Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	O'Gorman Home
Centre ID:	OSV-0000547
Centre address:	Castle Street, Ballyragget, Kilkenny.
Telephone number:	056 883 3377
Email address:	anne58mcgrath@gmail.com
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	O'Gorman Home Committee
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

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 Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
30 January 2018 09:30	30 January 2018 18:00

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 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, accident logs, policies and procedures and staff files. As part of the registration renewal process, an interview was carried out with the person in charge, her deputy and the provider representative.

O'Gorman Home is a voluntary centre, established in 1985 for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care in a homely environment for a maximum of 12 residents who require minimal assistance. This centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

There was a respectful, supportive and social atmosphere in the centre. Residents were treated with respect and dignity by staff.

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were in place. Improvement was required to ensure that fire drills included night-time scenarios.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and when needed evidence-based nursing care was provided. Some improvement was required to ensure that residents' care plans contained sufficient detail to guide practice and that residents' were involved in the review of their care plan. Some improvement was also required around medication management practices.

In addition two of four staff files reviewed did not meet the requirements of the regulations.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end..

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 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:
The inspector was satisfied that the statement of purpose met the requirements of the regulations. It described the service that was provided in the centre and was kept under review by the person in charge.

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:
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality based services.

An auditing schedule was in place and the inspector saw that audits were being completed on several areas such as complaints, infection control and privacy. The inspector saw that action plans with timescales were put in place to address any issues

and the results of these audits were shared with all staff at team meetings. Results were also used to inform the annual review. This also included details of incidents, admissions and discharges and medication management.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

There was evidence of good consultation with residents and relatives. Satisfaction surveys were carried out on a regular basis. Residents and relatives' questionnaires reflected a high level of satisfaction with care received in the centre.

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 worked full time in the centre.

The person in charge had maintained her continuous professional development having previously completed courses in management including supervisory management. She continued to attend training and seminars relevant to her role such as infection control and medication management.

The inspector found that she was well known to residents and relatives and was aware of her responsibilities under the regulations and standards.

The inspector interacted with the person in charge throughout the inspection process. The inspector was satisfied that she was effectively engaged in the governance, operational management and administration of the centre on a day-to-day basis.

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:
Although this outcome was not inspected against, action required relating to staff files is included here.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

Judgment:
Substantially 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 representative was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

The head carer deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

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:
There was a policy on and procedures in place for the prevention, detection and response to abuse. All staff had received training in safeguarding vulnerable adults and staff who spoke with the inspector confirmed this. Staff told the inspector what they would do in the event of an allegation or suspicion of abuse.

Residents told the inspector that they felt safe in the centre. Staff were always available to them.

There were no residents with responsive behaviours at the time of inspection and there was no restraint measures in use in the centre.

The centre did not act as pension agent for any resident. Residents managed their own day to day monies.

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

Findings:
The inspector found that although the health and safety of residents, visitors and staff was promoted some improvement was required to ensure that fire drills were carried out which simulated the night-time staffing level.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a

regular basis.

Fire drills were carried out but the inspector saw that these did not include night-time scenarios. The inspector was aware that there was only one staff member on duty during the night but this scenario had not been included in the fire drills. This was discussed with the person in charge and arrangements were put in place to address this. Action required from the previous inspection relating to keeping detailed records of fire drills had been addressed.

The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents. They included details of mobility, communication needs and means of evacuation for day and night time.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

The centre had policies and procedures relating to health and safety. There was comprehensive risk management policy in place that met the requirements of the regulations. This had been identified as an area for improvement at the last inspection.

The inspector found that adequate infection control procedures were in place. Improvements were noticed since the previous inspection when action was required around cleaning practices, the use of cloth towels in communal bathrooms and an opened medicated cream stored in a communal shower room. The inspector found that these had been addressed.

Judgment:
Non Compliant - Moderate

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 inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices.

There were written policies and procedures in place for the management of medication in the centre. However, it was observed that the medication administration practices were not in line with the policies in place.

The centre received medication in a pre-dispensed dosage system. Checks were carried

out to ensure that the monthly delivery of medication matched the current prescriptions. Medication was stored safely on the day of inspection.

