

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	ORG-0000261
<b>Centre address:</b>	Churchtown South, Cloyne, Midleton, Cork.
<b>Telephone number:</b>	021 464 6080
<b>Email address:</b>	info@oaklodgenursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	B & D Healthcare Company Limited
<b>Provider Nominee:</b>	Diarmuid Ó'Dálaigh
<b>Person in charge:</b>	Sharon Haynes
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	62
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 08 May 2014 11:30 To: 08 May 2014 19:30

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

Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection by the Health Information and Quality Authority of Oaklodge Nursing Home, which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the provider had attended an information seminar. The centre had received evidence-based guidance and had undertaken a self-assessment in relation to both outcomes.

The person in charge has been recently appointed and had completed the self assessment questionnaires. The inspector reviewed relevant documentation prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medication management charts, menus and also records pertaining to deceased residents.

The inspector spoke with residents and relatives and they all expressed a high level of satisfaction with the food, the times of meals and the overall care in the centre. The inspector was present at dinner time and teatime and assessed the food and the dining experience with the residents. Residents expressed how happy they were in the centre and were complimentary of the food and of the staff. Overall, the inspector noted that an inclusive environment existed in the centre which resulted in a positive environment for the residents.

There was evidence that the findings of the self-assessment questionnaires were being implemented. Staff exhibited an in-depth knowledge of the residents and their needs. They were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity.

The provision of end-of-life care was assessed through interviews with staff, residents and relatives as well as information in the care plans of residents in the centre at present. The inspector also viewed information in the care plans of residents who had died in recent months.

The person in charge had concluded that the centre had a minor non-compliance with regard to end-of-life care and minor non compliance with regard to food and nutrition. The inspector's findings correlated with the self-assessment questionnaire results as regards end-of-life care but found the centre to be in full compliance as regards nutrition in line with the Regulations set out by the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

Of the ten next of kin questionnaires sent out by the person in charge on behalf of the Authority, six had been returned prior to inspection.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There were written operational policies and protocols in place for end-of-life care in the centre. This had recently been updated and was in the process of being circulated to staff. Staff with whom the inspector spoke were aware of the fact that the policy had been updated and were knowledgeable of how to support residents and families at the end-of-life stage. The policy offered guidance for staff in caring for the holistic needs of the resident at end-of-life as regards oral care, pain control, skin care, psychological and spiritual care. Instructions on the use of subcutaneous fluids were included. There was also detailed information on caring for the needs of residents with diverse religious backgrounds. The procedure for staff to follow, when preparing the body of the deceased person, was outlined in detail in the policy and there was emphasis placed on the need for respect to be shown at this time.

The inspector spoke with the provider, the operations manager, the person in charge, the nursing staff, care staff, administration staff, laundry and kitchen staff. They told the inspector how they would care for the residents and relatives at the end-of-life stage. The inspector viewed the training records for the centre. This training was not up to date as there were new additions to the care team since the previous training course. The person in charge outlined her plans for end-of-life training to be undertaken inclusive of all grades of staff in the centre.

A comfortable sitting room was available for family and friends to use as an overnight facility or they had the option of staying in the room with their relative. Facilities were provided for relatives to have refreshments and snacks from the kitchen as well as from the staff in the centre. Open visiting was facilitated at the end-of-life stage. A single room could be availed of for a resident if this was necessary.

The inspector reviewed a sample of care plans of deceased residents and noted that the residents were regularly reviewed by the general practitioner (GP) and that appropriate attention and care was given. There was evidence that medication and pain control

were regularly reviewed and closely monitored by the GP. The inspector read that the specialist palliative care services had been availed of. There were also indications that the relatives or staff were present with the resident and that the staff had provided emotional, psychological and physical care to the person at the end-of-life. Spiritual needs had been attended to, where required.

