



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

Issued by the Chief Inspector

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:	04 August 2022
Centre ID:	OSV-0000547
Fieldwork ID:	MON-0037468

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 eight single rooms and two twin bedrooms. 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.

Number of residents on the date of inspection:	9
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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
Thursday 4 August 2022	09:45hrs to 16:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in O’Gorman Home. There was a welcoming and homely atmosphere in the centre. Residents’ rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. Residents’ stated that the staff were kind, caring and had provided fantastic care during the covid-19 pandemic. Residents’ said they felt safe and trusted staff. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector met and spoke with all nine residents on the day. The inspector spent time observing residents’ daily life and care practices in the centre in order to gain insight into the experience of those living in the centre. Staff were observed to promote residents to be independent throughout the day.

O’Gorman Home was conveniently located in the centre of Ballyraggett, Co.Kilkenny. Residents had access to the local shops, church, the credit union, coffee shop, GP’s surgery and local community groups.

On arrival the inspector was met by a member of the care team and guided through the centre’s infection control procedures before entering the building. The inspector was accompanied on a tour of the premises by a member of care staff which was followed by an introductory meeting with the person in charge. The inspector spoke with and observed residents’ in communal areas and their bedrooms. The design and layout met the individual and communal needs of the residents’. The premises was bright, clean, and communal areas were decorated with memorabilia, photographs, and antique furniture. The centre was small and residents' were accommodated in eight single and two double rooms. All of the bedrooms had wash hand basins. Residents’ bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with resident’s wishes. Lockable locker storage space was available for all residents and personal storage space comprised of single or double wardrobes. The single rooms were arranged around an internal courtyard and the twin rooms had views of the centres garden. An additional shower had been installed since the previous inspection giving the residents access to two shared shower rooms, a bathroom and three toilets. 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.

The centre was warm throughout and there was a relaxed, homely and friendly atmosphere. The centre was bright, clean and observed to be well maintained. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. There was a choice of communal spaces that residents could use for example; a dining room, kitchen area, sitting room, a visitor’s room and an oratory.

The centre had an internal courtyard and large enclosed garden to the side of the

building. The central courtyard had garden benches, tables, chairs, raised beds and bird feeders. The enclosed garden contained a mature orchard, a vegetable plot, clothes line and garden furniture. All areas were seen to be used throughout the day by residents.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that there was always a choice of meals and the quality of food was excellent. The residents were particularly appreciative of the home baked cakes and tarts. Many residents told the inspectors that they had a choice of having meals in the dining room or in their bedroom. The inspectors observed the dining experience at lunch time. The lunch time meal was appetising and well present and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, playing cards and board games were available to residents. Residents' were observed to enjoy friendships with peers throughout the day. Residents has access to a local mobile library. Residents' were observed gardening and a resident recited the rosary with a group of residents in the sitting room on the day of inspection. Residents' told the inspector that they enjoyed the country music entertainment in the evenings which was facilitated by staff using tablet devices to stream onto their television in the sitting room. One resident told the inspector that they were grateful that the covid-19 pandemic restrictions had ended and had recently attended a family wedding.

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

The inspector did not observe visitors during the day but the residents told the inspector that there was no booking system in place and that their visitors could call to the centre anytime. Residents said that their visitors mostly came in the evening time or weekends.

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

Capacity and capability

This was an unannounced inspection carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Overall, this was a good service with effective governance and management, where a person- centred and independent approach to care was promoted. There was a clearly defined management structure in place, with identified lines of accountability and authority. The provider had

progressed the compliance plan following the previous inspection in March 2021. Improvements were found in relation to Regulation 5; individual assessment and care planning, Regulation 17; premises, and Regulation 28; fire precautions.

The registered provider O’Gorman Home Committee, is managed by a voluntary committee with a nominated provider representative. 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.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. The inspector noted that on site training for care staff in Health Care Support Assistant (FETAC level 5) training had resumed in the centre since January 2022. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures.

There were good management systems in place to monitor the centre’s quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting and staff meeting agenda items included corrective measures from audits such as; KPI’s, training and fire precautions, covid-19 planning and clinical risks. The annual review for 2021 had been completed. It set out the centres vision for 2022 which was, "to continue excellent resident centred care and a homely atmosphere". Quality improvement plans provided time lines to ensure actions would be completed. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from annual staff appraisals, resident’s satisfaction surveys and relative satisfaction surveys.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the inspection. Policies and procedures as set out in schedule 5 were in place and up to date.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified and found these were managed in

accordance with the centre's policies.

