where the information was displayed in the centre. There was clear information about the complaints process displayed in the centre, and forms by the front door which could be completed and dropped in a letterbox.

The inspectors observed interactions between the staff and residents over the two day and found that they were respectful at all times. Residents spoke very positively about the staff working in the centre and told the inspectors that they worked very hard and were very dedicated to their roles. Inspectors observed staff were available to support residents, this included with personal care, activities, and also with their dining experience. Residents were seen to be taking part in a range of activities. For example there were arts and crafts, book readings and individual music sessions. Communal rooms were supervised at all times and it was evident that staff knew residents well. Visitors who spoke to the inspectors stated that staff were kind and supportive.

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

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the last inspection of July 2023. Findings of this inspection were that the provider had implemented and enhanced their monitoring systems and strengthened their governance structure since the previous inspection. This had a positive impact on the residents quality of care. However, some further action was required with regards to staffing, restrictive practices, residents rights, the premises, fire precautions and infection control to bring the service in to compliance with the regulations. These findings will be detailed under the relevant regulations of this report.

The registered provider of Oaklodge Nursing Home is B & D Healthcare Limited, which comprises of two directors. Both of these directors work in the centre and share the role of operations manager. There was a management structure in place and the lines of authority and accountability were clearly defined. From a clinical perspective care is directed by a suitable qualified person in charge. They are supported in their role by a management team comprising of an assistant director of nursing and three clinical nurse managers. At least one member of the management

team was present in the centre seven days a week, on a supernumerary basis, to provide clinical supervision and support to staff.

The management team were supported by nursing staff, healthcare assistants, activities coordinators, catering, household and administrative staff. There was also a maintenance person and a person employed to oversee finances. From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents in two of the three units. However, staff allocated in the evening to the Suaimhneas Unit needed to be reviewed and enhanced. The provider had increased the complement of health care assistant hours in this unit, following the findings of the previous inspection, however, findings of this inspection would indicate that further resources were required to ensure residents were appropriately supervised, which is actioned under regulation 15.

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Residents' records were reviewed by the inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were well maintained and made available to the inspectors. All residents residing in the centre had a contract of care in place, as per regulatory requirements. However, the contract did not clearly outline the services to which residents were entitled to in the weekly service charge, which is actioned under regulation 24.

Records of management meetings evidenced that where issues for improvement were identified, corrective steps were being taken. This was also reflected in the risk management processes, where the risk register was seen to reflect current and up to date risks identified in the centre. There was evidence of effective communication systems within the centre. Records of staff and management meetings provided demonstrated that issues were discussed, and corrective actions were implemented as required.

The oversight arrangements and monitoring of the service had been strengthened since the previous inspection. Audits of clinical care had taken place, and this had led to an improvement in the provision of appropriate healthcare for residents. An area identified for improvement by the management team was in residents care planning. Inspectors noted training was being provided to staff, and the person centred nature and quality of information included had improved, while there was still some work to ensure all care plans were up to date. However, the systems in place to ensure that infection control is monitored and maintenance to the premises was appropriately resourced and actioned, required strengthening. This is further detailed under regulation 23. The inspectors acknowledge that the provider had identified some of these areas that required attention and were implementing an action plan to address them.

The provider had records of verbal and written complaints received in the centre.

The policy set out that verbal complaints should be dealt with when they arose where possible, and the records reflected that this was happening in practice. Where written complaints were made, it was seen that they were acknowledged in line with the policy. The policy had recently been updated to ensure it complied with the requirements of the regulations. The provider had arranged for the patient advocacy service to visit the centre, and they gave a presentation to residents about the advocacy service they offered in relation to complaints. Records reviewed during the inspection showed that this service was being used effectively.

