



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Oghill Nursing Home
Name of provider:	Eochiall Enterprises Limited
Address of centre:	Oghill, Monasterevin, Kildare
Type of inspection:	Unannounced
Date of inspection:	06 March 2025
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0046600

About the designated centre

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

Oghill Nursing Home is a private family-run 34 bedded centre, open since 1997. The centre is situated in a rural setting, a short drive from the town of Monasterevin. The centre is comprised of 24 single bedrooms and five twin bedrooms, all located on the ground floor. Communal rooms comprised of a sitting room, a day room, a conservatory, a dining room and a link lounge. The centre had an enclosed outdoor courtyard for residents. The centre accepts both male and female residents over the age of 18 years and provides 24-hour nursing care. The centre caters for residents with long-term, respite, convalescence, dementia and palliative care needs. The provider employs nurses, care support staff, catering, household, administration and maintenance staff to meet residents' needs. The centre's statement of purpose stated that its aim is to provide residents with a safe, secure, 'home away from home' environment, which promotes the health and well-being of all. Oghill Nursing Home also aims to provide residents with a person-centred service, access to information and protection of rights and to deliver safe and effective services using the best available evidence and information.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 6 March 2025	09:05hrs to 17:05hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Residents living in Oghill Nursing Home were very complimentary of the centre and of the staff who worked there. Residents told the inspector they were well looked after by a team of staff who knew them well, were familiar with their needs and provided them with a high standard of care. A resident told the inspector "I love it here, staff are fantastic". The inspector observed a kind and caring attitude shown by staff towards the residents they cared for.

There was a welcoming and homely atmosphere in the centre. The centre was nicely decorated and well maintained. On the morning of the inspection most residents were receiving personal care or relaxing in their bedrooms. A sitting room was located beside the reception area of the centre it had an activities schedule on display outlining the days activities.

Oghill Nursing Home is situated near Monasterevin, in Co. Kildare. The centre is registered for 34 beds. On the day of inspection there were 32 residents living in the centre. The centre was a purpose built single-storey building. The environment was homely, clean and comfortably decorated with many homely features and furnishings. The building was well lit, warm and adequately ventilated throughout. Residents had access to a dining room, a living room, a conservatory and a sitting room. Residents had access to an outdoor smoking area within the enclosed courtyard. There were large external grounds for residents to walk around when the weather permitted.

The inspector observed that work was happening in the centre to strengthen the fire safety systems that were in place and upgrading works were seen taking place on the day of the inspection. Large printed floor plans were located on the walls of the centre indicating the compartments in the centre and signposting staff and residents to the specific compartment they were in. The inspector also observed a pad-lock on the outside of a gate leading from the internal courtyard to the grounds of the centre and which was indicated as a fire exit. This was removed immediately by the provider.

Residents were very complimentary of the home cooked food in the centre. Residents told the inspector that there was always a choice of meals and the quality of food was excellent. There was a large display board outside the dining room which showed the meal options available for the day and residents were given a choice of four main meals, a selection of vegetables and a choice of two desserts. The inspector observed the dining experience at dinner time. The dinner time meal was appetising and well presented and the residents were not rushed. Staff discreetly assisted the residents during the meal times.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the communal areas and residents bedrooms. Residents confirmed there were no restrictions on visiting.

Activities were provided in the centre and the inspector observed residents participating in various types of exercises on the day of the inspection. Pictures of residents' activities and days out were on display in the corridor beside the dining room. These included a recent visit from birds of prey which residents said they had particularly enjoyed. The centre had appointed residents' advocates who facilitated the residents meetings on a monthly basis. Details of external advocacy supports were also displayed throughout the centre.

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

Overall, this was a well managed centre where management and staff were striving to ensure residents were provided with person-centred care and support. There were systems in place to ensure the service was monitored. Improvements were required in some areas to ensure full compliance with the regulations as outlined further in the report.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the compliance plan from the previous inspection.

Eochiall Enterprises Limited is the registered provider of Oghill Nursing Home. This is a family run centre, the registered provider has five company directors, three of whom are involved in the day-to-day running of the centre. One of the directors is the person in charge, a second director supports the person in charge in an assistant director of nursing role. A third director supports the centre in an administrative role. The person in charge is also supported in their role by a clinical nurse manager, staff nurses, care assistants, housekeeping, catering and maintenance staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

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.

The provider had increased their night time staffing levels as part of their compliance plan from the previous inspection and this had been maintained.

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; infection prevention and control, falls, infections and weight loss. Audits were objective and identified improvements. Records of management and staff meetings showed evidence of actions that had been identified from audits had been completed. Regular management meetings took place and there was evidence of weekly staff meetings taking place. The provider had nominated two residents' advocates and these advocates facilitated monthly residents' meetings. The annual review for 2024 was available during the inspection. It was completed with input from residents and their families. Notwithstanding the arrangements that were in place to review fire safety and the steps taken by the provider to strengthen their fire precautions, further oversight was required in relation to the day-to-day management of fire safety practices. This is further outlined under Regulation 23: Governance and Management and Regulation 28: Fire Precautions.

