

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oakdale Nursing Home
Centre ID:	OSV-0004454
Centre address:	Kilmalogue, Gracefield, Portarlinton, 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 Nursing Home Ltd
Provider Nominee:	Valerie Moore
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 September 2016 09:30	14 September 2016 19:00
15 September 2016 08:30	15 September 2016 13:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 09: Statement of Purpose		Compliant
Outcome 10: Suitable Person in Charge		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the registration inspection in September 2014. There were four actions required in the action plan from the previous inspection and all were satisfactorily completed.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best

practice in dementia care and the inspection process.

Prior to the inspection, the provider nominee and person in charge completed the provider self-assessment and scored the service compliant or substantially compliant against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Overall, the inspector found 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 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector met with residents, relatives and staff members during the inspection and tracked the journey of four residents with dementia within the service. The inspector observed care practices and interactions between staff and residents including those who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

The inspector observed numerous examples of good practice in areas examined which resulted in positive outcomes for residents. The living environment was stimulating and also provided opportunities for rest and recreation in an atmosphere of friendliness.

There was an effective system of governance and management in place. A change in the person in charge had occurred since the last inspection. However, the previous person in charge retained the role of nominated person on behalf of the provider. Both were working and present during this inspection.

On the day of inspection 22 of the 58 residents in the nursing home were deemed to have a dementia related condition or cognitive impairment. Twelve of these residents had a formal diagnosis of dementia. The nursing home did not have a dementia specific unit.

Staff training was prioritized and staff were skilled and knowledgeable to support residents and their families and to provide person-centred care. Social networks and family involvement was fostered. Positive care was observed during the formal and informal observation periods. Residents were valued and there was good support for them to engage in meaningful activities with sufficient staff members rostered seven days of the week. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do daily.

The premises, gardens and courtyards were very well maintained and met the needs of the residents to a high standard. The inspector noted good use of tactile and contrasting colour in the décor and furnishings to enhance the environment for people with dementia.

The healthcare needs of residents were met to a high standard and residents had

timely access to general practitioner (GP) services and to a range of other allied health professionals. Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. Evidence-based nursing care was provided and health and social care was promoted. There was evidence of good interdisciplinary approaches in the management of behavioural and psychological signs of dementia (BPSD) with positive outcomes for residents. The service functioned in a way that supported residents' to lead meaningful lives.

Measures were in place to protect residents from being harmed or abused, however, an improvement required during the inspection was to ensure all rostered staff working with residents had a declaration of Garda vetting. This was addressed on the first day and a subsequent written declaration and assurance was provided to HIQA that all staff working and rostered in the nursing home had completed Garda vetting.

The findings are discussed in the body of the report and requirements are outlined in the action plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. The social care of residents including those with dementia is reported in Outcome 3.

The self assessment tool (SAT) completed on behalf of the provider was rated substantially compliant in this outcome with ongoing actions highlighted in relation to promoting choice, assessment of risk and collective decision making.

The inspector focused on the experience of residents with dementia and reviewed the journey of four residents from their admission. Specific aspects of care such as nutrition, wound care, mobility, access to health care and supports, medication management, end of life care and maintenance of records were included in the review.

The admission policy was reflected in practice. Arrangements were in place to support communications between the resident and their family, significant others, and or the acute hospital and the nursing home. The person in charge or deputy visited prospective residents in hospital or in their home prior to admission. A comprehensive pre-admission assessment was completed and retained to inform each admission. The arrangements in place gave the resident and or their family an opportunity to meet in person with the person in charge or deputy and to provide information about themselves and and assess or determine if the nursing home could adequately meet the needs of the resident. An option to meet other residents and staff prior to admission was also facilitated.

Systems were in place in relation to transfers and discharge of residents and hospital admissions. The inspector examined the records of residents who were transferred to and from hospital and found that appropriate information about their health, medications and their needs in relation to activities of daily living were included in the transfer documentation.

Residents' records included a copy of their hospital discharge letters and their medical and nursing assessments. However, a copy of the Common Summary Assessments (CSARS) which details assessments undertaken by professionals such as a geriatrician, a

medical social worker and community nurse for residents admitted with 'Nursing Home Subvention Scheme' support was not routinely requested to inform admissions. As a result, an improvement required included accessing and or requesting a copy of the CSARS for future prospective residents.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's dependency level, risk of malnutrition, falls and their skin integrity. An assessment of the level of cognitive impairment of residents admitted with a diagnosis of dementia was available and recorded. An assessment of resident's cognition using a validated tool formed part of the admission, follow up or review process undertaken.

Arrangements were in place to meet the health and nursing needs of residents including those with dementia. Timely access to a general practitioner (GP) and allied healthcare professionals including physiotherapy, dietetic, speech and language, tissue viability, continence advisor, dental, ophthalmology and podiatry services were facilitated on a referral basis. Referral or access to occupational therapy (OT) was also available. As necessary, resident's seating arrangements had been reviewed by a physiotherapist and or OT to determine the suitability of the equipment in use to promote independence. Great emphasis on rehabilitating residents to restore or maximise their functional capacity was noted and demonstrated. Residents and family members told the inspector about how their well-being and functional capacity had improved since their admission to the nursing home. Involvement of a multi-disciplinary approach to treatment and care had improved the quality of life for many residents.

The inspector was informed and read in records that residents had timely access to mental health services and psychiatry of later life services. From the cases reviewed it was evident that this service was available on a regular basis and was provided as required.

Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Functional assessments were carried out prior to and on admission of residents. Care plans were developed following admission based on the residents assessed needs. Care plans reviewed were current and included personal and identified needs and changing circumstances of residents. Overall the care plans reviewed contained detailed information to guide the necessary care interventions and preferences of residents. Arrangements were in place to evaluate existing care plans routinely and within a four monthly basis addressing the previous inspection requirement. Residents and or family, where appropriate, participated in person or by phone in decisions and care plan review meetings at times of changes or each review interval.

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. Staff provided end of life care to residents with the support of their GP. Community palliative care services and members from resident's religious community were available on referral or request. Care plans that outlined residents' views or decisions made regarding their medical, hospital or acute treatment. Information regarding the will and preference of residents at the end of life was initiated with each resident after their admission to

inform their care plan.

Staff and residents outlined how religious and cultural practices were facilitated within the nursing home. Weekly mass and communion services by the local priest formed part of the weekly routine along with daily prayer services held in the oratory. Staff confirmed that residents of other denominations were supported to practice their religion.

The care of residents with pressure ulcers and or wounds was reviewed. The inspector reviewed wound care for residents and found their care to be appropriately managed that included referral to and review by a tissue viability specialist and or dietic services to promote healing. Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions.

Arrangements were in place to meet the nutritional and hydration needs of residents with dementia. There were systems in place to ensure residents' nutritional needs were facilitated and monitored. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Referrals for review by a dietician and or speech and language therapist were prompted following assessment and reviews.

The inspector saw that a choice of meals was offered and available to residents including those requiring a modified diet addressing the previous inspection requirement. There was a good system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms were unhurried social occasions with attractive table settings. Staff sat with residents while providing encouragement or assistance with the meal observed. Some residents told the inspector they choose to dine in their own bedroom which was facilitated.

There were arrangements in place to review accidents and incidents within the nursing home, and residents were regularly assessed for risk of falls. A system was in place to highlight and communicate the risk rate to all staff.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the medication management policies required review to ensure practices in relation to faxed prescriptions, as required (PRN) medicines prescriptions and reconciliation, general stock checks and returns following a review or discontinuation of a medicine or discharge of a resident were detailed and implemented in practice.

Plans to change the current medicine dispensing and recording arrangements were under review in response to issues and errors found and or reported in medication audits carried out. Medication management improvements in relation to the storage, prescription and recording practices highlighted to staff on day one of his inspection had been addressed by day two.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

The self assessment tool (SAT) completed on behalf of the provider was rated substantially compliant in this outcome.

Systems were in place to manage risk and safeguard residents while promoting their well-being, independence and autonomy. However, an improvement in relation to the completion of garda vetting (GV) for staff prior to working in the nursing home was required. The garda vetting process for one rostered staff member had not been completed which resulted in the roster being adjusted until their GV application was processed and complete. A written declaration and assurance was subsequently provided to HIQA that all staff working in the nursing home had Garda vetting completed.

A safeguarding policy that reflected the principles of the National Policy on 'Safeguarding Vulnerable Persons at risk of Abuse' (2014) was in place.

Training records provided indicated that all staff had training on the prevention, detection and response to abuse entitled 'elder abuse' and this programme of training was available throughout the year as new staff were recruited. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. This demonstrated that the action required from the previous inspection had been addressed.

