<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oughterard Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000745</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Camp Street, Oughterard, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 866 946</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:oughterardmanor@brindleyhealthcare.ie">oughterardmanor@brindleyhealthcare.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>The Brindley Manor Federation of Nursing Homes</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Amanda Torrens</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>29</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 22 July 2015 09:45  
23 July 2015 11:00
To: 22 July 2015 18:30  
23 July 2015 18:45

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

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

Summary of findings from this inspection

As part of the inspection the inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files, reviewed questionairres and spoke with residents, relatives and staff members.

Evidence of good practice was found throughout the service. Residents’ health care needs were generally well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioner and health care services.
Residents were supported to practice their religious beliefs and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean, comfortably furnished and residents had access to a safe and secure outdoor area. The person in charge had robust fire safety measures in place.

Some improvement however, was required to risk assessment, documentation of care interventions, end of life assessment and bed rails assessment. Improvement was required to provision of appropriate meaningful activity for residents with dementia and measures had commenced to address this. Feedback from residents and relatives was generally positive but some relatives expressed concern about dementia care, staffing levels and the laundry service and these issues were brought to the attention of the provider.

The person in charge and manager stated at the feedback meeting that the issues outlined would be addressed.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided. The management team reviewed the statement of purpose annually. Copies of the statement of purpose were displayed in the reception area and were available to staff, residents and visitors.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability.
The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The person in charge was clear about her role and responsibilities and about the management and reporting structure in the organisation. She told the inspector that she was well supported in her role and that either the provider or the compliance and support manager were on call at all times should she have a concern or issue in relation to any aspect of the service. The person in charge attended monthly management meetings with the provider, all directors of nursing in the organisation and other managers of organisational departments.

Suitable arrangements were in place to cover the absence of the person in charge.

Management support within the organisation included a compliance and support manager, a quality assurance manager, a training and development officer and managers of catering, finance, human resources and business support. A range of health care support services were available within the organisation and these included speech and language therapist, a tissue viability nurse, physiotherapists and occupational therapists.

There were systems in place to ensure the services provided were safe, appropriate, consistent and effectively monitored. For example, the person in charge showed the inspector a number of audits she had undertaken in 2015, such as use of psychotropic medication, housekeeping and hygiene, laundry, infection control, food safety, falls and medication management. There was a high level of compliance found throughout the audits and corrective actions were recorded for any issues were highlighted in the audits. The finding from the person in charge’s audits were also included and discussed at monthly management meetings. The quality assurance manager prepared an annual review of the service which she supplied to the provider and person in charge and also to the management team.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The person in charge and management team had ensured that the required information was supplied to residents. There was an informative guide for residents that included the required information. This guide, the statement of purpose and copies of inspection reports were readily accessible in the reception area.

The person in charge stated that each resident had an agreed contract of care. The inspector read a sample of the contracts which were appropriately signed and agreed. The contracts were in line with the requirements of the Regulations and outlined the services which residents would expect to receive, identified what was not included in the fee and provided guidance on the cost of additional services which residents might avail of which were not included in the fee.

In addition, there were notice boards in prominent places in the centre where information was displayed for residents, such as daily meal choices, health care information and the daily activity plan.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was well qualified and experienced. The person in charge kept her skills and knowledge up to date by attending courses, undertaking online research and by linking with other directors of nursing in the organisation. She was particularly interested in management of behavioural issues and had been working to improve this area of care in the centre. She was currently attending a course in this subject which would also qualify her as a trainer. She intended to implement her learning in the centre and to train staff in the methods learned.

Judgment:
Compliant
### Outcome 05: Documentation to be kept at a designated centre

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
During the inspection, the inspector reviewed a range of documents, including operational policies, insurance policy, directory of residents and health care records. All the records required by the Regulations were being maintained and the documents viewed were informative and generally in line with legal requirements. However, some records were not documented in sufficient detail and required some further development. For example:
- the risk register was not suitably completed and this is discussed in outcome 8,
- residents plans of care were not recorded in sufficient detail to guide staff and did not consistently reflect the care interventions discussed by staff.

