



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:	15 January 2025
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0043337

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. There is a comprehensive complaints process in place. Residents' independence and activity is promoted.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Wednesday 15 January 2025	09:00hrs to 17:00hrs	Ella Ferriter	Lead
Wednesday 15 January 2025	09:00hrs to 17:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Based on the observations of the inspectors and discussions with residents, Oaklodge Nursing Home was a nice place to live. The inspectors met with approximately twelve residents and spoke to them in detail, to gain an insight into their experience of living in the centre and their quality of life. Residents told inspectors that they were happy and that they were cared for by excellent, kind staff who always respected their opinions and choices.

Oaklodge Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated on a large site, in the rural village of Churchtown South, a few kilometres outside of Cloyne. The centre can accommodate 65 residents and there were 58 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. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe and secure, with appropriate lighting, heating and ventilation. The inspectors saw that the partition in one of the day rooms had been removed since the previous inspection which increased the available communal space available to residents. This room was observed to be nicely decorated with comfortable armchairs, a television and a coffee dock which was near completion. The outdoor courtyard and garden area of the centre was seen to be readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The main kitchen was of adequate in size to cater for residents' needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example; inspectors observed that some of the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some resident rooms and ancillary facilities, including the housekeeping room were worn and poorly maintained and as such did not facilitate effective cleaning. The provider was endeavouring to improve existing facilities and physical infrastructure in the centre through a planned maintenance and painting. However, works had been slow to progress, especially in the Suaimhneas unit.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean. Equipment viewed was also generally clean. Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. The inspectors observed that three additional hand hygiene sinks had been installed within easy walking distance of resident's bedrooms. These complied with the recommended specifications or clinical hand hygiene sinks. However, access to the hand hygiene sink was obstructed within one sluice room.

All interactions observed on the day of inspection were person-centred and courteous. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. They were familiar with residents' needs and preferences and greeted residents by name. Residents were seen to be moving freely and unrestricted throughout the centre on the day of inspection and staff were observed to take time and sit down with residents for a chat. From discussion with staff, it was evident that doors, that had been locked on the previous inspection, now remained open throughout the day. This enabled residents to move freely and have access to the communal rooms around the centre.

Visitors were seen to come to the centre throughout the day. The inspectors met several visitors who were unanimous in their praise for the staff and the level of care provided. One visitor said they were confident that their loved one was happy and safe in the centre. Others said staff went "above and beyond" and that they "couldn't do enough for them" to ensure that their loved ones were taken care of. Visitors told the inspector that visits and social outings were encouraged with precautions were in place to manage any associated risks. Arrangements were in place to ensure there were minimal restrictions to residents' families and friends visit during outbreaks and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection. The inspectors saw a large family gathering taking place, in one of the communal sitting rooms to celebrate a residents birthday.

Residents spoke of exercising choice and control over their day. Residents who communicated with the inspectors were positive with regard to the control they had in their daily routine and the choices that they could make. Residents told the inspector about their daily activities and informed inspectors that they could get up at a time of their choosing and staff always facilitated them. They expressed satisfaction regarding the support and assistance provided by staff describing staff as "exceptional", "kind" and "dedicated".

The inspectors observed that the residents were supervised in all communal rooms, and residents were encouraged to engage in meaningful activities throughout the day of the inspection. It was evident that residents had a choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. On the day of the inspection, there was an exercise class, reminiscence therapy and games taking place. Residents were observed sitting and relaxing in armchairs reading books and magazines. In the evening, some residents

were observed relaxing in the large foyer area enjoying a drink and they told inspectors they enjoyed this time of the day.

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

Capacity and capability

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the findings of this inspection were that Oaklodge Nursing home was a good centre where there was a focus on ongoing quality improvement to enhance the daily lives of residents. Management systems had been further enhanced since the previous inspection and the management team was proactive in responding to issues as they arose. Improvements in levels of compliance were found since the previous inspection of March 2024, however, some further actions were found to be required pertaining to the premises, notification of incidents, infection control, care planning and healthcare. These will be detailed under the relevant regulations of this report.

This inspection included a detailed assessment of infection control, by an inspector who was a specialist in that area. The office of the Chief Inspector was in receipt of some unsolicited information and solicited information, received in the form of notifications. All of these were looked into before and during the inspection and were found to be actioned.

The registered provider of Oaklodge Nursing Home is B & D Healthcare Company Ltd, which comprises of three directors. Two of these directors are directly involved the operational management of the centre and are a visible presence in the centre. The provider had applied to renew the registration of the centre, the week prior to this inspection and this inspection would inform the decision making process. Inspectors acknowledge that there were ongoing continued improvements in governance and management of the centre. There was a clearly defined management structure in place with identified lines of accountability and authority. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication, which included weekly governance meetings. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. On the day of this inspection, there were adequate staffing levels for the size and layout of the centre to meet the assessed need of residents. The provider also employed an operations manager and

administration staff, who worked in the centre daily. From a review of training records, and from speaking with staff, it was evident to inspectors that staff working in the centre were up-to-date with mandatory training. A training matrix was maintained to monitor staff attendance at training provided.

There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated a clinical nurse manager to the role of infection prevention and control link practitioner. This person supported staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. There were sufficient numbers of housekeeping staff on duty to meet the needs of the centre on the day of the inspection. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training every two years. A review of training records indicated that all staff were up-to-date with infection prevention and control training.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. Infection prevention and control audits tools has been revised to include a range of topics including environment hygiene, waste and laundry management, hand hygiene and the use of personal protective equipment (PPE). Audits were scored, tracked and trended to monitor progress. However, an accurate record of residents with previously identified multi-drug resistant organism (MDRO) colonization (surveillance) was not maintained, which could posed a risk to residents. Action was also required pertaining to the oversight of legionella management in the centre's water supply. These findings are further detailed under Regulation 23.

The provider displayed the complaints procedure prominently in the reception area and the centre had an up-to-date complaints management policy. The complaints log was reviewed and evidenced that complaints were recorded in line with the regulations. However, action was required in relation responding to complaints in writing, which is further detailed under Regulation 34.

A record of incidents occurring in the centre was well maintained. However, two incidents had not been reported in writing to the Chief Inspector, as required under the regulations, within the required time period. A review of notifications submitted to the Chief Inspector found that the outbreaks of notifiable diseases were reported in a timely manner. The centre had not experienced any of these outbreaks in 2024.

The application for registration renewal was submitted to the Chief Inspector since the previous inspection and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

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. The provider has increased the allocation of health care assistants in response to the findings of the previous inspection. A twilight shift had been introduced from 2pm-10pm. The management team reported that this had resulted in a positive impact for residents, specifically, it had contributed to a reduction in the number of falls and responsive behaviours.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. All staff, including those employed in support services, receive mandatory education and training in infection control that is commensurate with their work activities and responsibilities and is regularly updated. Staff were supervised in their roles daily by the management team. There was a member of the management team on call at the weekends.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against any injury to residents as per regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action is required to be fully compliant. This was evidenced by:

- Surveillance of MDRO colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs including Vancomycin-resistant Enterococci (VRE) and (CPE). This meant that staff were unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs including Vancomycin-resistant Enterococci (VRE) and Carbapenemase-Producing Enterobacterales (CPE). Findings in this regard are presented under Regulation 27.
- The provider had implemented a number of Legionella controls in the centre's water supply. For example, unused outlets and showers were run weekly to minimise the risk of proliferation of Legionella bacteria. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls. The provider confirmed that arrangements were being made to undertake testing.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider has prepared a statement of purpose in writing relating to the centre and it contained all information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Two required notifications were not submitted to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Not compliant

Regulation 34: Complaints procedure

The following required action to comply with the regulation, evidenced by the following findings:

- A review of complaints records found that there was not always a provision of a written response to the complainant. This is required to inform the complainant whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process. This is a requirements of the regulation.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of a good quality and this ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. Some further actions were required pertaining to healthcare, care planning, infection control, reduction in the use of restraint and the premises, which will be detailed under the relevant regulations.

Residents had comprehensive access to local general practitioner (GP) services who attended the centre on a weekly basis and to a range of allied health professionals. The provider employed a geriatrician, a specialist in the healthcare needs of older people, who attended the centre once per month. This resulted in positive outcomes for residents. A physiotherapist was in attendance weekly and there was an occupational therapy service in the centre, every second week. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Residents' nutritional and hydration needs were assessed and closely monitored in the centre and residents were being monitored for the risk of malnutrition. However, action was required to ensure that staff ensured that appropriate medical and nursing intervention was delivered in a timely manner when the condition of a resident changed. This is actioned under Regulation 6.

