

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oghill Nursing Home
Centre ID:	OSV-0000077
Centre address:	Oghill, Monasterevin, Kildare.
Telephone number:	045 523 513
Email address:	oghillnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Eochiall Enterprises Limited
Provider Nominee:	Ann Mahon
Lead inspector:	Leone Ewings
Support inspector(s):	Sheila McKeivitt
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	8

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 September 2016 10:30 To: 21 September 2016 16:30

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

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

Summary of findings from this inspection

This report sets out the findings of a one day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration. The inspection which took place on 3 May 2016 will be considered as part of the overall assessment of compliance.

During the course of the inspection, the inspectors met with residents, relatives, staff, the person in charge and the provider. The views of staff, residents and

relatives were listened to, practices were observed and documentation was reviewed.

Surveys completed by residents and/or their relatives were also reviewed. Overall, the inspectors found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improved resident outcomes. A culture of individualized care which supported a person centred approach was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Safe systems and appropriate measures were in place to manage and govern this centre. The provider, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Overall, a good standard of compliance with found with the Regulations in all the outcomes inspected. Some improvements were required in three outcomes to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016). The outcomes are:

- premises
- health and safety and risk management
- Residents' clothing and personal property and possessions

Three actions are the responsibility of the provider and one action is the responsibility of the person in charge.

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

Outcome 01: 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:

A written statement of purpose dated 30 May 2016 was in place, and this detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements. However, based on the findings of Outcome 12 of this report further details of the facilities including the number of single and twin bedrooms is required. The provider has been requested to submit this information to registration for review following the inspection.

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:

Management systems were in place to ensure that the service to be provided was safe, appropriate to residents' needs, consistent and effectively monitored. The annual quality

and safety review had been completed with feedback from residents which informed practices and future planning. The centre is family-run with daily supervision of care and services provided.

There was a clear management structure in place as outlined in the statement of purpose. The management team included the provider, person in charge, administrator and the catering manager who were also directors of the company entity.

Inspectors found there is a robust system in place to conduct audits, and reviews of the safety and quality of the service.

The person in charge was supported by the provider who also worked as the assistant director of nursing. She deputised in the absence of the person in charge. The registered staff nurses reported to the person in charge or her deputy. The health care assistants report to the registered nurses.

The inspectors were informed that a schedule of clinical audits was implemented within the centre. The methods of obtaining feedback from any planned audits could be evidenced from the records reviewed. Clinical audits were made available to the inspectors. These outlined a comprehensive auditing programme that included hand washing, nutrition, diabetes, resident incidents, use of restraint and those residents exhibiting behaviours of concern. Audits were also conducted to monitor the number of residents with weight loss, pressure ulcers and medicines management.

The inspectors were satisfied that the centre is sufficiently resourced and the quality of care delivery was audited on a continuous basis.

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:
Each resident had an agreed written contract which dealt with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided including laundry, meals, and housekeeping. Services which incurred additional fees were listed such as transport and prescription charges. The activity programme was currently included under the monthly fees.

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Information was on display regarding the complaints procedure, fire evacuation instructions, and contact details for advocacy services.

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 person in charge had not changed since the time of the last inspection, she is a registered nurse and works full time within the centre. The person in charge had been interviewed previously by HIQA and she was deemed to have the required skills, knowledge and experience to hold the post of person in charge.

She was knowledgeable about each residents' nursing and social care needs. Evidence of her continuous professional development was up-to-date. She also works in a training role, as the moving and handling instructor at the centre.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a good standard of record keeping could be evidenced throughout the inspection.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by schedule 5 of the regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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 in her role as assistant director of nursing takes on the role as deputy to the person in charge in her absence.

Senior staff nurses are also available to support the absence of the person in charge for any reason. These arrangements were found to be clearly outlined in the statement of purpose and confirmed on inspection.