The inspector found that staff transcribed the prescription kardex. However although two signatures were present there was no date as to when this had occurred. In addition, the inspector saw some possible errors and inconsistencies. For example it was unclear what the dosage of some of the medications was or how often it could be given. Some errors were also noted on the administration sheet where handwritten notes had been inserted onto the typed sheets.

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Because of the possible risk to residents this was discussed in detail with the person in charge and staff present. Arrangements were made prior to the end of inspection to have these issues addressed.

Judgment:
Non Compliant - Moderate

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 by appropriate medical and allied health care. However, the inspector reviewed a sample of care plans and found that improvement was required to ensure that sufficient detail was included to guide staff and ensure continuity of care.

The inspector reviewed clinical issues such as diabetic care and saw that additional detail was required. For example details of appropriate management procedures should the blood sugar levels be outside of recommended levels, were not included in the care plan.

This was also evident when a resident was recommended a specific diet by the dietetic services. Sufficient detail was not included in the care plan. On discussing this with the person in charge the inspector found that the resident had chosen not to comply with

the recommendations but this was not reflected in the care plan.

The inspector also noted that there was limited evidence that residents or relatives were involved in the review of their care plans, as required by the regulations.

Residents were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services were available on referral including speech and language therapy (SALT), physiotherapy, dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided.

Judgment:
Non Compliant - Moderate

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:
The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked.

The inspector visited the kitchen and found that it was clean and organised. Residents spoken with also expressed satisfaction with the food provided. Staff spoken with discussed the special dietary requirements of individual residents and was well informed of individual likes and preferences. No residents currently required their meal in an altered consistency.

Weights were recorded on a monthly basis or more frequently if required. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

The inspector saw that the dining room was bustling with conversation during mealtimes. Tables were nicely laid and meals well presented. The inspector reviewed the menus and saw that choices were available at each meal.

Snacks and drinks were readily available throughout the day.

Weights were recorded on a monthly basis or more frequently if required. Approved nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

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:
The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations. Action required in relation to this is included under outcome 5.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Several volunteers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that they had been vetted appropriate to their role. Their roles and responsibilities were set out in writing as required by the regulations.

The centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre. All staff were supervised on an appropriate basis.

A comprehensive induction plan was in place. Staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. This had been identified as an

area for improvement at the last inspection. This included training in responsive behaviours and infection control. A training matrix was maintained.

Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety and moving and handling.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	O'Gorman Home
Centre ID:	OSV-0000547
Date of inspection:	30/01/2018
Date of response:	23/02/2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Two of four staff files reviewed did not contain a satisfactory history of any gaps in employment as required by the regulations.

1. 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

[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:
We will ensure that the records set out in schedules 2 3 and 4 are kept in the home and are available for inspection by the Chief Inspector. The staff files that did not contain a satisfactory history of any gaps in employment have now been addressed.

Proposed Timescale: 23/02/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drills were carried out but these did not include night-time scenarios in particular when one staff member only was on duty.

2. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
We will ensure by means of fire safety management that night –time scenarios when one staff member is on duty are included within staff training fire drills. Drill will be carried out at suitable intervals so that all staff working in the home and residents are aware of the procedure to the followed in the case of fire.

Proposed Timescale: 26/02/2018

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required around medication management practices.

Transcribing was not in line with national guidelines.

Some potential errors were noted on the documentation.

Some residents required medication as and when required (PRN). However the

maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

3. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
We will ensure that all medical products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Proposed Timescale: 23/02/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure that care plans contained sufficient detail to guide staff and ensure continuity of care.

4. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
We will ensure that care plans contain sufficient detail to guide staff and ensure continuity of care.

Proposed Timescale: 31/03/2018

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited evidence that residents or relatives were involved in the review of their care plans.

5. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
Care Plans will be formally reviewed at intervals not exceeding 4 months.
Where care plans are revised this will be done only after consultation with resident concerned and where appropriate with that resident's family.

Proposed Timescale: 31/03/2018