The inspectors viewed a sample of residents nursing notes and care plans. Resident care plans were accessible on an electronic system. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. Overall care plans reviewed were person centred and contained detailed personal information pertaining to each resident's likes, dislikes, family history and personal preferences. However, action was required to ensure that care plans were reviewed and updated when there was a change in the resident's condition and, following a review by health care professionals, to ensure

that they effectively guided staff in the care to be provided to a resident. Details of findings in relation to care planning are set out under Regulation 5.

Inspectors identified some examples of good practices in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers. These included hand hygiene, appropriate use of PPE, cleaning and the safe handling and disposal of used linen. The provider had installed additional clinical hand washing facilities for staff in response to the findings of the previous inspection.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of, to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use was monitored and audits of antimicrobial use was undertaken each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Nursing staff had completed training on the principles of antimicrobial stewardship.

Ancillary facilities provided in the centre supported effective infection prevention and control. Staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. A janitorial unit had been installed following findings of the previous inspection. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry, which processed cleaning and kitchen textiles, supported the functional separation of the clean and dirty phases of the laundering process.

The provider also had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated fridge was available for specimens awaiting transport to the laboratory. However, medications were observed to be stored in this fridge on the morning of the inspection.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, waste and sharps were not disposed of in line with best practice guidelines. Findings in this regard are presented under Regulation 27; infection control.

Inspectors followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. However, this had been slow to progress, particularly in the Suaimhneas Unit.

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The centre maintained a comprehensive register of any practice that was or may be restrictive. All restrictive practices were

risk assessed and consent was obtained prior to commencement of these devices. However, on review of records and from conversations with staff it was evident that alternatives were not always trialled prior to the use of bedrails. Although inspectors acknowledges that some work had been done to reduce restrictive practices, further actions were required, as per the findings detailed under Regulation 7.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection. The inspectors reviewed the investigation records of an allegation of abuse. It was evident that there were systems to protect the resident as soon as they became aware of the allegation.

The inspector found that residents' rights and choices were promoted and respected in the centre. Residents had opportunities to participate in social activities, in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Regulation 10: Communication difficulties

Inspectors found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- There was a leak in the roof of an external storage unit and boxes of clean supplies were observed on a wet floor.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of moving and handling equipment and used linen trolleys within en-suite and communal bathrooms.
- Some surfaces, paintwork and finishing was worn and poorly maintained and as such did not facilitate effective cleaning.
- Both baths in the centre were out of order and therefore could not be used by residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. For example;

- Inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with MDROs including and Carbapenemase-Producing Enterobacterales (CPE).
- Staff were unaware of the MDRO status of a small number of residents. As a result, appropriate infection prevention and control precautions may not have been in place when caring for a resident with a history of CPE colonisation.
- Staff informed the inspector that they manually decanted the contents of commodes/ bedpans into the sluice or toilets prior to being placed in the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- A range of safety engineered needles were available. However, inspectors saw evidence (used needles recapped in the sharps disposal bin) that needles were recapped after use. This practice increased the risk of needle stick injury.
- Insulin was stored within the specimen fridge. This posed a risk of cross contamination.
- Waste was not segregated in line with best practice guidelines. General waste continued to be disposed of in clinical risk waste bins in the treatment room and in several resident bedrooms.
- Access to the hand hygiene sink was observed to be obstructed obstructed within one sluice room. Therefore, this was not accessible for staff, to facilitate effective hand washing.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Notwithstanding some positive findings pertaining to assessment and care planning, some further actions were required to ensure that residents' care plans accurately reflected their care requirements. This was evidenced by the following findings:

- Care plans were not always reviewed following a change in the residents condition. For example; after a change in a residents mobility status or post a fall. Consequently, these care plans were not reflective of the residents care needs.
- A review of care plans found that accurate infection prevention and control information was not recorded in three resident care plans, to effectively guide and direct the care of residents colonised with MDROs.

Judgment: Substantially compliant

Regulation 6: Health care

A review of the records of one resident found that nursing care delivery in response to a potential injury was not in line with evidence based nursing practice. The inspectors acknowledge that this had been recognised by the management team and a review was underway at the time of this inspection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