**Judgment:**
Non Compliant - Moderate

### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There
were appropriate arrangements in place to manage any such absence.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety
**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.**

**Theme:**
Safe care and support

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

**Findings:**
The management team had taken measures to protect residents from being harmed or abused. They had arranged mandatory training in detecting and reporting elder abuse and all staff had received this training. Staff who spoke with the inspector were clear on what constituted abuse and were aware of their responsibility to report any suspicion of abuse. The management team were clear on the management and investigation of allegations of abuse. There were policies on the management and investigation of abuse. During the inspection the inspector found that the provider had received some information in relation to safeguarding of residents, which had been taken seriously and appropriately investigated.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The management team had put measures in place to protect the safety of residents, staff and visitors to the centre, however, there were some improvements to risk
There was a health and safety statement and risk management policy to guide staff. The precautions in place to control all specified risks as required by the Regulations such as self harm and the unexplained absence of a resident were included in separate policies which were viewed in conjunction with the risk management policy. The person in charge had developed a risk register to identify risks in the centre and their control measures. However, the risk register required some further development as the control of risk associated with residents smoking was not included. Throughout the inspection, the inspector found the building and the external areas were safe and did not present risk to residents.

During the last inspection a fire safety risk had been identified and this had been addressed. The person in charge had installed alarm activated automatic closing devices on the bedroom doors of residents who preferred to keep their doors open. This gave these residents the choice of keeping their doors open whenever they wished without compromising their safety in the event of a fire. The person in charge confirmed that it was intended to extend this system to more rooms on a phased basis.

Other fire safety measures were found to be in place. Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. In addition, emergency evacuation plans had been developed for each resident identifying the level of support and the type of equipment required for each resident. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers and fire alarms, had been regularly serviced. Fire extinguishers were serviced annually and all fire alarms were serviced quarterly. There was also certification that soft furnishing had a suitable level of fire proofing and there were records to confirm that gas appliances such as the cooker and clothes drier had been recently serviced.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents by the physiotherapist who was employed at the centre.

Measures were in place to reduce accidents and promote residents’ mobility including staff supervision, safe floor covering and handrails on corridors to promote independence. The environment was clean, there were ample supplies of hand sanitising
gels for staff, residents and visitors to use, there was extensive infection guidance available and all staff had received training in infection control within the past year.

**Judgment:**
Substantially Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
The processes in place for the management of medication were found to be safe.

The medication management policy was reviewed and found to be comprehensive and informative during the last inspection. As the person in charge confirmed that it had not been updated since then, it was not reviewed at this inspection.

The inspector reviewed medication management practices. Each resident’s medications were individually stored in individual named compartments in the medication trolley. Nurses transcribed prescribed medicines onto the administration sheets which were checked and signed by the GP and nurses administered medication from these. There were colour photographs of residents on the administration sheets, which the nurses could check to verify identification if required. There was a nurses’ signature sheet available.

An inspector read some of the medication administration charts and found that they were clear and legible. They included the required information such as the dose, time and routes of medication administration. In addition, guidance on medication to be administered crushed and the maximum permissible doses of PRN (as required) medication were clearly recorded.

Medication was found to be suitably and safety stored. Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre’s medication policy. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.
To increase the safety of medication management and to reduce the risk of medication error the provider had sourced a new medication administration system which was due to be commenced in the near future. She explained that it would be based on pre-packed doses of medication for each resident which would be prepared and delivered by the pharmacist.

Judgment:
Compliant

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

**Theme:**
Safe care and support

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

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

The inspector reviewed the incident log, which was maintained on a computerised system, and saw that all relevant details of each incident were recorded together with actions taken.

All quarterly notifications had been suitably submitted to the Chief Inspector.

Judgment:
Compliant

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

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

Findings:
The inspector found that residents’ healthcare needs were well met. Residents had good access to GP and healthcare professionals. Residents’ healthcare needs were assessed and monitored and care plans were developed to guide the delivery of care. Staff who spoke with the inspector were familiar with residents’ health care requirements. However, the documentation and assessment of the use of bed rails, the provision of suitable occupation for residents with dementia and the recording of care planning interventions required improvement.

Residents had access to GP services and out-of-hours medical cover was provided. A range of health care services was available to residents, including speech and language therapy, physiotherapy, occupational therapy, psychiatry of later life and dietetic services. The inspector found that residents had been referred to these services and care plans were developed or reviewed accordingly. The provider had employed an occupational therapist and a physiotherapist both of whom worked half-time in the centre. The physiotherapist worked with residents individually and developed exercise plans to promote mobility. The occupational therapist had recently been appointed and was assessing residents with a view to introducing meaningful occupation for residents based on their abilities.

Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents’ mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, end of life, falls risks, risk of developing pressure ulcers and mobility issues and found that they were generally completed to a standard. However, some of the care plan interventions were not completed in sufficient detail to guide staff and did not reflect the health care interventions that staff discussed with the inspector. The provider had initiated measures to improve the care planning system as part of an overall restructuring of the computerised health care system. Staff were undergoing training in the new system which was due to commence shortly after the inspection. Documentation of care plans is discussed in outcome 5 of this report.

