**Centre name:** Oakdale Nursing Home  
**Centre ID:** OSV-0000690  
**Centre address:** Kilmalogue, Gracefield, Portarlington, Offaly.  
**Telephone number:** 057 864 5282  
**Email address:** life@oakdale.ie  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Oakdale Partnership  
**Provider Nominee:** Valerie Moore  
**Lead inspector:** Gary Kiernan  
**Support inspector(s):** None  
**Type of inspection:** Announced  
**Number of residents on the date of inspection:** 53  
**Number of vacancies on the date of inspection:** 5
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 02 September 2014 10:00
To: 02 September 2014 20:00

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

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

Summary of findings from this inspection
This monitoring inspection was carried out in response to an application from the provider to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed.

The inspector found that there continued to be a high level of compliance with the requirements of 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. The inspector
observed examples of good practice in all areas which resulted in positive outcomes for residents. There was an effective system of governance and management in place. The person in charge also held the role of nominated person on behalf of the provider.

The healthcare needs of residents were met to a high standard and residents had prompt access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day. The premises was very well maintained and met the needs of the residents to a high standard.

A risk management process was in place for all areas of the centre. The centre’s policies and procedures for medication management protected residents. Staff respected the privacy and dignity of residents and residents had a say in the running of the centre. There was evidence of good practice in relation to the recruitment of staff and staff numbers and skill mix were appropriate to meet the needs of residents.

The dining experience was well managed; however some improvement was required in order to offer choice and variety to residents at each meal time. Other areas of improvement related to the provision of mandatory training for staff in fire safety and protection of older persons. Some improvements in the care planning process were also identified.

These matters are discussed further in the report and in the Action Plan at the end of the report.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.
The management structure was clearly set out and reporting relationships were understood by the staff, residents and relatives. The person in charge and her team monitored key performance indicators closely and this information was discussed at regular management meetings in order to identify any trends or areas where further resources needed to be focussed. The inspector found that the centre was appropriately resourced in order to deliver care in accordance with the aims and objectives set out in the statement of purpose. There was appropriate equipment and staffing to meet the needs of residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

There was a robust auditing system in place which was implemented and led by the person in charge and her assistant director of nursing (ADON). The system was aimed at monitoring and improving the safety and quality of care. The inspector was shown a number of audits which had been carried out in areas such as nutrition, the use of restraint, end of life and complaints. The inspector found that remedial action was taken where areas of improvement were identified. For example, in response to the falls audit, the person in charge had implemented a new colour coded signage system in order to discretely alert staff to those residents who were at a higher risk of falling. The inspector found that this system provided for a proactive approach to the management of residents’ care needs.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**

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

**Theme:**
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they provided residents with a satisfactory level of information about the services which they could expect to receive and the fees payable. The contracts reviewed by the inspector had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. Charges for additional services not included in the weekly fee were also indicated.

The provider had developed user friendly guide to the centre which was available to all
residents. This guide was written in an easily-understood way and included information on the accommodation provided, the fire safety measures in the centre and complaints process.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This outcome was met in full. The arrangements for the post of person in charge fully met the requirements of the Regulations.

The person in charge demonstrated her clinical knowledge and professionalism throughout the inspection. An interview was held with the person in charge where she demonstrated a thorough understanding of her roles and responsibilities, both as person in charge and as the nominated person on behalf of the provider. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a thorough understanding of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the service for residents. She had in-depth knowledge of each of the residents’ individual clinical and social care needs and she had systems in place to ensure that these needs were met on a consistent basis. Staff, residents and relatives spoke very highly of the person in charge and stated that she was supportive, caring and available to them as and when they needed to consult her.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as nutrition, dementia, medication management and palliative management. She had also recently completed a management course in the care of older persons.

The person in charge was supported in her role by the ADON and one of the senior nurses. Both of these staff members participated fully in the inspection process and were spoken to by the inspector. Both of these persons knew the residents very well and demonstrated a strong knowledge of their roles and responsibilities under the Regulations.