Risk assessments and reasonable control measures were in place to ensure the safety of residents. The person in charge was well known to residents and visitors and staff confirmed that there were no barriers to raising issues of concern. Residents said they were listened to and treated fairly, and felt safe.

Some residents had responsive behaviours or behaviours that challenge, also known as behavioural and psychological signs of dementia (BPSD). The inspector saw that assessments had been completed and used to inform interventions in residents' care plans, which were reviewed on an ongoing basis. Staff who spoke with the inspector were familiar with appropriate interventions to use. During the inspection staff approached residents with BPSD in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. There was evidence of interdisciplinary collaboration and person centred approaches with positive outcomes for residents.

There was a policy in place for responding to and managing behaviour that is challenging. The policy described practices and procedures to guide staff. Support for staff and training in dementia and behaviours that challenge had been provided to staff across all disciplines.

The inspector reviewed the use of restraint and found that 17 residents used bedrails. On enquiry, the inspector confirmed that eight of the 17 residents had requested the continued use of bedrails which the inspector confirmed with some residents and read in consent records reviewed. The inspector noted risk assessments had been undertaken that were subject to regular review. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Equipment such as low low beds, grab rails and sensor alarms were available as an alternative and seen in use by some residents.

A sample of resident's written and agreed contracts were reviewed that reflected the requirements of the regulations to include the current arrangements, services in place and fees or charges applied. The contracts of care were under review.

Suitable arrangements were in place to ensure transactions regarding resident's personal property and possessions were undertaken by two persons in accordance with the policy.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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 residents' privacy and dignity was respected and that all residents were consulted on a regular basis. A culture of person centred and restorative care was evident and staff worked to ensure that each resident including those with dementia received care in a dignified way that respected their rights.

Staff were familiar with the ethos of the nursing home and knew the residents well, including their backgrounds and personal history which was valued.

There was a residents' committee that enabled residents to attend meetings regularly to voice their opinions in relation to operation of the service. The inspector read that satisfaction surveys were carried out to include important matters such as the quality of care, food and laundry arrangements. Residents told the inspector that daily interaction

with staff providing care, cleaning and catering services enabled them to raise any issues or queries.

Evidence that representatives for residents with dementia were included in decisions and invited to meetings and care plan reviews was seen. If representatives or family members were not available in person, alternative arrangements were in place to ensure that they were consulted as regards the organisation of the nursing home and decisions made following assessments or changes noted.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have meals at a time and in the place that suited them. During the day residents were able to move around the nursing home freely. There was signage to direct residents to bedrooms and bathrooms.

There was a varied and interesting activities programme. Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' interests and capabilities.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room for periods before, during and after lunch time. Observations of quality interactions between residents and staff for the selected periods of time indicated and demonstrated positive connective care. Residents and staff interacted enthusiastically and naturally during periods of observation carried out.

There were four dedicated activity staff members rostered to co-ordinate the weekly activity programme that was provided seven days of the week between 10am and 8pm. Two activity staff were available and on duty during the days of this unannounced inspection. Relatives of residents and volunteers also came to the nursing home to provide specific activities such as exercises, bingo and ball games. During the inspection a group of people from the wider community came to the nursing home to participate in a ball game. This was described and confirmed as a weekly event. The inspector saw that this activity was thoroughly enjoyed by all residents and participants involved. The relative of one resident had responsibility to co-ordinate the weekly bingo which family and other members from the wider community also attended.

The life stories for each resident had been captured and was known by all staff. The inspector read that there was a range of varied activities on the programme and saw items and equipment to support the activities advertised such as arts and crafts, painting, music, films, books, exercise, bingo, quiz games and the knitting club. Residents and staff told the inspector they looked forward to the musician that attended the home weekly. The musician was present during the inspection as scheduled.

The inspector observed and spoke with the activity staff on duty and found that they were very familiar with the preferences, abilities and needs of the residents. One to one activities and activities such as sonas and an imagination gym were available and reported by staff as effective and meaningful for residents with dementia.

Live animals that included a cow and calf, a donkey and dogs had visited residents at the nursing home and more surprise visits by other animals were planned and to continue on a regular basis. These events were of great interest to many residents, particularly those from a farming background. A resident who showed an interest in having a pet cat was accommodated. During the inspection the cat was present with the resident in the resident's bedroom and had access to outdoors. Safety arrangements that included vaccinations and involvement of the vet were provided as required to meet this resident's desire.