Improvements were required in the assessments for the use of bed rails. Some residents used bed rails while in bed for safety. The inspector reviewed the use and management of bed rails in a sample of files. Adequate assessments had not been carried out prior to the introduction of these measures for some residents. The assessments viewed did not clearly indicate alternatives which had been considered prior to the introduction of bed rails the reasons for use or the possible risks for each individual resident. Consultation between nursing staff, residents or relatives and the GP prior to the use of bed rails was not suitably documented on all the files viewed. ‘Consent’ forms had been completed, but these were not signed to confirm consultation and agreement between the resident/representative and the multidisciplinary team.
On reviewing files the inspector found there were appropriate management systems in place regarding clinical issues such as wound care, falls management and nutrition. Nutritional assessments had been undertaken for all residents and were guiding practice regarding resident's dietary plans. The nursing staff ensured that information regarding residents’ dietary requirements was communicated to the chef and catering staff. Wound care was clearly documented and tracked and falls risk assessments had been undertaken for all residents and mobility plans developed as required.

Staff had been working to identify residents' end of life wishes, although further improvement was required in this area. Although informative assessments were recorded for some residents, suitable assessments had not been undertaken for all residents to establish their wishes for end of life care.

The inspector found that while residents had good opportunities for social activities, some improvement was required in the delivery of appropriate activity to residents with dementia and cognitive impairment. The provider and person in charge had identified this need and were actively working to improve this area of care. Some relatives had also indicated that this was an area which required improvement. The person in charge was undertaking a course in positive care approaches in dementia care and she explained that she would be implementing the learning from this course in the centre. She also confirmed that all staff would receive further training in these techniques for working with people with dementia.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Effective care and support

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

**Findings:**
During the previous inspections the inspector found the centre to be warm, clean, comfortable, suitably furnished and well maintained. On this inspection this standard continued to be evident. Since the last inspection, the landscaping, planting and furnishing of the external secure garden had been completed.
There was a variety of well-furnished communal areas available for residents to use. Bedroom accommodation met residents’ needs for comfort and privacy. Residents were encouraged to personalise their rooms and those who wished to had photographs and other personal belongings displayed. There were some appropriate cues or symbols used in the building to assist residents in recognition of significant areas, such as bathrooms and fire exits. There were adequate numbers of toilets, bath and shower rooms for residents, staff and visitors to use.

A high standard of hygiene was being maintained in the building. There were ample supplies of hand sanitising gels in corridors for staff, residents and visitors to use.

The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order and had been serviced regularly by external contractors. There was a maintenance person employed, who was responsible for maintenance and upkeep in the centre.

**Judgment:**
Compliant

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

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

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

**Findings:**
The inspector found evidence of good complaints management.

There was a complaints policy in place and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was displayed in the reception area.

The inspector viewed the complaints register which was recorded on a computerised system, and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.
Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The inspector found that caring for a resident at end of life was regarded as an important part of the care service provided in centre, although some improvement was required to the assessment of end of life wishes.

Spiritual care for residents of all denominations could be arranged and the sacrament of the sick was available to any resident who wished to receive it. Families could avail of unrestricted visiting time and were provided with refreshments as required. While most residents occupied single rooms, those who occupied shared rooms were given the option of moving to a single room at end of life and one spacious bedroom was prioritised for end of life care.

There were links with the local hospice care team, who offered advice and support as required.

There was an end of life policy in place.

Judgment:
Compliant

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

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard and residents told the inspector that they enjoyed their meals. Some residents required special or modified consistency diets and these needs were met.

Staff stated, and resident and relative feedback confirmed, that food, drinks and snacks were available at all times. There was a menu plan which offered choice at each meal. The menu was displayed in communal areas. The inspector met with the chef who knew all the residents well and was familiar with their likes, dislikes, preferences and special dietary requirements. Meals were served to residents in the location of their choice and the majority preferred to have their meals in the dining room.

The inspector reviewed a sample of records and found that each resident had a nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files. Daily fluid and food intake was recorded for each resident. In a sample of files viewed residents who had been identified as being at nutritional risks were found to be maintaining stable weights.

Judgment:

Compliant

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
The inspector found that residents’ autonomy and civil and religious rights were supported.

Most residents occupied single rooms and in rooms which were shared, screening curtains were provided around beds, to give privacy as required. Throughout the inspection the inspector observed staff interacting with residents in a courteous manner.

Residents’ civil and religious rights were respected. At the time of inspection Roman Catholicism was the only religion being practiced in the centre and residents were supported to practice their religion. Mass took place in the centre each month and the Sacrament of the Sick was administered monthly or as required. The person in charge said that residents from all religious denominations would be supported to practice their religious beliefs if required. The person in charge had made arrangements for in-house voting. However, the centre’s application for in-house voting had not been accommodated for the recent referendum although it had taken place successfully in the centre in the past. The person in charge said that all residents who wanted to vote in the referendum had been supported to attend the local polling station with family or staff.

The person in charge had measures in place to communicate with residents and to establish their views. There were monthly residents’ meetings when residents could discuss their views and suggestions. Records of these meetings and actions taken were retained. For example, the laundry service, social outing planning, ideas for activities and meal times were discussed at recent meetings and the outcomes were recorded. There was an advocacy service available to residents. The provider had also organised a satisfaction survey in earlier in 2015 which revealed a good overall level of satisfaction with the service, although there was some dissatisfaction expressed concerning the laundry service.

Residents’ independence was promoted by staff. Inspectors saw staff members assisting residents to walk indoors and outdoors at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them. To increase the independence of residents while dining the person in charge had introduced a technique called ‘hand over hand’ for some residents which supported these residents to hold their own spoon and feed themselves rather than being fed by staff.

Contact with family members was encouraged and residents could meet their visitors either in the communal areas, in their bedrooms or in a comfortable private sitting room.

There were a range of activities organised for residents which included arts and crafts, memory games, outdoor walks, relaxation and aromatherapy, skittles and card games. The inspector observed activities, such as music and baking, taking place during inspection and the residents who chose to participate appeared to enjoy the activities.
### Outcome 17: Residents’ clothing and personal property and possessions

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

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

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

**Findings:**
The inspector did not review the management of residents’ personal finances at this inspection as the management team confirmed that at present no residents had entrusted money or valuable for safekeeping. They confirmed that the process for the management of residents’ finances and valuables, as previously examined at inspection, was unchanged and would be used if required.

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing and residents’ clothes appeared well cared for. However, feedback from relatives and the satisfaction survey indicated that clothing was sometimes mislaid or returned to the wrong person. This had also been mentioned by a resident at a recent residents’ meeting. There was evidence that the person in charge had brought this to the attention of staff and she was satisfied that it had now been resolved.

**Judgment:**
Compliant

### Outcome 18: Suitable Staffing

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

**Theme:**
Workforce

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

Findings:
Overall residents' and relatives’ feedback indicated that they were satisfied with staffing levels and the care provided by staff although some relatives were not satisfied that there were always enough staff on duty. Feedback from relatives also suggested that the staffing levels on the day of inspection was not reflective of usual staffing levels. These issues were brought to the attention of the provider.

On the day of inspection, there was an adequate number of staff on duty throughout the day. Residents’ dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels. Staff confirmed that additional staff would be rostered for duty in response to residents’ changing needs.

The organisation had it’s own training department and ongoing staff training was organised and delivered to staff. Training records indicated and staff confirmed that staff had attended a variety of training in addition to mandatory training, such as training in management of behaviour that is challenging, restraint awareness and infection control.

The inspector read a sample of staff files, which were in line with the requirements of the regulations and contained the required information, such as photographic identification, two references and Garda Síochána vetting. There was a staff recruitment policy in place.

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:
Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oughterard Manor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000745</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22/07/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/09/2015</td>
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</tbody>
</table>

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents plans of care were not recorded in sufficient detail to guide staff and did not consistently reflect the care interventions discussed by staff.

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

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

Please state the actions you have taken or are planning to take:
All care Plans are Currently under review by the Nurse and Social Care Facilitator and will reflect assessed needs for all residents within the home.

Proposed Timescale: 30/09/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register required some further development as the control of risks associated with smoking had not been included.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All Current Risks have been identified. A planned training workshop in late September will assist in further identification and management of risks, to include risk involved with positive activities of each resident.

Proposed Timescale: 30/09/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required in the delivery of appropriate activity to residents with dementia and cognitive impairment.
Adequate assessments had not been carried out prior to the introduction of bed rails for some residents.
Suitable assessments had not been undertaken for all residents to establish their wishes for end of life care.

Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).
Please state the actions you have taken or are planning to take:
• The person in charge has, since inspection, attended an intensive Dementia training Workshop, as planned and discussed on the day of inspection. Training in this model will be rolled out to all staff by the PIC. Residents with cognitive impairment/dementia, will subsequently be assessed and have their individual care and Activities, planned and implemented using this model.

• All bed rail assessments and consultation documents have been updated to reflect current practice and is now complete.

• Core information has been established in End of life care plans. Due to the nature of the subject, further consultation with each resident and/or their representative will take place over the next couple of months

Proposed Timescale: 31/10/2015