Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

# Issued by the Chief Inspector

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| Name of designated centre: | O'Gorman Home |
| Name of provider: | O'Gorman Home Committee |
| Address of centre: | Castle Street, Ballyragget, Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 October 2025 |
| Centre ID: | OSV-0000547 |
| Fieldwork ID: | MON-0048083 |

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

O'Gorman Home is conveniently located in the centre of Ballyragget in Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of O'Gorman Home is overseen by a committee of 10 people. The centre caters for men and women from the age of 65 years old mainly. The centre manager is employed to work on a full-time basis. The centre offers non-nursing personal and social care to low dependency residents and care is provided by a team of trained healthcare professionals with two nurses who provide nursing care services over two days of the week. The centre is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007. Resident accommodation consists of ten single bedrooms and one twin bedroom. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 10 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Wednesday 29 October 2025 | 09:45hrs to 15:30hrs | Mary Veale | Lead |
| Wednesday 29 October 2025 | 09:45hrs to 15:30hrs | Sinead Corbett | Support |

## What residents told us and what inspectors observed

From what inspectors observed and what the residents reported, they were very happy and content living in O' Gorman House. Over the course of the inspection, the inspectors spoke with 6 residents and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of the service provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests on the day of inspection.

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. There was a calm and welcoming atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe and that they could speak with staff if they had any concerns or worries.

O'Gorman Home is located in the centre of Ballyraggett village, Co. Kilkenny. Residents had access to the local shops, church, the credit union, coffee shop, General Practitioner (GP's) surgery and local community groups. The centre was registered to accommodate 12 residents. There were ten residents living in the centre, one resident was in hospital and there was one planned admission arranged the week following the inspection.

The design and layout of the premises met the individual and communal needs of the residents'. The building was well lit, warm and adequately ventilated throughout. Residents had access to a dining room, sitting room, private visiting room and a large oratory. The centre was homely and clean. The building comprised of two levels with the ground floor accessible to residents. The first floor of the building contained a changing area for staff and storage space and was not part of the designated centre.

Residents were accommodated in 10 single bedrooms and one twin bedroom. Two single bedrooms had en-suite shower, toilet and wash hand basins. All of the remaining single bedrooms and twin bedroom had wash hand basins. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with resident's wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. The bedrooms in the centre of the building were arranged around an internal courtyard and the bedrooms at the rear of the centre overlooked the centres garden. Residents had access to two shared shower rooms, a bathroom and three toilets.

Residents had access to an enclosed courtyard yard and an orchard garden to the rear of the building. The courtyard had level paving, comfortable seating and potted scrubs. The centres designated smoking area was in the orchard garden.

The centre provided a laundry service in the centre for residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. The menus for all meals and snacks were displayed in the dining room. The inspectors observed the dining experience at dinner time. The dinner time meal was appetising and well present and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company. Inspectors were informed by residents that drinks and snacks were available anytime outside of meal times.

Residents' spoken with said they were very happy with the activities programme and told the inspectors that the activities suited their social needs. The weekly activities programme was displayed in the dining room. On arrival to the centre the inspectors met two residents who were travelling together, going out to their family home for the day. Later that morning the inspectors spoke with a resident who left to go to a local town. The inspectors observed residents walking around the corridor areas of the centre. The inspectors observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, games and magazines were available to residents. The inspectors were told that a resident had their own car and would regularly visit family and friends nearby or the local towns. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical and social care needs. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts the quality and safety of the service being delivered.

## Capacity and capability

The O'Gorman Home committee is the registered provider for O Gorman House. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides care to low dependency residents who do not require full time nursing care in accordance with the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The person in charge worked full time in the centre and was supported by an assistant manager and a team of nursing, care and support staff. The registered provider representative also provided support to the person in charge. The management structure within the centre was clear and staff were all aware of their roles and responsibilities.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training and development opportunities. Records viewed on the day of inspection showed that most staff had completed responsive behaviours, safeguarding, restrictive practice and dementia care training, and the inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspectors observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity. Staff were appropriately supervised. Staff with whom the inspectors spoke with, were knowledgeable regarding the types of abuse and safeguarding procedures. Notwithstanding this good practice, improvements were required in staff training. This is further outlined under Regulation 16: Training and staff development.

The inspectors viewed records of governance meetings, and staff meetings which had taken place in 2025. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls, call-bell, complaints and safeguarding. Audits were objective and identified improvements. Audits completed were discussed monthly at a staff meeting which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items included training, fire safety, and resident's feedback. It was evident that the centre was continually striving to identify improvements. A detailed annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' committee meetings. Within this review, the registered provider had also identified areas of the premises requiring improvement.

## Regulation 15: Staffing

The inspectors reviewed the staff rotas on the day of inspection. Based on the individual and social needs of the residents, and having regard for the layout of the centre, the inspectors found that this level of staffing was sufficient to ensure that care was attended to appropriately.

Judgment: Compliant

## Regulation 16: Training and staff development

From a safeguarding perspective, the provider had not ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). For example:

- One staff member had not completed training in the safeguarding of vulnerable adults and
- One staff member had not completed refresher training in the safeguarding of vulnerable adults.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits were routinely completed and scheduled, for example; falls, call-bell response times, and safeguarding residents. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing improvement plans in place to improve safety and quality of the service.

Judgment: Compliant

## Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm.

The inspectors viewed a sample of residents' files. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. The inspectors viewed a sample of residents' care plans and found that care plans were person-centred. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident.

Residents with communication difficulties were supported by staff. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

All staff had An Garda Síochána (police) vetting disclosures on file. Staff spoken with were clear about their role in protecting residents from abuse. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping. There had been no incidents or allegations of abuse reported to the registered provider.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, and medication management. The risk register contained site-specific risks such as the risks associated with shared access to showers.

Improvements were found to the premises of the centre. A hand wash sink had been installed in the laundry since the previous inspection. The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

Residents were provided with recreational opportunities, including games, music, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios.

## Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology and ophthalmology, as required.

Judgment: Compliant

## Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

## Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure the service was appropriate to the resident's changing needs.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There were no residents living in the centre who displayed responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was no bed rails in use in this centre.

Judgment: Compliant

## Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

- Staff displayed a good level of understanding of the need to ensure residents are safe from harm.
- Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at all management and team meetings.
- Feedback was actively sought from residents about their safety and how able they feel in raising any concerns they made have.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for O'Gorman Home OSV-0000547

## Inspection ID: MON-0048083

## Date of inspection: 29/10/2025

**Introduction and instruction**
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br><br>All safeguarding training have been completed.<br>All training up to date. | |

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---|---|---|---|---|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Substantially Compliant | Yellow | 08/11/2025 |