Residents were encouraged to be involved and participate in daily activities within the schedule. Weekly group and individual activities aimed at promoting limb movements and prevent falls through exercise to promote strength and balance was provided by staff with or following guidance by allied healthcare professionals.

Overall, the activities available supported the positive impact of integrating traditional and community-based activities, engagement and involvement. Day trips to places such as Croke Park and fun outings were arranged and facilitated for residents. Local events were known and advertised in the main day/dining areas and residents enjoyed regular outings. They told the inspector about the recent trip they enjoyed to Dublin Zoo. Staff confirmed and photographs on display showed a group of 12 residents, supported by staff and family members, during their recent visit to the zoo.

A plan for another group of residents to attend the local theatre event (The Matchmaker) was organized. The inspector was told how residents with varying levels of dependency, needs and abilities were facilitated to attend outings that interested them. Care plans and arrangements were put in place to accommodate residents individual needs which enabled them to integrate and engage within the wider community. Family involvement was also encouraged where available. Residents were up-to-date in current affairs and daily news papers were available.

A record of visitors to the nursing home was maintained, as required. There were many visitors in the nursing home on the days of this inspection and there were a number of areas where residents could meet with their visitors in private. Family members told the inspector they were always welcomed when visiting and were informed and kept up-to-date in relation to residents changing needs.

The Communication policy was resident focused. Access to audiology and optician services was available to promote residents communication needs. Residents with vision and or hearing impairment were referred and reviewed as required, and provided with support aids.

Communication between residents and their family or friends was encouraged with access to post, telephone, information technology and communication devices available. Internet access was available and used by some residents who had lap tops. A communal computer with internet access to facilitate 'skype' was available for use in the visitor's room. Private and mobile telephones were available for personal use.

There were notice boards available throughout the nursing home providing information to residents and visitors. Radio, television and newspapers were available for

information about current affairs and local matters. Staff informed the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities of living.

Hairdressing arrangements were available twice weekly that offered an option of two hairdressers to choose from to support residents personal grooming. Residents were of the varied age range, they were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing.

Residents' rights to refuse and request treatments were respected. The choice of equipment such as bedrails had been requested for use by up to eight residents and was provided following refusal to avail of alternatives available.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was transmitted from the local church and watched by some residents. It was also provided in the nursing home weekly in addition to a communion service by the priest twice a week. Residents of other denominations were supported to practice their religion. There was an oratory in the nursing home which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Independent advocacy services and contact details were displayed to support residents.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front reception hall met the regulatory requirements.

The inspector read the complaints logged and saw that all issues or complaints received had been investigated and any required actions were taken. All complaints logged had been addressed to the satisfaction of the complainant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

The self assessment tool (SAT) completed on behalf of the provider was rated substantially compliant in this outcome.

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the nursing home.

All staff were supervised on an appropriate basis. The inspector saw that an induction programme was in place for new staff which included the provision of relevant information to the staff member and this was signed off once completed. Appraisals also took place on a yearly basis and the inspector saw that when required areas for additional improvement by individual staff members were outlined.

Up to date professional registration numbers were in available for nursing staff. An actual and planned roster was maintained in the nursing home with changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

The training records for staff were reviewed and saw that in addition to the mandatory training in fire safety and prevention, required following the previous inspection, a wide range of relevant training was provided for staff including training in areas such as dementia, managing behaviours that challenge, first aid, cardio pulmonary resuscitation, food and hand hygiene and infection control. The annual training programme up to December showed the intention to run additional relevant courses for all staff on the monthly basis.

Several volunteers and outsourced service providers attended the nursing home and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. Arrangements were in place to ensure volunteers were vetted appropriate to their role. Their roles and responsibilities were set out in writing as required by the Regulations and were subject to review.

There was a recruitment policy in place. Improvement was required regarding the documentation and a declaration of Garda vetting relating to one staff file from the sample of five reviewed which is reported in outcome 2.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The self assessment tool (SAT) completed on behalf of the provider was rated compliant in this outcome.

The inspector found that the physical environment was purpose built and met the needs of residents to a high standard. Communal space for residents was suitable for social, cultural and religious activities appropriate to the circumstance of residents.

Oakdale Nursing Home is a purpose built nursing home operational since 2009 with 40 single and nine twin rooms with en-suite facilities. The building was well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There were additional wheelchair accessible toilets located around the building. The nursing home had a number of small day rooms and a large dining room that also functioned as an activity, recreational and day room for some residents at various times of the day. Other communal space included a library and a hairdressing room and smoking room. A visitor's room, a separate visitor's kitchen and an oratory with an entry or exit to the side of the main entrance at the front of the building was also available.