The registered provider was resourcing some improvements to the centre. A fire safety risk assessment had been completed, and the action plan was being implemented. An audit of fire doors had also been completed. During the inspection it was noted that some fire doors were damaged, and would not be effective in the case of a fire. The provider confirmed arrangements were in place for their replacement, and that those that were remaining had been serviced, including the door closing mechanisms.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications as specified in the regulations. They are full time in post and actively involved in the governance and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

Following the findings of the previous inspection the provider had increased the staffing in the Suaimhneas unit and rostered an additional health care assistant until 22:00hrs. Due to residents dementia diagnosis they required additional supervision and direction from staff to maintain their safety. Observations of the inspectors would indicate that a further review of staffing in the evening was required to ensure residents were adequately supervised and supported with their care requirements. The registered provider confirmed staff had identified this to the management team, and they had plans to recruit additional staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a positive approach to training for staff in the centre. Staff had

completed a variety of training including safeguarding of vulnerable adults, fire safety, manual handling, human rights, care of residents with dementia and managing responsive behaviours. Nursing staff had undertaken additional training in areas such as medication management, and cardiopulmonary resuscitation.

The management team had been enhanced since the previous inspection to ensure that staff were appropriately supervised. Each shift had a lead person, noted on the staffing rosters.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place that set out each residents name, date of birth, date of admission, and included all required other information as set out in the regulations.

Judgment: Compliant

Regulation 21: Records

A wide variety of records were reviewed during the inspection, and all were seen to be appropriately completed. This included records of care delivered to residents, complaints, and staff employment records. Records were well maintained and stored securely.

Judgment: Compliant

Regulation 23: Governance and management

The following required to be addressed to achieve compliance with this regulation and to ensure the the service provided was safe, appropriate and consistently monitored:

- the maintenance of the premises had not been allocated appropriate resources by the provider to ensure it conformed with Schedule 6 of the regulations.
- while a range of audits were being completed some issues identified during the inspection had not been addressed and actioned. For example, the infection control audits were only taking place six monthly and auxiliary rooms such as laundry, dirty utility and cleaning stores were not included and

monitored. Further oversight of infection control was required as identified under Regulation: 27.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider charges an additional weekly service charge, however, the contract of care did not outline the services which residents could avail of when they paid this fee. This is a regulatory requirement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were being submitted to the Chief Inspector of any incidents that occurred in the centre, within the required time frame. For example serious injuries, safeguarding concerns and missing persons.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An accessible and effective complaints procedure was in place. The complaints policy reflected the changes to the regulation which came in to effect in March 2023.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a full set of policies in place in the centre, which were seen to be followed in practice. The registered provider was in the process of upgrading to a new suit of policies, and there was a plan in place to provide training to staff in relation to any changes to current process.

Judgment: Compliant

Quality and safety

This inspection found that residents in Oaklodge Nursing Home received a good standard of nursing and medical care, from a team of staff who knew their individual clinical needs and preferences well. Residents had access to a social and recreational programme and spoke positively about life in the centre. However, some areas required to be addressed pertaining to the premises, residents rights, fire precautions and care planning. These are further detailed under the relevant regulations of this report.

There was good access to local general practitioner services, including an out-of hours service and monthly geriatrician review service available in the centre. Residents were referred to specialist services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed detailed care plans, which guided staff to deliver individualised care. However, on review of a sample of care plans some did not contain sufficient detail to direct care, which is actioned under regulation 5.

Improvements were noted in the monitoring of residents' hydration and nutrition since the previous inspection. There was sufficient staff available at mealtimes to assist residents with their meals and the provider was regularly monitoring the dining experience for residents to improve the service. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents with needs for special, modified and fortified diets were provided with meals and snacks prepared as recommended.

The provider had been proactive in relation to fire safety in the premises by having a fire risk assessment completed in October 2023. Inspectors saw that the high risk items were being worked through such as ensuring fire fighting equipment in the smoking area, carbon monoxide detectors in relevant locations, improved signage and servicing of internal and external systems. All staff had received training in fire safety procedures in the centre. Records evidenced that fire drills were being undertaken on a regular basis, and included practicing with the lowest staffing levels that would be present, for example at night. While the provider had received the findings of a fire door audit, work had not been completed in relation to replacing some fire doors at the time of the inspection. This finding and other areas to be addressed pertaining to fire precautions are detailed under regulation 28.

Staff were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviors. A restrictive practice register

was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed.

Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff were knowledgeable of what constituted abuse and what to do in instances of suspected or alleged abuse. The provider was a pension agent for two residents living in the centre and there were robust arrangements in place to oversee the management of this service. However, inspectors found that further detail was required to be provided to residents with regards to access and cost of additional services, which is actioned under regulation 9, residents rights.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Where residents were prescribed medications to be crushed, this was clearly documented. The storage of medication that required to be maintained at controlled temperatures required action, as actioned under regulation 29.

Resident' meetings were held regularly and there was a good level of attendance by residents. It was evident that residents were consulted about their care needs and about the overall service being delivered. Records indicated that issues raised at these meetings were addressed such as enhanced food choices. Residents had access to information and news, a selection of newspapers and Wi-Fi. Independent advocacy services were also available and had been used to assist and support residents.

Regulation 17: Premises

Inspectors found that some areas of the premises did not conform with the matters set out in Schedule 6 of the regulations. For example:

- the lay out in the dementia unit did not meet the needs of residents in relation to adequate sitting, recreational and dining space. The centres statement of purpose states that this unit has its own lounge/dining area which enables residents to live as full a life as possible in a safe environment. However, inspectors found that this room did not provide adequate space for 25 residents.
- the layout of bedrooms registered to accommodate three and four residents did not always afford residents access to their personal belongings close to their bed space. For example, the locker was situated behind the head of the bed for one resident and a wardrobe was within another residents bed space in another room.
- the access to communal space for residents the second day room required review to ensure it did not impact on residents ability to mobilise freely in the

room. A partition had been erected and residents were only afforded use of one side of this room. Storage of decorations and boxes were observed in the other side.

- in the dementia unit there was significant damage to paintwork on corridor walls, handrails, and skirting. This was also the case in bedrooms. A number of en-suite bathrooms were seen to have damaged and worn flooring. A net curtains in a four bedded room was observed to be torn and stained and some shower heads were loose and not functioning appropriately.
- there were two examples where there were insufficient curtains or screens to provide privacy around a bed space.
- a bath in the centre was broken and therefore could not be used by residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan. There was improvements noted in the monitoring and oversight of residents weights and residents at risk of malnutrition since the previous inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation used when residents were discharged from the centre on a temporary basis to hospital indicated that all relevant information, pertaining to the resident was included. A record of this was also kept in the residents file, as per regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control in

community settings published by HIQA. This was evidenced by:

- there were a limited number of dedicated clinical hand wash sinks available for staff use. Sinks within resident's rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- there was no janitorial unit within the housekeeping room. Cleaning trolleys were prepared in the sink. This posed a risk of cross contamination.
- waste was not segregated in line with best practice guidelines. General waste was disposed of in healthcare risk waste bins in treatment rooms and in sluice rooms.
- the layout of the laundry required review, to ensure that there was segregation of clean and soiled linen.
- there was inappropriate storage of equipment in sluice rooms, which increased the risk of cross contamination. Due to this excess storage inspectors observed that sinks were not accessible to staff to support effective hand washing.
- a piece of medical equipment for a resident was observed to be unclean.
- some furniture in the centre was not effectively sealed or finished, therefore, effective cleaning could not be assured.
- a refrigerator in the Suaimhneas unit was observed to be unclean and there was not an assigned person responsible to clean this equipment.
- some shower bases and outlets, were stained and poorly maintained and as such did not facilitate effective cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

While the registered provider had a plan to address findings from the fire safety assessment and audit, on the day of inspection some issues were outstanding. Arrangements to protect against the risk of fire needed to be improved due to the following findings:

- in one area there was storage of flammable items close to an electric board, which would increase the risk of combustion in the event of a fire.
- during the two day inspection, inspectors observed storage of items such as laundry hampers on fire exit paths. These could cause an obstruction if an evacuation of residents was required.
- each fire door had been reviewed since the previous inspection and the closers serviced, however, further action was required pertaining to the replacement of some fire doors within the centre. Inspectors saw there was damage to some fire doors that would reduce their effectiveness in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The storage of two medications which required to be refrigerated were found to be stored inappropriately in a food refrigerator. The temperature of this refrigerator was not being monitored, therefore, the inspector was not assured that these medicines were maintained as per recommendations of the prescriber.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, some action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- one resident with significant responsive behaviours did not have a behavioral support plan in place to direct care and ensure that staff are informed on how to manage and respond to this behaviour.
- some care plans required to be updated to reflect the residents current care requirements as they contained information which was outdated and not relevant to the residents care requirements.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard. Tissue viability expertise was available to support nursing staff with the management of wound care. There was evidence that residents were referred to other health and social care professionals such as dietitians, speech and language therapist and palliative care services as required. A number of general practitioners visited the centre and residents were facilitated with choice of general practitioner. The advice of healthcare professionals was incorporated into care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviours. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed. The centre was implementing a quality improvement plan to reduce the number of bedrails in the centre and had evidenced a reduction in the number of bedrails in the last month.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The service was pension agent for two residents and records examined demonstrated appropriate safeguards to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

The following areas pertaining to residents rights required to be addressed:

- a review of the system in place with regards to fees for external services was required. This was to ensure that residents were informed of the total cost for these services and could exercise choice before purchase.
- residents living in the Suaimhneas (dementia specific) unit had limited access to communal space as there were limited places to sit and relax. Therefore, some residents were observed sitting at an area of six seats by a fireplace, which was on the corridor. Some residents were also not afforded a dining experience on this unit and were observed being assisted with meals in this area. Therefore, residents were not afforded privacy and choice.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0043077

Date of inspection: 13/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Management use the Modified Barthel, a nationally validated tool to ensure sufficient staff are always rostered. This is kept under review (at a minimum on a monthly basis) and increased staffing is arranged where any extra need is identified as this may happen from time to time. We were well staffed and well in excess of this audit tool results on day of inspection as usual. Management regularly consult staff for feedback on practices and staff will also indicate to management any changes that may require increased resources. During the inspection we proactively informed the inspectors of our regular consultations with staff and our ongoing recruitment of additional healthcare assistants to meet the service needs arising therefrom.</p> <p>A full review of staffing in the Suaimhneas unit is being conducted in line with known residents' needs and individual patterns of behaviour. We have commenced a trial of different shift timings to identify which pattern suits the residents' needs better overall. The new shifts will be operational by 31st May</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management have identified and allocated an extra maintenance staff person for the foreseeable future to accelerate the works programme which had been delayed by the challenges of getting trades persons to carry out works in a timely manner -commenced from 19/03/24.</p> <p>IPC audits now include sluice rooms, janitorial units, laundry, and linen storage. A new</p>	

IPC lead has been designated since 01/03/2024. Essential trainings are being planned for the new lead nursing professional. Training materials and templates are being reviewed and modified.

Environmental hygiene audits will now take place monthly and the frequency of these will be reviewed and adjusted in accordance with audit outcomes. Audit scores will be monitored by the clinical governance team.

Oversight of IPC will be completed daily by the senior nursing management team during their unit walkaround, providing direct feedback to staff where deficits are found.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All contracts of Care now include a more comprehensive list of all the services residents could avail of when paying the weekly service charge fee.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Oaklodge are proposing to move to operating a centre with a more restraint free environment and as part of this we have decided to reduce the size of the SDU to a 7 bed Dementia Unit (specialist NCS D) at the lower part of the South /Suaimhneas unit rooms 21- 27. This will have the ability to be as secure as needed but will (in general) be open for residents. This unit will only be restricted for short periods as necessary for residents who walk with purpose and only when authorised by a senior clinical manager such as the PIC or APIC.

Residents of this small 7-bed unit will have within the Unit, the conservatory which can comfortably seat 7 or more residents and have access to the Suaimhneas large garden area for walking. The large lounge/ day room (south) will continue to be utilised by all Suaimhneas and south residents and the Covid dividing wall, erected during the pandemic, will be removed to maximise the floorspace for residents' use. Admissions will be managed to ensure that admission of residents with NCS D / those who walk with purpose are appropriately accommodated in Suaimhneas.

A feasibility study will be undertaken to enlarge the conservatory area and provide an additional exit door to the Garden from this newer unit as well as enlarging the garden area specifically for this unit. This will be undertaken by an engineer/ competent person

in fire safety and prevention and an Interior design plan for the whole Suaimhneas area will develop a proposal to improve the décor and furnishings of this area. This will ensure that residents have access to personal belongings close to their bed space. Shared rooms were reviewed, and furniture was reconfigured from 14/03/2024 to ensure appropriate access to all facilities and amenities. Residents in this unit are offered a dining experience either within the conservatory in this unit or at a dining sitting in the main dining room – effective from 19/03/2024. Privacy curtains have been realigned to maximize privacy and dignity for residents in shared rooms – complete. The bath has now been organised for repair and expected to be repaired by 30/06/24. The partition in the second day room is planned to be removed in the summer to maximize the space available for residents.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

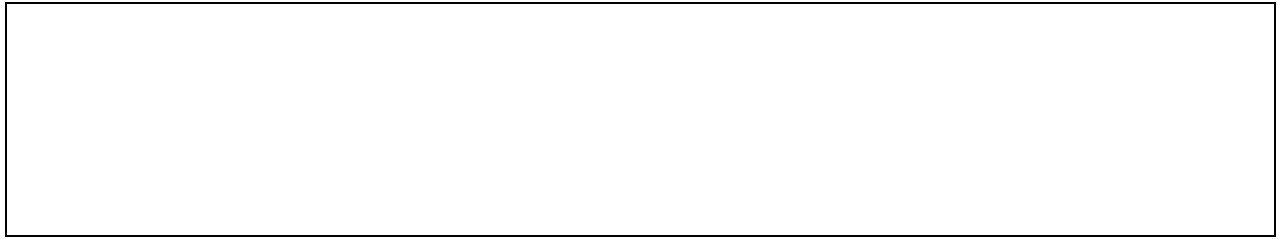
- A new IPC lead has been designated since 01/03/2024.
- Additional clinical hand wash sinks will be installed on a phased basis commencing 31/05/2024.
- A janitorial unit will be ordered and installed in the housekeeping room by 30/06/2024.
- All staff have been reminded from 19/03/2024 of the importance of segregating waste appropriately, the correct storage of equipment and the need to clean down residents' equipment thoroughly between uses.
- Staff have been assigned to clean the refrigerator in the Suaimhneas unit.
- Shower bases and outlets will be cleaned or replaced as required by 30/06/2024.
- Environmental hygiene audits will now take place monthly and the frequency of these will be reviewed and adjusted in accordance with audit outcomes. Audit scores will be monitored by the clinical governance team.
- Oversight of IPC will be completed daily by the senior nursing management team during their unit walkaround, providing direct feedback to staff where deficits are found.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Flammable materials have been relocated away from electrical boards - complete.
- A 'competent person' has visited the Centre to review the fire doors in March and any outstanding remedial works or replacement doors will be substantially complete by 30/07/2024.

<ul style="list-style-type: none"> • Staff have been reminded of the correct placement of laundry hampers away from escape routes or fire exits – complete. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Strict notice to all nursing staff was issued on 14/03/2024 that medications must not be stored in unit fridges. Dedicated fridge is available in the treatment room for medication storage only. Medication fridge temperatures are checked and documented daily to ensure proper storage conditions – complete and ongoing.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • A behavioural support plan is now in place for the identified resident – complete. • Care plans outlined during the inspection have been updated. Staff have been reminded of the need to remove outdated information when reviewing care plans. The senior nurse managers will oversee this daily – complete and ongoing. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents are only ever invoiced in line with the advertised rates outlined in their contract of care and the Centre's Statement of Purpose – complete and ongoing. • Residents in the Suaimhneas unit are now facilitated to dine in either the conservatory within this unit or in the main dining room. We have put in place an evening teatime dining experience to specifically encourage and better accommodate residents of this unit in a protected mealtime experience. Feedback from residents, relatives and staff is positive – complete and ongoing. 	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/10/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	19/03/2024

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	01/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2024

Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/07/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	19/03/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	01/04/2024

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	13/03/2024