While the centre had evidenced a reduction in the number of bedrails in use since the previous inspection, further improvements are required to ensure that restraints are not used as a result of culture, family wishes and requests. This will ensure that restraints are only in place due a residents request or post a completed clinical risk assessment of need. On the day of the inspection 27 % of residents were allocated bedrails and there was not always evidence that alternatives had been trialled, as per national policy. The assessment tool in use to assess residents using bedrails was also found not to be detailed enough to ensure the assessor could make a decision based on the risk to residents.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre. Safeguarding training was provided to all staff and allegations of abuse were reported, investigated and changes implemented as required. There were robust financial systems in place, which a full time accountant was employed to oversee. Residents and relatives were invoiced on a monthly basis for service fees and a breakdown of any additional charges, including pharmacy and prescription levies. A receipt book for services such as hairdressing and chiropody was reviewed, which correlated with residents' charges as per their invoices.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents had access to radio, newspapers, televisions and advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0043337

Date of inspection: 15/01/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • An administrative oversight had resulted in 3 residents’ colonization status not being captured in the newly implemented Key Performance Indicator (KPI) system. A full audit of all residents’ discharge documentation has now been completed by the designated Infection Prevention and Control (IPC) link nurse who will maintain clinical oversight of this area on a weekly basis – complete. • A staff communication has been issued to all staff nurses regarding the importance of capturing MDRO status in residents’ records and to ensure the link nurse is kept informed of any changes. In addition, mandatory training sessions on MDRO monitoring and infection control will be conducted for all nursing staff – completed by 28th February 2025. • A Legionella risk assessment was completed and appropriate testing schedule instituted from 28 February 2025. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Senior nurse managers have received updated training on statutory notification requirements and compliance will be overseen by the weekly clinical governance team – complete and ongoing. 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Complainants identified on the inspection have now received a detailed written response outlining the outcome of the complaint investigation findings and quality improvement actions identified for their complaint – complete. • The complaints policy has been updated to clarify independent review options and timelines – complete. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The external storage facility roof has been reviewed and repaired and is due for replacing this year. 30 June 2025 • Storage has been reviewed throughout the centre, to include reorganization of storage areas and additional storage units. Staff have been informed of the new arrangements and compliance will be overseen on the daily senior management walkaround audits – complete. • A programme of painting and upgrading work has been commissioned and will be completed by 30 June 2025. • Following a review of residents’ preferences and to maximise choice for residents without their own ensuite, the bath in the South unit will be replaced with an assistive shower room – complete by 30th July 2025. • The bath in the North unit has been repaired to ensure accessibility for residents 30 January 2025. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Mandatory training sessions on MDRO monitoring and infection control will be conducted for all nursing staff – completed by 28 March 2025. • All residents colonized with an MDRO have now been identified, have a person-centred infection prevention and control care plan in place, are reflected in the weekly KPI monitoring system and all staff have been informed – complete. • A communication regarding inspection findings and correct IPC procedures has been issued to all staff, outlining that the practices of recapping needles, manual decanting of urinals, incorrect segregation of waste, inappropriate storage of insulin or other items blocking handwash sinks are to cease immediately. The IPC audits have been updated to ensure there is effective oversight of all staff practices on a regular and ongoing basis and this will be supported by daily senior manager walkaround audits – complete and ongoing. • All staff will receive updated IPC training – complete by 28 March 2025. • The handwash sink in the sluice room has now been cleared to enable staff access – complete. 	
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"> • The MDRO status is now clearly indicated in the respective residents’ care plans – complete. • Senior nurse managers will routinely review each residents’ care plan when reviewing incidents and accidents on a daily basis to ensure that care plans reflect the residents’ current needs – commencing from 5 February 2025 and ongoing. • Routine monthly care plan audits will continue as scheduled. The audit form has been amended to ensure that residents involved in an incident or who have been reviewed by a member of the Multi-disciplinary Team within the last month have an up-to-date care plan in place – commencing from 5 February 2025 and ongoing. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The review into this resident's care delivery which was underway, has now completed and a quality improvement plan has been implemented to include a new policy and procedure on the effective management and reporting of any skin changes of unclear origin – complete and ongoing. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Residents in Oaklodge have access to a weekly visit of a physiotherapist and a fortnightly visit of an occupational therapist, both of whom are involved in the decision-making around the use of bedrails and alternatives to be trialed. They will deliver additional training for staff on bedrail risk assessment and use – scheduled for 21st March 2025 • The bedrail risk assessment form has been reviewed and updated and staff have been instructed on accurate recording of the use of bedrails including the residents' preference and the alternatives trialed – complete. 	

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 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.	Substantially Compliant	Yellow	31/07/2025
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	28/03/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	28/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	16/02/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	28/02/2025
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 consultation with the resident	Substantially Compliant	Yellow	05/02/2025

	concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	18/02/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	21/03/2025