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place.

Residents’ records were maintained up-to-date and were stored securely. These records were retained for seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to guide practice. The policies and procedures had been recently reviewed and updated and the inspector found that they were centre specific. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of satisfactory insurance cover was seen by the inspector.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
**Findings:**

**Absence**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**

Compliant

**Outcome 07: Safeguarding and Safety**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse; however some improvement was required with regard to staff training in this area. All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the person in charge if they had any concerns.

A policy relating to the prevention and detection of elder abuse was in place and had been updated in July 2014. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and nursing staff demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event of any suspicions or that any allegation of abuse was made. Records were maintained indicating that all staff members had read and understood the policy and staff spoken to by the inspector demonstrated good knowledge and awareness in this area. However, sixteen staff members did not have up-to-date mandatory training in this area in accordance with requirements.

The inspector reviewed the systems in place for safeguarding residents’ money and found evidence of good practice. The person in charge was responsible for safekeeping a small amount of money for some residents. Small amounts of money were securely maintained. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.
Judgment:
Non Compliant - Minor

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

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that procedures were in place to promote the health and safety of residents, staff and visitors; however, improvements were required in the area of fire safety.

There was a risk management policy which addressed all the risks specified in the Regulations as well as the centre specific procedures in place for the identification and management of risk. There was a safety statement in place and the associated risk register outlined the controls in place to manage areas of risk such as the fire and infection control. There were minutes in place to show that issues regarding health and safety were discussed at regularly health and safety meetings and at staff meetings.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. The staff members, spoken to by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that fire safety training had taken place for the staff in March 2014 and records were also in place to show that regular fire drills took place on a monthly basis. However, 19 staff members had not attended up-to-date mandatory training in fire safety. The inspector noted that further staff training was scheduled for October 2014.

The inspector also reviewed the records with regard to servicing of fire safety and prevention equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits, emergency lighting and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent reoccurrence.

The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and colour coded system to alert staff were in place. The
inspector reviewed the records of a resident who had a recent fall. The resident had an appropriate care plan in place which was being implemented, a falls diary was in place and post fall assessments were carried out. Medication reviews were also routinely carried out as part of this post falls review process. All residents who had a fall were referred to the physiotherapist for review.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation and foreseeable emergencies such as loss of heat and power. The plan provided detailed information with regard to evacuation procedures and alternative accommodation.

A small number of residents were smokers. A smoking room was provided and the inspector observed that smoking aprons and fire blanket were provided in this area. The inspector saw that residents who smoked had a risk assessment carried out in order to determine any supervision or safety requirements which they required.

The training matrix showed that staff had up-to-date training in moving and handling. Residents’ moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were discretely displayed for staff.

Judgment:
Non Compliant - Minor

### Outcome 09: Medication Management
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that each resident was protected by the designated centres’ policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy. The timings for the administration of medication were not sufficiently specific. However, the
inspector noted that this matter had been identified as part of the internal medication audit in the centre and steps were being taken to address this.

Staff had received training and regular staff competency assessments in medication were conducted to ensure compliance with the centre’s policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out.

**Judgment:**
Compliant

### Outcome 10: Notification of Incidents
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained
by a high standard of evidence-based nursing care and appropriate medical and allied
health care. Some on-going improvement was required in the area of care planning.
The arrangements to meet each resident’s assessed needs were set out in an individual
care plan with evidence of resident or relative involvement at development and review.
The inspector followed up on an action from the previous inspection in relation to care
planning and found that while some improvements had been made, a number of the
care plans were not sufficiently detailed in order to guide the care of the resident. For
example, the case of a number of residents who had been seen by allied health care
professionals such as the dietician, the care plans had not been updated further to
recommendations being made by these professionals. While the inspector observed that
staff were aware of these instructions and they were being carried out, there was a
potential for negative outcomes for residents due to the lack of detail in some of the
plans. The person in charge undertook to address this.

