

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oghill Nursing Home
<b>Centre ID:</b>	OSV-0000077
<b>Centre address:</b>	Oghill, Monasterevin, Kildare.
<b>Telephone number:</b>	045 523 513
<b>Email address:</b>	info@oghillnursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Eochiall Enterprises Limited
<b>Provider Nominee:</b>	Ann Mahon
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	30
<b>Number of vacancies on the date of inspection:</b>	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.

**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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 03 May 2016 10:00 To: 03 May 2016 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection was unannounced and the purpose of this inspection was to monitor ongoing regulatory compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that all of the action plans from the last two inspections on 8 May 2014, and 27 August 2013 had been fully addressed by the provider. Statutory notifications submitted were also discussed and followed up on by the inspector.

Residents expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and confirmed that they enjoyed the quality of life and service provision at the centre.

The centre was found to be compliant with the regulations in the 10 outcomes inspected and followed up, and as a result there are no actions required in the action plan at the end of this report.

**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 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 outlined the lines of authority and accountability in the centre, and staff were familiar with the management structure. All staff were observed to be knowledgeable about the residents assessed needs and had a person-centred approach.

The centre is a family run organisation operating since 1997. The person in charge and provider were on duty on the day of the inspection and advised the inspector that adequate resources were made available as required. For example, the staffing skill mix on duty was appropriate to the assessed dependency of residents at the centre.

The provider works closely with the person in charge and both had worked in the centre for many years. There were satisfactory governance arrangements in place. The organisational structure was clearly outlined in the statement of purpose and supports were in place in terms of administration, accounts, and maintenance.

The provider had conducted an annual review for 2015 of the quality and safety of care delivered to residents to ensure that the care being delivered within the centre was in accordance with relevant standards set by the Authority. This review included improvements which took place during 2015, and plans for facilities within the proposed new building. However, this work had not yet commenced.

**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***

<i>the service.</i>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> 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 the Authority and she was deemed to have the required knowledge and experience to hold the post of person in charge.</p> <p>She was knowledgeable about each residents' nursing and social care needs, and had could evidence her continuous professional development was up to date. She also workd as the moving and handling instructor and trainer at the centre.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 05: Documentation to be kept at a designated centre</i></b> <i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> 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.</p> <p>A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations.</p> <p>The centre was adequately insured against accidents or injury to residents', staff and</p>

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 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 inspector was satisfied that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refreshers. Care and communication was observed to be person-centred and in an environment which promoted residents' rights.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect best practice. The inspector 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 types of abuse and the reporting arrangements in place.

The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. There had been one report made which was managed robustly in line with the policy. The inspector 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.

There was a policy on the use of restrictive practices which reflected the national policy "Towards of Restraint Free Environment". 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):**

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

**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. Some staff were due to have moving and handling refresher training, and the person in charge as the on-site trainer had planned for this.

The inspector 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 inspector 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 last fire safety training had taken place on 16 February 2016. The inspector viewed fire records which showed that the fire equipment had been serviced. 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 been trained in manual handling and this was confirmed by the person in charge. Plans were in place for staff who required refresher training and actioned by the person in charge.

The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff, and they had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were available discretely throughout the centre. There had been one reported outbreak of a communicable illness since the last inspection. This had resolved quickly and measures to mitigate any further spread had been fully implemented. However, further to a review of the premises, the sluice equipment and cleaning materials were found to be located in the same room. The provider confirmed that this was included in the plans for the separation of the sluice areas from the cleaning materials in the new build. Refresher training in infection prevention and control had taken place on 8 April 2016.

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



**Findings:**

The inspector confirmed that the non-compliances from the last registration inspection relating to medication management had been addressed and monitored. Medication 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 now familiar with the procedure for disposing of unused or out of date medicines. The medication prescription sheet now 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, and 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 inspector 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 did conform to appropriate medication management practice. The last medication monitoring and review audit took place on 26 February 2016. The inspector reviewed records which confirmed that all nursing staff had completed mandatory training in relation to medication management.

**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):**

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

**Findings:**

The inspector found improvements had taken place since the last inspection that all care plans were now formally reviewed as required by residents' changing needs. A sample of care plans including residents with clinical care needs and responsive behaviours were reviewed and were reflective of the current assessed care needs.

**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):**

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

**Findings:**

Further to the last inspection, the large industrial fridge had been moved from the dining room to a space in the nearby corridor. The inspector was informed that plans were now in place to make improvements to the kitchen and premises to meet the requirements of the standards.

**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):**

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

**Findings:**

At the time of the last inspection communication about residents' end of life care wishes was not clearly outlined in the assessment or care plan. This had been fully addressed.

A revised system was in place where the residents' expressed wishes (when known) were written in a document on the first page of the resident's record. Staff were knowledgeable when asked about the wishes of residents pertaining to transfer to hospital.

A sample of the files were reviewed and staff also fully respected the wishes of residents who did not want to communicate or discuss 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 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 inspector also 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. At the time of the inspection 16 of the 30 residents had their nursing care needs and dependency assessed as maximum care.

Four registered nurses (including the person in charge) and seven care assistants were on duty at the commencement of the 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 also have access to other 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 during 2015.

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:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority