



# 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:	03 April 2024
Centre ID:	OSV-0004454
Fieldwork ID:	MON-0043271

## 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:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 3 April 2024	09:00hrs to 15:00hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector spoke with six residents and two visitors. The overall feedback from residents was one of a high satisfaction with the quality of care in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of environmental hygiene and how well staff had cared for them during the COVID-19 pandemic. One resident told the inspector that a book launch had been arranged by the activity co-ordinator to mark the recent publication of their book. They said they thoroughly enjoyed celebrating this event with friends and family.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector observed that residents' rights and dignity was supported and promoted with examples of kind, discreet, and person-centred interventions between staff and residents throughout the day.

Oakdale nursing home was purpose built and provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Bedroom accommodation in the centre was over two floors, and comprised 40 single rooms and 9 twin rooms, all with en-suite toilet and shower facilities. Residents' bedrooms were well laid out with adequate storage space for their personal belongings. The inspector observed that the residents all looked well and were well groomed. The hairdresser attended the centre on the day of the inspection.

The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. The corridors were wide and well lit. Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared well decorated and clean. The provider was endeavouring to maintain existing facilities and physical infrastructure to a homely and high standard at the centre through an ongoing maintenance programme.

There were a variety of communal areas for residents to use including a large sitting and dining room, a reading area, hairdressing room and an oratory. Residents also had access to an enclosed garden patio, which was easily accessible from several points around the centre.

The ancillary facilities supported effective infection prevention and control. There were two dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment and four sluice rooms within close proximity to resident bedrooms for the reprocessing of bedpans, urinals and commodes. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room

for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. These areas were well-ventilated, clean and tidy and well maintained.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

Conveniently located alcohol-based product dispensers facilitated staff compliance with hand hygiene requirements. However, clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms for staff use. The inspector was informed that four additional sinks had been purchased and were awaiting installation in the coming weeks. These new sinks complied with the recommended specifications for clinical hand wash basins.

Equipment viewed was also visibly clean, well maintained and appropriately stored.

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

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of Regulation 5: individualised assessment and care planning, Regulation 6: healthcare, Regulation 9: residents rights, Regulation 11: visits, Regulation 15: staffing, Regulation 16: training and staff development, Regulation 17: premises, Regulation 23: governance and management, Regulation 25: temporary absence and discharge, Regulation 27: infection control and Regulation 31: notification of incidence.

Overall, this is a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 23: governance and management and Regulation 27: infection control, however however further action is required to be fully compliant. Findings will be discussed in more detail under the respective regulations.

Oakdale nursing home is operated by Oakdale Nursing Home Ltd, the registered provider. The provider is part of the Evergreen Care group. The inspector found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-

associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the Director of Nursing. The provider had nominated two senior staff members to the to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The person in charge was supported in their role by an Assistant Directors of Nursing (ADON), clinical nurse managers and a team of nursing staff, administration, care staff, housekeeping, catering and maintenance staff.

There were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. Four housekeeping staff were rostered on duty on the day of the inspection. The housekeeping team was found to be very knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned once a fortnight.

Infection prevention and control audits were undertaken monthly and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene. Audits were scored, tracked and trended to monitor progress. Associated time bound action plans were developed to address any issues identified. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Up-to-date infection prevention and control policies and procedures were in place and based on national infection prevention and control clinical guidelines. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Discussions with staff on the day revealed they were familiar with the precautions that were in force to reduce and mitigate against the risk of transmission of infection spread in the centre.

The centre had managed several small outbreaks and isolated cases of COVID-19 and other respiratory infections. While it may be impossible to prevent all outbreaks, the outbreak reports confirmed that the early identification and careful management of these outbreaks had contained and limited the spread of infection among residents and staff.

## Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector was informed that there were no staff vacancies

within the centre at the time of the inspection.

There were sufficient staff resources to maintain the cleanliness of the centre. There were four housekeeping staff on duty on the day of the inspection.

A review of a 2023 outbreak report showed that agency staff had been employed to ensure there were sufficient numbers of registered nurses, care assistants, cleaning and catering staff on duty during an outbreak of COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

### Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship however further action is required to be fully compliant. Surveillance of MDRO colonisation was not comprehensive. As a result, there was some ambiguity among staff and management regarding which residents were colonised with MDROs. This meant that appropriate precautions may not have been in place when caring for some residents that were colonised with MDROs.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.



Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

There were no visiting restrictions in place on the day of the inspection. Visitors told the inspector that visits were encouraged with practical precautions were in place to manage any associated risks. For example, signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Each resident had identified a nominated support person. Staff told the inspector that in the event of an outbreak residents could still see their nominated support person as long as they adhered to infection control precautions such as hand hygiene and wearing personal protective equipment (PPE) and that they understood that there was a risk of picking up infection.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. The inspector focused on elimination and wound care plans. Based on a sample of nine care plans viewed, plans were sufficiently detailed to guide staff in the management of urinary catheters and wound care and were regularly reviewed and updated following assessments and recommendations by allied health professionals such as the tissue viability nurse.

Care plans viewed by the inspector were generally comprehensive and person-centred with some exceptions. For example, further work was required to ensure that all resident care plans contained details regarding resident's current multi-drug resistant organism (MDRO) status and history. Details of issues identified are set out under Regulation 5.

The inspector identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Results of monthly reviews were communicated with staff at safety pause meetings. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, nursing staff were not engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident

and may cause harm including antibiotic resistance.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were routinely taken and used to guide treatment options for residents colonised with MDROs. A dedicated specimen fridge for the storage of samples awaiting collection was available.

However, surveillance of MDRO colonisation was not routinely undertaken and recorded in line with local infection prevention and control guidelines. Findings in this regard are presented under regulation 27.

The inspector identified several examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Ample supplies of PPE were available. Appropriate use of PPE was observed during the course of the inspection. The provider had substituted traditional unprotected sharps/ needles with a safer sharps devices. This practice decreased the risk of a needle stick injury.

The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection and several items of shared equipment had not been tagged after cleaning. While equipment appeared visibly clean, inconsistencies in the tagging system meant that inspector was not assured that all equipment had been cleaned after use.

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The ancillary facilities generally supported effective infection prevention and control.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

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

- The specimen fridge was stored within a clinical room. Bringing potentially contaminated samples into a room where sterile supplies are kept poses a risk of cross contamination.
- The detergent in three bedpan washers had expired. This may impact the efficacy of commode and urinal decontamination.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. This posed a risk of cross contamination. Electric hand dryers were available in the sluice rooms. Disposable paper towels for hand drying are preferable to the use of electric dryers.
- The centre had introduced a tagging system to identify equipment that had been cleaned however this system had not been consistently applied at the time of inspection. For example, some mobility aids were not tagged to indicate they had been cleaned after use.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. Accurate information was not consistently recorded in all resident care plans to effectively guide and direct the care residents with a history of MDRO colonisation including Extended Spectrum Beta-Lactamase (ESBL).

Judgment: Substantially compliant

### Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a consultant in gerontology, tissue viability and dieticians as required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example the volume, indication and effectiveness of antibiotic use was monitored and analysed each month. Infection prevention measures were targeted towards the most common infections reported.

There was a low level of prophylactic antibiotic use within the centre, which is good practice. Access to relevant laboratory results was available to support timely and well-informed decision-making and optimal use of antibiotics.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre. All interactions observed on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents were consulted through regular residents meetings on issues such as the environment, food and mealtimes and activities.

The inspector was told that measures taken to protect residents from infection did

not exceed what was considered necessary to address the actual level of risk. For example, visits and social outings were encouraged. There was no routine requirement to limit the movement of a resident within the centre after return from an outing or hospital attendance regardless of the duration of the absence. Local guidelines advised that masks and appropriate use of PPE were only required as part of transmission based precautions.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oakdale Nursing Home OSV-0004454

Inspection ID: MON-0043271

Date of inspection: 03/04/2024

## 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> <p>A full audit has been completed on each resident file on 22/04/24 . All MDROs are now collated in and up to date line listing. List is update weekly or as required.</p> <p>All the staff are fully aware of all MDROs.</p> <p>This will ensure appropriate precautions are in place when caring for residents colonised with MDROs.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Specimen fridge removed as recommended from clinical room.</li> <li>• All bed pan washers were serviced on 07/12/2023. Engineers were contacted on 03/04/24 for urgent replacement of detergent. All bed pan washers in good working condition. Weekly check list now commenced to ensure that bed pan washers are in working condition.</li> <li>• As discussed on the day of inspection, new clinical hand wash sinks had been purchased and same installed on 05/04/24 as planned this will ensure effective hand washing for the staff and reduce the potential risk of cross contamination.</li> <li>• Electric hand dyers were removed as recommended on 04/04/24. Disposal paper towels remain insitu in all sluice rooms.</li> <li>• The home continues to use a tagging system following decontamination of all equipment, however, where resident is actively using their own mobility aids, this tag is removed.</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>Two residents care plans identified on the day of inspection, were updated regarding old history of MDROs as requested on 03/04/24. This information is now included in the weekly MDROs line listing.</p> <p>Full audit was completed on 22/04/2024 for all residents care plans. All care plans are compliant regarding MDROs status.</p>	

## 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	22/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	05/04/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	22/04/2024

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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