The inspector also viewed the care plans of some residents who were receiving palliative care on the day of inspection. The inspector observed that there was evidence that the GP and the person in charge had discussed end-of-life wishes with either the resident or the relative, where appropriate. The care plans revealed that assessments were in place to ensure good oral care, skin assessments and pain control as well as fluid and nutritional intake for these residents. Staff, with whom the inspector spoke, explained the importance of good care at the end-of-life and how they would assess the residents' needs in the event that the residents were unable to communicate verbally. Residents also told the inspector that they felt their wishes would be respected by staff in the centre if they were to become ill or their needs changed. There was evidence in the care plans that discussions had been held with residents and the GP about CPR (Cardio-Pulmonary Resuscitation) and this was signed by the resident and the GP or signed on their behalf.

The option of a resident being facilitated to return home in the event of expressing a wish to do so was discussed with the person in charge. The person in charge said that every effort would be made to ensure this could happen and she explained to the inspector that she had experience in her previous post which would be useful if such a request was made. However, a visitor with whom the inspector spoke, said that the centre is now considered to be "home" by his relative. The inspector later spoke with this resident who confirmed that the centre was her home now and she felt that any wishes she had would be facilitated by the staff and her GP. There was no documentation seen by the inspector, which supported any discussion with residents about preferred place of death, apart from two instances outlined by the person in charge.

The inspector saw documentation which indicated that 98% of residents, who died in the previous two years, were facilitated to die in the centre.

There were processes in place to ensure involvement of staff and families in end-of-life planning, when this was required. The person in charge described to the inspector how the staff ascertain the residents' wishes for their future care. She explained how the families are consulted in the process, if the resident consents to this. The inspector noted that on most occasions these wishes were not recorded in the residents' care plans. The person in charge outlined her plans to ensure that staff are trained in this process before end-of-life care planning is introduced. This was currently under review and the inspector viewed minutes of meetings which indicated that the staff were discussing this.

The inspector spoke with some relatives who had been involved in planning for the future needs of their residents. They expressed that they found the staff to be very supportive of them in making what they felt were very emotional decisions. One relative explained that she was supported in the decision making by a member of her family as

her relative was no longer able to participate in the discussion. The GP was available for advice for all those involved. The inspector viewed the care plans of the resident involved and saw that the discussion and wishes had been documented and signed.

The inspector spoke with residents who said that they were included in the services when a resident passed away and that there was a traditional religious service one month after the death. One resident said that this was the saddest aspect of life in a nursing home as many of his friends had died. He did not wish to discuss his own plans but was happy that if his needs changed the staff will continue to care for him and the decisions will be made about his medical needs by the staff and the GP. This resident said that he missed the families of those who died also, as they had been a connection to life in the community outside the nursing home.

A remembrance service was held regularly in the centre and staff, residents and families attended this. Families could request an individual service for their resident. There was an oratory in the centre and the inspector saw that the door to this was always open for staff, residents and relatives. There were suitable books and information available in the oratory. The person in charge said that it was planned to augment the choice on offer to include advice on bereavement and counselling services.

The person in charge stated that when a resident died in the centre the family or representatives were given verbal advice on what to do following the death. Staff and other residents were supported following a death of a resident according to the self assessment questionnaire and this was confirmed to the inspector as above, in discussion with the staff and residents.

Clothing inventories were maintained and the centre had a specific protocol for the return of residents' clothing to the family. The person in charge explained to the inspector that this was always done in a sensitive and thoughtful manner. The inspector spoke with a laundry staff member who explained how the resident's clothes are packed following death. A member of the cleaning staff told the inspector that she would always be aware of the need for respect and privacy for the resident and the relatives at this time.

The inspector reviewed the next of kin questionnaires distributed to relatives of deceased residents, by the provider, on behalf of the Authority. All the questionnaires returned to the Authority indicated that the care given to the residents and their relatives was very thoughtful and that they were enabled to be involved in the care process. The relatives felt that they had been consulted on the removal of the body and that the staff were respectful in their care and their interactions after the death.

### **Outcome 15: Food and Nutrition**

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

#### **Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the self-assessment questionnaire for the centre and the policies on nutrition, mealtimes and hydration. These were found to be relevant and comprehensive but required some updating to reflect further good practice.