A kitchen, pantry, laundry room, sluice rooms on each floor and equipment storage room, staff changing rooms, nurse's station, staff office and reception desk completed the accommodation. The inspector noted that two suitably furnished internal courtyards that had colourful shrubs, a water feature and raised flower beds that were very popular and used freely by residents and visitors.

There were adequate communal and private spaces that were tastefully decorated. The day and dining area was bright, spacious and well decorated with homely features such as a large kitchen dresser with traditional willow pattern crockery on display. Comfortable seating was provided in the day rooms, dining room, bedrooms, reception and alcove areas.

The building is wheelchair accessible. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working privacy locks and call-bells were evident in all areas.

Dementia friendly signage was in place. In parts examined, the doors into en-suite facilities were in a contrasting colour to the bedroom wall colour. The person in charge discussed features added for residents with dementia that included colour contrasting toilet seats and grab rails to enhance orientation within their personal environment.

Tactile and colourful objects were seen throughout the nursing home in areas where residents occupied. Paintings and colourful collages by residents and photographs of day trips, outings and notable celebrations were on display that was interesting and aided distraction, conversation and reflection.

There was a schedule for ongoing maintenance, repair and servicing of equipment.

In addition to the two internal courtyards there were also well maintained colourful flower bed areas and shrubs to the front of the building and an extensive pathway around the nursing home with a seated area at the rear. Ample car parking was provided at the front.

Judgment:

Compliant

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose that consisted of a statement of the aims, objectives and ethos of the designated centre as a nursing home and a statement as to the facilities and services provided for residents was available.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Statement of purpose was kept under review and had been revised following the change in person in charge this year.

Staff were familiar with the statement of purpose which was reflected in practice.

Judgment:

Compliant

Outcome 10: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

HIQA were notified 25 April 2016 of the change in the person in charge from 9 May 2016. A satisfactory interview was subsequently carried out with the newly appointed person in charge 23 June 2016.

The person in charge was knowledgeable regarding the requirements of the Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. She had a very good knowledge of the health and support needs of the residents and was suitably skilled, experienced and qualified.

The person in charge had maintained her continuing professional development having completed relevant courses in leadership and management, end of life and gerontology.

The person in charge had worked in this nursing home since 2009 and had attended courses such as moving and handling, fire training and the protection of vulnerable adults. She was engaged in the governance, operational management and administration of the nursing home on a regular and consistent basis.

She works in the nursing home on a full-time basis which was reflected in the staff roster received and confirmed by the staff on duty.

The person in charge and the staff team facilitated the inspection process by providing documents and information as required. They had knowledge of residents' care and conditions, and were familiar with their significant others.

Residents and relatives could identify and were complimentary of the person in charge, management and staff members.

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:

Sonia McCague
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 report¹

Centre name:	Oakdale Nursing Home
Centre ID:	OSV-0004454
Date of inspection:	14/09/2016
Date of response:	30/09/2016

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

The medication management policies required review to ensure practices in relation to faxed prescriptions, as required (PRN) medicines prescriptions and reconciliation, general stock checks and returns following a review or discontinuation of a medicine or discharge of a resident were detailed and implemented in practice.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies will be updated to reflect new prescription and medication administration systems.

All Policies are currently under review – complete by January 2017.

Proposed Timescale: 4 Months

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

A copy of the Common Summary Assessments (CSARS) which details assessments undertaken by professionals such as a geriatrician, a medical social worker and community nurse for residents admitted with 'Nursing Home Subvention Scheme' support was not routinely requested to inform admissions.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

CSARS will be requested for all residents accepted for long term care under Fair Deal Scheme.

Proposed timescale: Immediate.

Proposed Timescale: 30/09/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

An improvement in relation to the completion of garda vetting (GV) for staff prior to working in the nursing home was required.

The garda vetting process for one rostered staff member had not been completed

which resulted in the roster being adjusted until their GV application was processed and complete.

A written declaration and assurance was subsequently provided to HIQA that all staff working in the nursing home had Garda vetting completed.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

The Staff member's Garda Vetting was delayed because she spent 1 year overseas. Since inspection it has been completed & submitted to HIQA.

Proposed Timescale: Immediate

Proposed Timescale: 30/09/2016