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 inspectors were satisfied that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy to guide staff and they received appropriate training and refreshers. This policy has been updated, and the provider took the lead for safeguarding training at the centre. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were recently updated to reflect best practice. The inspectors found there was regular staff training in the protection of vulnerable adults, and this was up to date. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review from community mental health team. Inspectors found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff documented the rationale for use of any psychotropic medication, and audited and reviewed any use. The most recent audits confirmed a reduction in the use of psychotropic medication.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011) The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low low beds and crash mats. The quarterly reports submitted by the person in charge could demonstrate a reduction in the use of bed rails and an up to date risk register was in place.

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:

There is a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. An up-to-date safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found the written safety statement had been comprehensively updated in January 2016. Overall, the centre was hygienic and well maintained.

The inspectors read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

The risk register contained a number of environmental risks and control measures to mitigate risk. For example risks associated with smoking, absconding, and falls prevention and management. The smoking risk assessment documentation was found to be up-to-date. Risk controls relating to fire safety were fully implemented at the centre.

The person in charge had some arrangements in place for investigating and learning from incidents. For example slips, trips and falls and overall the number and nature of incidents was found to be low. The staff response was timely in terms of prevention, and management of any slips trips and falls. For example, there was planned activity and exercise plans in place to maintain independence and educate residents in relation to prevention. Access to physiotherapy was facilitated where required.

An audit programme which is over seen by the person in charge and provider was in place, and the person in charge had full oversight of actions to mitigate risks identified. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner, and provided additional satisfactory information when requested by the inspector.

The inspectors viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. The inspector viewed fire records which showed that the fire equipment had been serviced. Two fire drills had taken place since the last inspection in May 2016. The inspector found that all means of escape were unobstructed during the inspection. Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced

on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trained in fire safety management. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place.

A review of staff training records indicated that the current staff on the roster had all been trained in manual handling, and this was confirmed by the person in charge. Refresher training had taken place since the last inspection.

The inspectors found that there were some measures in place to control and prevent infection. Staff training on infection prevention and control had taken place on 8 April 2016. Staff had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were all readily available throughout the centre. The dirty utility room contained the sluicing equipment and kitchen cleaning materials located in the same room. The provider confirmed that included in the plans, for the proposed works in the kitchen and extension. The separation of the dirty utility areas from the kitchen cleaning materials in the new build. The inspectors discussed with the provider the need to put in place interim arrangements from an infection prevention and control measure whilst planning took place.

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:
Overall, medicines were found to be managed well, and safe practice was observed. Medicines management audits were conducted within the centre as part of the quality and clinical governance system in place. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for storage, and disposing of unused or out of date medicines. The medication prescription sheet contained details for prescribing crushed medications.

Residents were protected by the centre's policies and procedures for medication management. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre in a medication trolley or within locked storage cupboards. A secure fridge was

available to store all medicines and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

The inspectors observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines.

The inspectors reviewed a number of the prescription and administration sheets and identified that practices conformed to appropriate medication management practice. The inspector reviewed records which confirmed that all nursing staff had completed mandatory training in relation to medication management.

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:
A record of all incidents occurring in the designated centre was maintained and, where required, notified 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 was satisfied that each resident's wellbeing and welfare was maintained to a high standard of nursing care and appropriate medical care. Admissions, transfers and discharges were well managed in line with policy. Any temporary absences of residents were carefully planned and supports in place to maintain residents' wellbeing.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. Admissions policy and processes were reviewed with the person in charge and found to be comprehensive and detailed involving a pre-admission assessment. Family and residents confirmed their close involvement with the care planning and review process. Relatives confirmed that communication was very good standard between staff and residents.

The inspector reviewed the management of clinical issues such as wound care, nutrition, falls management, and dementia care including the management of behaviours that challenge and nutritional assessments found they were well managed and guided by policies. Care practices were found to be well managed and organised. Inspectors reviewed a sample of assessment and care plans. Overall, the documentation was of a good standard and reflective.