There was a complaints procedure displayed inside the front door of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. There was no record of complaints received in the centre for the previous two years. A record of complaints from 2020 were viewed. There was evident that the complaints were effectively managed and the outcomes of the complaint and complainants satisfaction was recorded.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection. The centres rosters were reflective of the staffing whole time equivalent on the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, managing behaviour that is challenging, infection prevention and control, and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, medication and infection prevention and control. 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 action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The rights of the residents' was at the forefront of care in O'Gorman Home. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspector found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. The centre had made improvements to its premises following its inspection in March 2021 and had installed an additional shower for residents. The centre had installed automatic door closers to all bedroom doors and formal four monthly consultation reviews of the residents care plans were in place.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place, for example; a temperature check and signature log. Residents could receive visitors in their bedrooms, the centres communal areas and outside in the gardens. Visitors could visit at any time and there was no booking system for visiting.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all bedroom corridors. Bedrooms were personalised and residents in shared rooms had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and shower areas. Residents has access to a call bell in their bedrooms.

The centre had a risk management policy that contained actions, and measures to control specified risks; which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk registered contained site specific risks such as risks associated with staffing levels at night time, changes to elevation in a corridor area

and surface temperatures of radiators in winter.

The centre had recovered from a COVID -19 outbreak earlier this year. The centre had following the advice of Public Health specialists, and had put in place many infection control measures to help keep residents and staff safe. The provider and person in charge had reviewed the management of the covid-19 outbreak, and a report was evident outlining a review of the planning of the outbreak, testing, management of zones, staff training, environment cleaning, personal protective equipment (PPE), communication and the impact of the outbreak on the residents. Learning and changes had been identified and were evident on the day of inspections, such as additional bins and mops for all individual rooms, and the requirement for additional waste collections if the centre were to experience an outbreak in the future. Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The centre was free of clutter on the day of inspection. Used laundry was segregated in line with best practice guidelines. Equipment was clean and free of rust. There was evidence that infection prevention and control (IPC) was a standing agenda item on governance and local minute meetings, and findings from IPC audits were discussed at these meetings. The PIC informed the inspector that she undertook a weekly walk round of the environment and a IPC checklist was documented. Intensive cleaning schedules were incorporated into the daily and weekly regular cleaning programme in the centre.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had installed automated door closures to bedrooms doors since the previous inspection. All fire doors were checked on the day of inspection and all were in working order , no gaps were identified ensuring that smoke could be contained in the event of a fire. Fire training was completed annually by staff. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment, and of a simulated night time drill taking place in the centre largest compartment. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took and learning identified to inform future drills. There was a detailed emergency procedure for night time which include emergency telephone numbers and staff telephone numbers. There was a robust system of daily and weekly checking , of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system .All fire safety equipment service records were up to date. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment and in the residents bedrooms. One residents outlined to the inspector on the evacuation map in their bedroom how they would evacuate in the event of a fire. Staff spoken to were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item on the minutes of meetings in the centre. There was a smoking shelter available for residents. On the day of inspection there were no residents who smoked. A fire extinguisher, fire blanket and call bell were in place in the smoking shelter.

There was a comprehensive centre specific policy in place to guide care staff and nurses on the safe management of medications. All care staff and nursing staff had undertaken medication management training which was provided by the centres pharmacist. Each resident had a medication prescription and medication administration record sheet. The inspector observed the midday medication round, and spoke with a member of the care staff who outlined the medication administration and storage procedures. Control drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988, and in line with the centres policy on medication management. There was evidence of medication management audits.

Each resident's needs were assessed prior to admission. There was a good standard of care planning in the centre. In samples of care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed. Since the previous inspection the centre had put in a system to ensure that consultations with the residents or families was in line with the regulations. From the sample of nursing notes viewed it was evident that four monthly reviews of care plans with residents was taking place.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. General practitioner's (GP's) visited regularly, and throughout the centres COVID-19 outbreak the GP visited and was available by phone access. A choice of GP was facilitated where necessary. Records showed that residents' had access to a range of allied health care professionals including physiotherapist, occupational therapists, dietitian, speech and language therapist, chiropodist and dentist. Resident's had access to geriatricians and psychiatric of later life. Optician services were available to the resident routinely on site and the centres pharmacist met with residents on a regular basis.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. The local link bus was available to residents each week to take them to Kilkenny city if they wished. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. The centre has its own Eucharist minister who offered communion to residents weekly. Roman Catholic clergy visited residents' in the centre. Mass took place in the centre oratory. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

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's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for

infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. Protocols for surveillance and reducing the impact of COVID-19 remained in place and the vaccination booster programme for COVID-19 had been completed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices installed so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide care staff and nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, manual handling and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant