



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

## Issued by the Chief Inspector

Name of designated centre:	Oakdale Nursing Home
Name of provider:	Oakdale Nursing Home Ltd
Address of centre:	Kilmalogue, Gracefield, Portarlinton, Laois
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0042571

## About the designated centre

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

Oakdale Nursing Home is a purpose-built 58-bed Nursing Home that opened in February 2009. The designated centre is located in the town of Portarlinton, just off Tullamore Road. The designated centre accommodates both female and male residents over the age of 18 years. Residents' accommodation is provided over two floors in 40 single and nine twin bedrooms, all with full en suite facilities. Bedrooms on the first floor are accessible by stairs or a mechanical lift. A variety of communal areas are available to residents, including a dining room, sitting rooms and an enclosed courtyard/garden area. Oakdale Nursing Home is located in close proximity to shops, pubs, restaurants and other amenities. The service employs a physiotherapist, occupational therapist, nurses, carers, activity, catering, household, administration and maintenance staff and offers 24-hour nursing care to residents. Oakdale nursing home caters for residents with long-term, convalescence, respite, palliative and dementia care needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	57
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 February 2025	08:35hrs to 16:40hrs	Aoife Byrne	Lead

## What residents told us and what inspectors observed

The inspector found that residents received a good standard of care from staff and management team who knew them well. From what was observed and from what residents said, they were happy with the care and support they received. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. In conversations with the inspector, residents were content about their lived experience in the centre, with comments such as "staff are amazing", "food is beautiful" and "no complaints". A resident spoke how they had been to three different nursing homes and this place was "absolutely heaven".

The designated centre is located in Portarlington, Co. Laois. The centre is registered for 58 residents with one vacancy on the day of the inspection. The centre was purpose built and set out over two floors and was accessible by stairs and a lift. The centre included 40 single rooms and 9 twin rooms, all with en-suite toilet and shower facilities. Residents were able to personalise their own rooms and many contained items personal to that individual. For example, the inspector saw residents' brought some furniture from home and others had a selection of house plants.

Overall, the premises was found to be clean, warm and bright. The centre was in a good state of repair. There was a TV on two corridors which displayed the menus, and activities that took place in the last month with photos of residents enjoying the activities such as skittles, quiz, music and art.

The inspector noted that residents had access to a jug of fresh drinking water in their bedroom and at lunch time there were different choices of meals on offer. Residents said the food was very good, they were very happy with the choice of food served. Lunch was a relaxed affair and, residents were observed enjoying the dining experience. Their independence was promoted with condiments on each dining table. Residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. Staff were available to assist residents with their meals in their bedrooms and in the dining room.

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

## Capacity and capability

Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The inspector followed up on the actions taken by the provider to address improvements following the last inspection in April 2024. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to the regulations assessed. However some areas for improvement were identified as further described in the report.

Oakdale Nursing Home Limited is the registered provider for the designated centre. The provider is part of the Evergreen Care group. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge was supported in their role by an assistant director of nursing, clinical nurse manager, a team of staff nurses, healthcare assistants, catering, housekeeping, laundry, administration, activities and maintenance staff.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of quarterly audits including infection prevention and control, care plan and falls audits. An annual review of the quality and safety of care delivered to residents had been completed for 2023 and the team were in the process of completing the annual review for 2024.

Residents' complaints were listened to, investigated and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if required.

A review of records in relation to contracts for the provision of services found that a new process for adding updates to contracts was in place to ensure that these records were transparent and accurate.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

## Regulation 14: Persons in charge

The person in charge had the relevant experience and qualifications to undertake this role. It was evident that the person in charge knew the residents and was familiar with their needs. They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

## Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations such as next of kin contact details and marital status.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a well defined, overarching management structure in place. Audits observed by the inspector showed they were completed and improvement plans were developed to address the areas for improvement. For example such as issues identified in Regulation 5: Individual assessments and care plans

While the centre had a number of assurance systems in place these required further strengthening in order to be assured of the quality and safety of care:

- Oversight of care planning had not identified issues relating to updates and reviews.
- Further oversight is required in relation to promoting a restraint free environment, this is further discussed under regulation 7: Managing behaviours that challenge.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A review of records in relation to contracts for the provision of services found that the process for updates to contracts required review to ensure that these records were transparent and accurate, for example:

- The fees and bed number for two contracts were amended however it was not clear when this was amended, by whom and whether it was in agreement with the resident or family.

Judgment: Compliant

## Regulation 34: Complaints procedure

A clear complaints procedure was in place and this was displayed prominently in the centre. The record of complaints was reviewed by the inspector. These records identified that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome of their complaint.

Judgment: Compliant

## Quality and safety

The residents living in Oakdale Nursing Home were receiving a good standard of care and attention from a stable team of staff, many of whom had worked in the centre for a long period of time and knew the residents well. It was evident that staff worked hard to ensure that residents' needs were met. However, nursing records particularly residents' assessments and care plans required review, specifically in respect of responsive behaviours.

The inspector found that the issues highlighted in the previous report in respect of infection prevention and control had been addressed. The work required were completed and three new clinical wash hand sinks had been installed. Detergent for bed pan washers were in date and the provider was installing two new bed pan washers on the day of the inspection.

The inspector reviewed a sample of care records, assessments and care plans on the day of the inspection. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition. Care plans were in place addressing the individual needs of the residents, and were updated within four months or more often where required, however further improvements were required to ensure they were person-centred and reflected the current needs of the resident.

Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively supported by staff and staff spoken with knew them well. However, staff's knowledge of the resident's triggers, responsive behaviours and diversional therapies were not reflected in their responsive behaviour care plan.

The centre had a restraints register in place to record the use of restrictive practices in the centre. There was no evidence that alternatives were trialled and documented

for residents who had restraints such as bed rails or bracelet alarms in place. This is discussed further under regulation 7: Managing Behaviours that challenge.

The inspector observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. For those taking a modified diet, the food was presented neatly, as a result, the resident could identify the different food groups on their plate.

### Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties were supported to the best of their ability to communicate freely. Each resident who was identified as requiring specialist communication requirements, had these clearly documented in their individual care plan.

Judgment: Compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control practices were good. Staff spoken with had a good knowledge of infection prevention practices and inspectors saw that three additional clinical wash hand sinks had been installed and these were accessible to staff.

Following up on the compliance plan from the last inspection:

- The specimen fridge no longer posed a risk of cross contamination and was moved to the nurses station.
- The detergent in the bedpan washers were in date and no longer impacted the efficacy of commode and urinal decontamination.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that while there were good care plans such as communication in place, some required improvement. For example:

- A number of care plans had out dated information and were being used as a chronology. For example information regards a chest infection from February '24 and a rash from March '24
- Repetitive care plans were in place for wound care and skin integrity for the same resident which leads to a risk that the current plan of care may not be clear
- some of the managing behaviours that challenge care plans did not clearly identify the triggers for such behaviours, the diversional therapies that worked for the resident and they did not state what the behaviours were that the resident displayed from time to time

While there was evidence that residents needs had been assessed using validated assessment tools, the care plans reviewed were not always informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents. In addition, not all care plans were reviewed as the residents' condition changed.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

The use of restraint such as bed rails and sensor mats was not in line with the centres policy or the national policy on promoting a restraint free environment. Furthermore, while residents and or their care representative had signed consent forms for bed rails there was no evidence that any discussion on the risks associated with bed rails had taken place. The inspector found that there was not always evidence to support the trialling of alternatives to bed rails or Sensor mats prior to them being applied. As a result of the risk assessments being incomplete, the associated care planning did not detail the methods and alternatives to restraint, and were not detailed enough to fully direct care.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0042571

Date of inspection: 06/02/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>- We will conduct a full audit of all care plans to ensure they are reviewed and updated in line with residents’ needs within end of April 2025. Complete the first audit within two month and establish quarterly monitoring thereafter. The team of nurses receiving care planning training in 2024 onsite. The practice of including the chronology of events is reviewed and ceased and the new process is established. DPIC and CNM will conduct safety pauses for educating the team of nurses. DPIC and CNM will observe this new process of only leaving up to date information on their detailed quarterly care plan audit.</li> <li>- Alternatives tried before the use of restrictive practice; however, it wasn’t documented in the care plan. This is currently documented at the Restrictive practice committee meeting. PIC will ensure the date and outcome of alternatives trailed are documented for clarity in line with the policy. This will be included in the quarterly restraints and restrictive practice audit.</li> <li>- PIC will oversee compliance and continue to share the findings from audits in the clinical governance meeting.</li> <li>- The amended letter which was issued during changes is attached to all contracts of care- both old and new. This process is transparent and well-documented, with the amendment letter providing comprehensive details for both residents and their families, ensuring clarity and accountability at every step. The centre will continue this process of open communication. The PIC will continue to oversee compliance. When there is a change in the room, this is discussed with the resident and is documented on the electronic documentation under resident and family communication and assigned beds. The centre have now implemented an additional letter to support this discussion and attach to the contract of care when the room number is changed.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>We will conduct a full audit of all care plans to ensure they are reviewed and updated in line with residents’ needs within end of April 2025. Complete the first audit within two month and establish quarterly monitoring thereafter.</p> <p>The practice of including the chronology of events is reviewed and ceased and the new process is established. The care plans will be updated with one care plan with accurate information avoiding any duplication or historical information. Care plans will be clearly documented to include the nature of responsive behaviour, it’s triggers and non-pharmacological interventions, not just in the behavioural chart. The team of nurses received care planning training in 2024 onsite. DPIC and CNM will conduct toolbox talks for revising the training with the team of nurses.</p> <p>DPIC and CNM will observe this new process of only leaving up to date information on their detailed quarterly care plan audit to ensure continuity of compliance.</p> <p>PIC will oversee compliance.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>PIC will ensure the use of restraint, such as bed rails and sensor mats, are in line with the centres policy and/or the national policy on promoting a restraint free environment.</p> <p>Evidence of discussion of the risks associated with bed rails will be documented under the care plan-resident/family communication area of the electronica documentation. DPIC and CNM will conduct safety pauses to include the importance of documenting the evidence of communication during the care plan is completed.</p> <p>An audit on restraint and restrictive practice will by end of quarter 1 and this will monitor the accurate completion of risk assessments and Care plan will be updated with evidence to support the trialling of alternatives to bed rails and Sensor mats prior to them being</p>	

applied with clear dates of application and removal and the outcome of alternatives trialled. The alternatives trialled is discussed on the restrictive practice committee meeting currently.

The DPIC and CNM will perform quarterly audit to ensure continued compliance.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	24/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	24/04/2025
Regulation 7(3)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	24/04/2025

	restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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