The inspector reviewed the management of clinical issues such as wound care,
nutritional care, falls management, dementia care including the management of
behaviours that challenge and the use of restraint and found they were in accordance
with evidence based practices and guided by robust policies. There was very good
access to appropriate medical and allied health care services for residents.

There was a varied and interesting activities programme. Each resident has
opportunities to participate in meaningful activities and the activity programme was
based on residents’ interests and capabilities. Regular outings were organised for the
residents and residents commented very favourably about a recent visit to a military
museum. Residents also said they enjoyed visits to a nearby pub. Other activities
included music sessions, baking and bingo. A number of activities coordinators were
employed to support residents interests and activities on 7 days each week. One on one
activities and specialist communication activities were organised for residents who had
dementia.

Judgment:
Non Compliant - Minor

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets
residents’ individual and collective needs in a comfortable and homely way. The
premises, having regard to the needs of the residents, conform to the matters set out in
Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres
for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the physical environment was purpose built and met the needs of residents to a high standard.

The majority of bedrooms were single rooms with five twin rooms provided. Full en suite shower, toilet and wash hand basin were provided in all bedrooms. The inspector visited a number of bed rooms and found that they were comfortable, well decorated and had been personalised with residents’ possessions such as family pictures. Call bells were provided and were within easy reach of beds. Residents and relatives, spoken to by the inspector, expressed a high degree of satisfaction with the standard of accommodation provided.

The inspector was satisfied that there was a variety of suitable and interesting communal and sitting areas for residents. The large combined seating and dining area was bright, spacious and was nicely decorated with homely features such as a large kitchen dresser. A bright and modern reception area also provided an alternative seating area for residents. Three further sitting rooms were provided where residents could meet guests in private. In addition an oratory was provided and residents stated that they greatly appreciated this facility. Grab rails and hand rails were provided in all communal areas. A high standard of hygiene was observed throughout.

In addition to the landscaped gardens which surrounded the centre there were two safe and secure patio gardens where were attractively maintained with raised beds and a water feature. Both were directly accessible to residents and the inspector observed many residents making use of these areas during the inspection. A vegetable patch was also provided to the rear of the centre and a number of residents took an active interest in the planning and maintenance of this feature.

Appropriate assistive equipment was provided to meets residents’ needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were regularly serviced. There was a lift to the first floor.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in these areas. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant’s level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they could raise any issue with the person in charge without difficulty.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
The inspector found evidence that end of life care was well managed.

The inspector found that staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. The inspector reviewed a number of resident’s files and found that end of life care plans had been developed for those residents who required them. There was consultation with residents with regard to the development of these plans and there was an emphasis on meeting the spiritual needs of residents. Residents’ preferences with regard to end of life were recorded.

The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. The inspector reviewed the records of a resident who was receiving end of life care and spoke to family members. The inspector found evidence of good practice including systems in place to manage pain and provide for the physical, spiritual and psychosocial needs of the resident. There was good access to the GP and the palliative team for the
The resident was cared for in a single room and family members gave positive feedback concerning the care given to their loved one.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were facilities for families to stay overnight if required and visitors kitchen was provided where visitors could make tea and refreshments. The inspector read a very informative leaflet for relatives which the person in charge had developed in order to support families at this time.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that there was good practice in relation to the management of resident’s nutritional needs; however, some improvement was required in order to ensure that a choice of varied foods was offered to all residents.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice of main meal and residents said that individual preferences were readily provided for. Residents said that they enjoyed the curries and pizzas which were often included as part of the menu options. However, the inspector was not satisfied that residents who required modified consistency or soft diets had the same choice and variety of meals as other residents, especially for the evening meal. The inspector was concerned that nine residents who required a soft diet were being offered milk pudding for the evening meal. This matter was brought to the attention of the person in charge who undertook to address the matter.