The inspector viewed training records which indicated that some staff had attended training. These education sessions were to be sourced for all staff on aspects of diet and nutrition from a dietician and a speech and language therapist (SALT).

The inspector observed mealtimes including dinner at 13.00hrs, afternoon tea at 15.30hrs and the evening meal at 17.00hrs. The inspector sat at the dining table at the invitation of a group of residents. They told the inspector that they were very happy with the choice of meals on offer. The residents spoke with the inspector about their satisfaction with the time at which meals are served as well as the fact that their choice of dining venue was respected.

On the day of inspection the inspector noticed that there were two choices on the menu at dinner time and the inspector sampled the food on offer. It was served hot and was very well presented. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes. 55 residents utilised the main dining room and the staff ensure that these residents maintain their independence by preparing their food in an individualised manner. Residents having their meals were appropriately encouraged and were seen to receive their meal in a timely manner. Gravy was served separately. Second helpings were readily available. After dinner, residents were offered a choice of desserts and tea or coffee. The inspector noted that the residents having coffee were given sachets of coffee and of sugar, which they then opened and mixed individually, with the pot of hot water provided. Residents having tea were given individual small pots.

Residents requiring full assistance were seen dining in a separate dining space. A staff member was assigned to sit at each dining table in this room with the resident requiring assistance. The inspector observed that the staff members were assisting the residents carefully and in a respectful manner. The inspector spoke with residents in this room who said the food on offer was appetizing and the staff told the inspector that they were aware of the actions to take if resident appeared to be choking. Cutlery was appropriate to the needs of specific residents and the inspector noted that gravy was served separately here also. The modified diets on offer were served in an appetising manner, However, these residents were not afforded a choice as the chef explained how certain meats were easier to blend to the required consistency than others. The chef explained how the residents' preferences are always ascertained when preparing this food also.



The dining room was bright and spacious. The residents were able to dine with dignity and there was plenty of space between the tables. The tables were nicely decorated and the crockery and cutlery were of good quality. Each table had a menu displayed in an easily read format and flower arrangements were on display. The menu was also displayed on a large blackboard placed at eye level and written legibly, for all those in the dining room. The inspector spoke with the residents who indicated that they were able to read it, as well as the menu card.

Snacks and hot/cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector reviewed records of residents' meetings chaired by the centre's advocate. It was evident that issues raised by residents, as regards to food, were addressed. The person in charge informed the inspector that the residents had recently carried out their own survey into the consistency of the vegetables and that changes were undertaken as a result of the survey. The residents also spoke with the inspector about this. The inspector saw evidence of this discussion in the minutes of the residents meetings and the chef explained the changes made to the inspector.

The complaints log was also reviewed and there was evidence that any complaints concerning food were acted on promptly and the complainant's satisfaction with the outcome recorded. This was verified by the inspector on reviewing the minutes of the residents' meetings where feedback was always given to the residents.

The inspector spoke with the chef who said that she regularly met with the person in charge and the clinical nurse manager (CNM) to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information, including a copy of the most recent assessments carried out by the speech and language therapist, the dietician and a record of residents' food preferences. The chef and the kitchen staff indicated that they received relevant training in food safety and HACCP (food hygiene). The inspector saw these records in the training file. The chef also showed the inspector her arrangements for segregating the gluten free food and the diabetic food. She also informed the inspector that all sauces and gravies are gluten free. The chef explained to the inspector how she ensures that the diet is nutritious by having a variety of meat, vegetables and fruit sourced from a reputable supplier, as well as providing home cooked bread and cakes. The inspector saw that there was good communication between the chef and the staff about visits from the dietician, whom the chef said would suggest supplements or fortified food if a resident had nutritional issues. There was a four weekly menu rotation in place and the chef stated that if a resident did not like what was on the menu, an alternative was available.

There was evidence that ample choice was available for lunch and the inspector heard residents indicate their individual choices to the staff. Staff were seen to be attentive and knowledgeable about the residents and were able to tell the inspector how they would cope with a resident who had swallowing difficulties. It was evident to the inspector that the individual resident's preferences and habits were known to staff and accommodated by them.