Written policies and procedures as required under Schedule 5, were available for review and there was a system in place to ensure that policies and procedures were reviewed, updated and understood by staff.

A sample of four residents contracts were reviewed. The inspector found that they generally met the requirements of the regulation however, one contract did not provide details of the fees to be paid by the resident.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse and two health care assistants on duty in the centre at all times for the number of residents living in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Improvement was required to ensure that management systems in place to provide a safe, appropriate, consistent and effectively monitored service ensured that issues were reported in a timely manner:

- There were items propping open two residents bedrooms doors and a padlock was observed on an external gate on the day of inspection. These practices were not in accordance with fire safety precautions and had not been picked up by the providers internal auditing systems.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of four residents' contracts. One residents' contract did not include the fees to be paid by the resident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an updated statement of purpose in place, that contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

In general, the inspector found that a human-rights based approach was taken to enable and ensure that residents had a good quality of life. Systems were in place that promoted a holistic approach to care delivery. The provider had undertaken recent fire safety work to strengthen the safety of the service, however, further action was required to ensure the safety of residents in respect of fire safety arrangements.

The inspector reviewed a sample of residents' files and found that each resident had a care plan in place. Validated assessment tools were used to assess residents' needs and to inform care planning. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. Records demonstrated that comprehensive assessments and care plans were developed within 48 hours of the resident's admission. The inspector reviewed a sample of care plans and found they reflected the information gathered from the assessments. Care plans were person-centred and effectively guided care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had good access to GP services and there was evidence of regular medical review of residents when required. Residents had access to community mental health based services and health and social care professionals such as speech and language therapists and dietitians as required.

Food appeared nutritious and in sufficient quantities, drinks and snack rounds were observed morning and afternoon. It was evident that there was close monitoring of residents' weights and nutritional assessments. Residents had a choice of meals and were asked their preference on a daily basis. Residents were provided with jugs of water in their bedrooms.

There was evidence that the provider was pro-actively addressing fire safety in the centre. Arrangements had been made for the development and display of compartmentation drawings and the installation of new compartment doors on the corridors. The provider had also arranged for a fire safety risk assessment of the centre by a competent person, this had just been completed and was not yet available for review. There was a fire safety policy in place and as per the policy fire drills were to take place on a six monthly basis and as required. The inspector found that fire drills were taking place bi-annually and the most recent fire drill had taken place in January and learning was identified following this. However, the last fire drill in the largest compartment had taken place in June 2024 before the compartment work had been completed. Fire sealing was taking place throughout the centre and some of the fire doors had been replaced. Notwithstanding this, the inspector observed two fire doors that were not closing properly and a door wedge and other item were in use by residents to prop open their bedroom doors. These were removed by the provider during the inspection to ensure the safety of

residents and staff. This and further areas requiring review are outlined under Regulation 28: Fire Precautions.

Regulation 18: Food and nutrition

Mealtime was observed and residents were seen to have a pleasant dining experience. Residents sitting together at tables in the dining room were served together and appropriate assistance was provided in accordance with residents' individual needs. Meals were well presented including textured diets. A variety of beverages were offered during meals and snack times.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which included all the required information and was on display and available for residents.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to be fully compliant in relation to fire precautions as evidenced by the following;

- An enclosed courtyard area that contained the residents' smoking area had a padlock on the outside of the gate. This may delay access to an escape route and was removed before the inspection was completed.
- The garden furniture in the residents' and staff smoking area required review to ensure it was fire retardant. A towel was also laid out on the table in the staff smoking area increasing the risk of fire.

Arrangements for the containment of fires required further review to ensure they were adequate;

- A bedroom and conservatory doors were not closing properly and required review.
- Two residents' bedroom doors were being held open with a door wedge and other item, this did not ensure they would automatically close in the event of a fire. These were removed by the provider before the end of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed person centred information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care and GP services and their GP was on site every week. There was appropriate timely access to professionals such as physiotherapists, dietitian, speech and language therapists, and chiropodists.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Oghill Nursing Home OSV-0000077

Inspection ID: MON-0046600

Date of inspection: 06/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Padlock was taken off immediately and replaced with a coded lock. All residents are aware of the code which is displayed beside the lock. Residents who are unable to unlock the gate due to a physical condition ask staff for assistance to open the gate. The 2 items in use by 2 residents to prop open their doors were removed during the inspection. All doors have been checked and are closing properly. All fire doors are checked weekly and any faults identified are reported and remedial action taken.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The fees to be paid by that resident has been included in their contract of care.	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Padlock was taken off immediately and replaced with a coded lock. All residents are aware of the code which is displayed beside the lock.

Residents who are unable to unlock the gate due to a physical condition ask staff for assistance to open the gate.

The garden furniture in the residents and staff smoking area has been replaced with fire retardant furniture. The towel was removed from the table and staff informed that only fire-retardant items are allowed.

All doors have been checked and are closing properly. All fire doors are checked weekly and any faults identified are reported and remedial action taken.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	07/03/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	07/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	07/03/2025

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/03/2025
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