The inspector saw residents being offered a variety of drinks throughout the day. The minutes of a recent staff meeting showed that staff had been instructed to spend time after each meal offering residents additional fluids. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors. As highlighted under outcome 14 there was a visitors kitchen available to facilitate relatives and visitors to make tea and coffee and other snacks.

Regular nutritional assessments were carried out by the nursing staff in order to identify
any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this. The recommendations from these professionals were included in the care plans.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents’ dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents’ preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this and the person in charge discussed ways in which she was planning to develop this area. Residents who required assistance with their meals were aided in a respectful manner.

Judgment:
Non Compliant - Moderate

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence that staff respected the resident’s privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents’ religious and spiritual beliefs were respected. Weekly mass took place in the centre and the ministers from other faiths also visited the centre on a weekly basis. Residents had access to the oratory whenever they wished and weekly prayers also included as part of the activities programme.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous and respectful manner.

There was frequent informal consultation with residents regarding the operation of the centre and regular residents' meetings were held. These meetings were recorded and any issues raised by residents were acted upon. For example, residents requested to go
on a shopping trip at the last meeting and the inspector saw that steps were immediately taken to organise this.

The provider had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and also facilitated residents to go out to vote.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported to leave the centre independently and visit family and friends. Residents had access to newspapers and television was provided in each bedroom. A computer with internet connection was provided for residents in one of the smaller sitting rooms.

**Judgment:**
Compliant

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### Outcome 17: Residents’ clothing and personal property and possessions

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

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that adequate provision had been made for the management of residents’ personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. The inspector saw that this list was regularly reviewed and kept up to date.

**Judgment:**
Compliant
### Outcome 18: Suitable Staffing

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters and found evidence of good practice. Nursing cover was provided 24 hours each day. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents’ needs.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that training had been recently provided for staff and this included nutrition, infection control, continence promotion and medication management. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff. Staff reported that they enjoyed their work in the centre and felt fully supported by the person in charge and other staff in the centre.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

**Judgment:**

Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakdale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000690</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>02/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29/09/2014</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some staff members did not have up to date training in protection and safeguarding.

Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
<th>Training in the detection and prevention of Elder Abuse has been organised.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Timescale:</strong></td>
<td><strong>31/10/2014</strong></td>
</tr>
</tbody>
</table>

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

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some members of staff had not attended up to date training in fire safety and prevention.

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

**Please state the actions you have taken or are planning to take:**
All staff received training in 2013 and further training in Fire Safety Prevention had previously been scheduled for October 2014.

**Proposed Timescale:** **31/10/2014**

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

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A number of care plans were not updated and revised when there was a change in the condition of the resident.

**Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Information from the Dietician and Speech Therapist has now been updated on each residents’ careplan.

All nurses will receive additional training in care planning by 30.11.14.

All care plans will be audited by 30.11.14.
Proposed Timescale: 30/11/2014

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangements for offering a choice of meals to residents on a modified diet were not satisfactory.

Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
The arrangements for offering a choice of meals to residents on a modified diet were immediately reviewed by the person in charge in conjunction with the head chef.

The residents on modified diets receive the same choice as the residents on normal diets.

However, we have 2 – 3 residents who continue to enjoy a milk pudding at tea time, at their own request.

Training for all caring and kitchen staff has been organised in the following areas:

1. Onsite training will be provided by Abbott on 16/10/14 covering dysphagia and basic nutrition.
2. Staff will be supported to avail of on line courses in malnutrition – detection and screening, swallowing difficulties, nutrition and diabetes, food fortification, nutrition and constipation and basic nutrition.

The person in charge meets with the head chef each morning to discuss the menu and choices of the day.
The person in charge monitors the meal choices of the residents with an emphasis on those residents who require modifications to their diets.

Proposed Timescale:

Training will be complete by 30.11.14

The person in charge will audit the meal time experience of all residents by 30.10.14

Proposed Timescale: 30/11/2014