Residents had access to general practitioner services and out-of-hours medical cover was in place. A full range of other services was available on referral to the local health office or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Residents were enabled to make healthy living choices and enjoyed opportunities to engage in physical activity and pastimes. A physiotherapist attended the centre to provide individual and group sessions for the residents. Chiropody, dental and optical services were also provided both on a public and private basis. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Each resident has opportunities to participate in meaningful activities. The activity programme was based on residents' assessed interests and capabilities. Inspectors spoke with several residents who confirmed they enjoyed various activities and pastimes. For example, music, prayers and physical exercises. The inspectors were informed that the residents had chosen to play bingo on the day of the inspection. Each resident's individual preferences were documented in their care plan and this information was also used to plan the activity programme. An information board about religious services, and activities was updated regularly with plans for the week. Some residents also chose to spend some time alone in private and the right to refuse to take part in any group activity was fully respected.

Residents who had dementia related conditions were encouraged by staff to participate

in one-to-one activity.

Judgment:
Compliant

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:

Overall, the premises was found to be suitable for use as a designated centre. However, some improvements were required to ensure meeting all legislative requirements. The findings of this inspection were discussed with the provider, who was requested to review the purpose and function of some bedrooms in use at the premises, and the Schedule 6 requirements.

The buildings and grounds were very well maintained, both internally and externally. The sitting room and seated areas were decorated to a good standard with co-ordinated furnishings and fittings. Refurbishment and painting had been completed since the last inspection. The centre is purpose built and currently registered for a maximum capacity of 38 residents. Residents' accommodation is all on the ground floor. The centre comprises of 20 single bedrooms and 9 twin bedrooms. Five of the single bedrooms have access to a toilet and sink. All other bedrooms have a wash hand basin in place, and share communal toilet and bath/shower facilities.

The building design and layout was found to be of an adequate standard that could comfortably accommodate the 30 residents present on the day of the inspection. The provider informed inspectors of works completed to upgrade the heating system, and further plans to make improvements to the kitchen and premises.

Overall, most bedrooms were spacious to accommodate personal equipment and devices required. However, some twin bedrooms, although found to be suitable for highly dependent residents, had been modified for single room use. One further twin room also accommodated one resident with mobility needs, at the time of this inspection. This approach was found to be person-centred and appropriate, and met each residents' individual needs.

Improvements were required to increase the number of shower rooms as there were only three available. A staff toilet also had a bath facility in place. The inspectors discussed the original application with the provider at feedback, and asked her to review this application, and also amend the statement of purpose to reflect the revised numbers.

Furniture and equipment seen in use by residents was in good working condition and appropriate to their needs. Supportive equipment such as call bell facilities, remote control beds, chairs and televisions along with appropriate pressure relieving aids, were seen in use by residents that promoted their well being.

Corridors were wide and spacious to facilitate modified, support or bulky equipment and aids used and required by residents.

Handrails were provided on corridors and grab rails were available in bathroom and toilet facilities. All bedrooms, bathrooms and communal areas were fitted with a call bell system and displays clearly identified the location of a call.

The centre was clean, warm, well ventilated and well maintained in areas occupied and used by residents, visitors and staff. The reception was staffed daily by a staff member. Entry and exit was via the main entrance centre which was monitored and controlled. A private nursing and administration office was located at the back of the main reception area.

Catering and laundry facilities were adequate.

A secure courtyard was available for residents and visitors to access outdoors as desired. These areas were accessible and had suitable outdoor furniture and planting, items of interest with views to rural countryside. Other communal areas included a seating area at reception and sun-room.

A large furnished, and well ventilated smoking room was available.

Car parking facilities including accessible spaces were available to the front of the centre.

Judgment:

Non Compliant - Moderate

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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed prominently in the reception area.

Verbal complaints were documented, investigated and outcomes recorded. There had been no complaints since the time of the last inspection in May 2016.

Advocacy and supports were established at the centre and available for any resident who needs additional support to feedback to the provider.

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:

Evidence of a good standard of medical and clinical care with appropriate access to specialist palliative care services was found. A holistic and person centred approach to end of life or comfort care provision was in place. No one was in receipt of end-of-life care at the time of this inspection. However, end-of-life care was discussed with residents and relatives and inspectors found a high level of satisfaction and person-centred care.

The inspectors found that staff were aware of the policies and processes guiding end-of-life care in the centre and were implementing them in a respectful manner. Families were notified in a timely manner of any deterioration in residents' condition and were supported and updated regularly during any changes or deterioration in general health. This was confirmed by relatives who spoke with the inspector.

Residents' physical needs were met to a high standard. The inspectors looked at the end-of-life care assessments in place. On review of a sample of documentation a plan of care to identify, implement and manage key aspects of care such as pain, nausea and constipation was in place. Resident's emotional, social and spiritual needs were met. All resident's religious preferences were documented. Records of end-of-life care wishes were in place where the residents' expressed wishes (when known) were written in a document on the first page of the residents' record. Staff were knowledgeable when

asked about the wishes of residents pertaining to transfer to hospital.

Staff also fully respected the wishes of residents who did not want to communicate or discuss this matter at the time of the assessment. The medical and nursing records of any discussions held were fully documented in line with the requirements of the regulations.

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:

There was a written policy in place which was fully implemented in terms of nutritional assessment and screening. The feedback received from residents about the food service was generally positive, and service was generally well managed. Inspectors spoke to residents who confirmed the choices and variety of foods available every day. The inspectors were satisfied that residents received a nutritious and varied diet that offered choice at mealtimes.

The dining room well decorated and opened out to a courtyard garden. Six residents were observed eating their meals in the main dining room, and 13 residents chose to eat in their rooms on the day of the inspection. There were two sittings at lunch time, mainly due to the size of the dining space. Staff were observed offering support and assistance for residents with their meals. Specialised equipment such as plate guards and cutlery were available to promote resident independence. Residents had opportunities to interact with each other and staff in a relaxed environment.

Residents' dietary requirements were met to a good standard. The staff discussed with the inspector the individual dietary requirements of residents' and were well-informed about residents' dietary needs and preferences. The catering staff had access to this information from the nursing staff. Information about inputs from speech and language review, and/or dietician was kept up-to-date. Residents confirmed that they enjoyed the food and choices available to them.

The kitchen was clean and well organised, and located near the main dining room. The environmental health officer had inspected the kitchen and this report was available to

the inspector. The inspector saw residents being offered a variety of snacks and drinks. Residents told the inspectors that they enjoyed having hot or cold drinks of their choice, or snacks any time they asked for them.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. Fortified and modified diets were available and well presented. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

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:
There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that a resident's committee and relatives forum was facilitated on a regular basis. Residents' family members and their involvement was central to care and services provided.

Access to and information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, an inspector saw residents from access all parts of the centre independently or with with support when a group activity was taking place.

Residents who spoke with the inspectors and those who completed questionnaires said they were able to make choices about how they spent their day, when and where they ate meals, rise from and return to bed. Residents had options to meet visitors in a private or communal areas based on their assessed needs.

Inspectors established from speaking with residents and staff that opportunities to

maintain personal relationships with family and friends in the wider community was encouraged. Arrangements were provided for residents to attend family occasions and opportunities to socialise and link with the wider community was provided for residents.

Social activities such as day trip activities or outings formed part of the activity programme. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities. Photographs on display, staff and residents confirmed the events highlighted in the activity programme.

There was a policy on residents' access to visitors and communication. Visitors were unrestricted except in circumstances such as an outbreak of infection. Inspectors saw that residents' privacy and dignity was respected when personal care was provided, and they could receive visitors in private. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing.

Judgment:
Compliant

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 systems in place for the laundering and safe return of clothes to residents was good. The laundry was well equipped, hygienic and well maintained. The inspectors spoke to a staff member working there and found that she was knowledgeable about the different processes for different categories of washing laundry. Clothing was labelled for the laundry by residents or relatives.

A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were well maintained. Adequate space was provided for residents' personal possessions and it was noted that clothing was stored in a neat and appropriate manner. Each residents clothing and property was well cared for. Adequate storage space was provided for residents' possessions, and lockable space was available. Nonetheless, a small number of bedrooms contained free-standing wardrobes which were not proximal to the bed space of each resident. A number of wardrobes moved and were not securely affixed to the wall or base they sat on. The provider gave assurances that this would be addressed on the day of the inspection.

Judgment:
Substantially 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:

There were appropriate staff numbers and skill mix to meet the needs of residents on the day of the inspection. The inspectors reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre. The provider and person in charge confirmed staffing on the day of the inspection was in excess of normal due to this announced inspection. However, an unannounced inspection in May 2016 confirmed compliance with staffing at this time. With four registered nurses (including the person in charge) and seven care assistants on duty at the commencement of the previous inspection. Additional staff on duty included the catering chef and a kitchen assistant. Two of the seven care assistants were allocated to laundry and kitchen duties also on each day. Staff were also supported by an administrator and accounts person.

The inspector found that staff had up-to-date mandatory training. The training plan for 2016 was part of the plans included in the annual review of 2015. Staff had access to education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, medication management, end of life care and dementia care. Cardio-pulmonary resuscitation training and food safety training had also been provided.

The person in charge provided an overview of how staff will be supervised appropriately and how staff are recruited, selected and vetted in accordance with best recruitment practice.

At the time of inspection there were no volunteers in place but the person in charge was

aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. All relevant members of staff have an up-to-date registration with the relevant professional body.

There is a good system of formal supervision and appraisal in place. The person in charge said that she has a system of supervisory meetings planned for each staff discipline. She also had a process of staff appraisal in place for implementation where staff would also have an opportunity to request additional training relevant to their role.

Systems were in place to provide relief cover for planned and unplanned leave. The person in charge said that staff cover will be provided from within the existing staff compliment to ensure consistency in providing care.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition.

The inspector observed all staff interacting with the residents and person in charge in a professional and respectful manner.

The number and skill mix of staff on duty is subject to constant review by the person in charge or her deputy.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Oghill Nursing Home
Centre ID:	OSV-0000077
Date of inspection:	21/09/2016
Date of response:	24/11/2016

Requirements

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

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

Outcome 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 dirty utility room contained the sluicing equipment and kitchen cleaning materials/trolley located in the same room.

1. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published

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

by the Authority are implemented by staff.

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

Temporarily the kitchen cleaning trolley is now being stored in an enclosed container outside the kitchen . In our revised building plan we will be including a larger sluice room and converting our existing sluice room into the kitchen cleaning equipment room.

Proposed Timescale: 23/09/2016 Temporary arrangement . 2019 conversion of old sluice room to kitchen cleaning room.

Proposed Timescale: 23/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The provider has now applied for registration for 34 people, based on the statement of purpose, however, some bedrooms are in use as single not twin due to assessed dependency and therefore cannot accommodate two residents.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

We are now requesting registration for 34 people which we can accommodate and have adjusted our statement of purpose accordingly on 11/11/2016. There will be 24 single rooms and 5 twin rooms . The twin rooms are no.5 ,9,11,22 and 27.The past twin room numbers 6,7,8 and 10, are now single rooms. As per our pre-assessment policy and procedure the residents care needs are assessed as to their suitability and preference for a twin room or a single room .

Proposed Timescale: 14/12/2016

Theme:

Effective care and support

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

The premises does not fully conform to all the requirements of Schedule 6 of the regulations:

No utility to store kitchen cleaning materials.

Insufficient bath/shower rooms in place for 38 residents.
Communal space available does not meet standards.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Temporarily the kitchen cleaning materials are being stored in an enclosed container situated outside the kitchen. In our revised plans the existing sluice room beside the kitchen will be converted to the kitchen store room for cleaning materials and a new larger sluice room will be built.

The existing staff toilet is being converted to an assisted shower room with toilet facilities for residents.

A toilet in the link lounge located beside the staff changing room has been allocated to the staff. This change will provide 4 showers for 33 residents as one room has a shower. This will provide a shower for one in 8.25 residents .

Total communal space available is 119m². As we are requesting registration for 34 residents this will address the communal space issue. However in our proposed new build our residents will have above 4m² communal space.

Proposed Timescale: 2019 New build

Proposed Timescale: 31/12/2019

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Wardrobe space provided in a small number of bedrooms was not proximal to each residents bed.

4. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Each wardrobe is situated in accordance with residents needs and wishes and safely secured.

Proposed Timescale: 26/09/2016