Documentation submitted to the Authority indicated that:  
32 residents were on a puréed/mashed diet

21 residents were on nutritional supplements  
7 residents were on a diabetic diet  
1 resident was on a gluten free diet.

This was confirmed by the person in charge on the day of inspection.

A sample of medication administration charts and care plans were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP. If a resident was not able to eat the food on offer or was judged by the dietician to need nutritional support she suggested the type of supplement to be given. The inspector saw these supplements being given to the residents and saw that they were documented as administered, by the nursing staff. Care plans were in place for residents with swallowing difficulties or other nutritional need.

Subcutaneous fluids were also an option which could be availed of for residents who were not able to partake of oral fluids. Fluid and food records were maintained for residents on a daily basis.

The inspector also joined a different group of residents for tea and observed that mealtimes were seen by the residents as social occasions. Residents were seen to engage in conversation with each other. They spoke to the inspector about their lives in the home and how the fact that each had a single room was helpful in making the transition from home. All the residents at the table were seen to eat a variety of food and they were offered home-made cake afterwards.

The evening meal was served from 17:00hrs onwards and the inspector observed that there was a choice of menu on offer, as well as a selection of home baking. The residents told the inspector that they would have tea and a snack at 20.00hrs and that food was available on request at any time of the day or night. This was confirmed to the inspector by the staff nurses and care attendants.

All residents had access to dietary, dental, as well as speech and language services and there was evidence of this in the sample of care plans reviewed. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. Residents with diabetes were provided with the appropriate diet and a comprehensive care plan was in place. If a resident was seen to be at risk of dehydration a 24hr monitoring of fluid intake chart would be commenced.

Training for staff in dysphagia (difficulty in swallowing) was not documented. Oral care assessments had been carried out for some residents. Care plans were in place to provide guidance on oral hygiene. Staff spoken with by the inspector were knowledgeable on this subject.

While residents were not in a position to prepare their own food there was availability of food and drink throughout the day. The inspector observed afternoon tea and cake being served to residents and family members at 15.30hrs as they sat together enjoying

a concert performed by children and their teachers from a local school. This had been planned as part of the Bealtaine (May) festival. The inspector noted that the dietary needs of residents with diabetes and with coeliac disease were accommodated by providing separate snacks appropriate to the needs of these residents. Staff were present here also to observe and support those residents requiring assistance.

### **Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**  
Workforce

**Judgement:**  
Non Compliant - Minor

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

No actions were required from the previous inspection.

### **Findings:**

Training for staff on end-of-life care and on aspects of nutrition and dysphagia had not been offered or undertaken by all staff.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Oaklodge Nursing Home
<b>Centre ID:</b>	ORG-0000261
<b>Date of inspection:</b>	08/05/2014
<b>Date of response:</b>	30/05/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 14: End of Life Care

**Theme:** Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The wishes of residents as to their choice of place of death, to include the option of returning home, were not recorded in their care plans.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Care Planning Policy Revised, May 2014. This now includes an End of Life Domain, with a list of questions to prompt the Staff Nurse when completing the care plan, including asking the resident/family/carer as appropriate if they have a preference to be transferred to a single room if available, hospital or the option of returning home.

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

**Proposed Timescale: 30/06/2014**

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Staff required training in end-of-life care and in aspects of nutrition to enable them to provide care in accordance with contemporary evidenced based practice.

**Action Required:**

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

Dysphagia, MUST, and Hydration and Nutrition training days booked for 25/06/2014 and 09/07/2014.

Whilst most staff have completed training in aspects of End of Life, all sectors of staff will be incorporated into a programme of training, as appropriate.

The Person in Charge and Clinical Nurse Manager and a Staff Nurse have the Marymount Hospice 5 day Palliative and Bereavement Course complete. End of Life Care Training Presentation is planned by these members, for the benefit of all sectors of staff in Oaklodge. A DVD from the IHF "a wish" and "A Journey to End of Life" will be made available to all staff.

**Proposed Timescale: 30/09/2014**