



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:	03 December 2021
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0035028

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 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 their 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-centered 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:	27
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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
Friday 3 December 2021	09:00hrs to 13:00hrs	Nuala Rafferty	Lead

What residents told us and what inspectors observed

This was an unannounced risk inspection conducted during an outbreak of the COVID-19 virus in the centre. The inspector found that although staff were under considerable pressure, they remained cheerful focused and attentive to residents needs.

The inspector was conscious of the pressures that staff and management were experiencing and remained in the centre for the briefest possible time.

On arrival at the centre, the advisory signage in respect of COVID-19 was highly visible. It was posted in several areas, at and around, the entrance to the centre. The entrance was locked to facilitate COVID-19 precautionary measures to ensure the safety of residents and staff. On entry the inspector was met by the person in charge and followed the centre's COVID-19 infection prevention and control protocols which included hand sanitising, mask wearing, recording temperatures and completion of a risk-based questionnaire.

All residents had received their COVID-19 vaccinations and their additional booster. All staff were also fully vaccinated and with a small number of exceptions had received their additional booster.

The COVID-19 outbreak was initially reported to the Chief Inspector on 21 November 2021. A total of 20 confirmed cases were identified (nine residents and 11 staff members) to the inspection date. As a result of the outbreak, most of the residents were isolated in their rooms, therefore, this report does not reflect the living experience for residents or how they usually enjoy spending their day. The inspector spoke with three residents who said that the staff kept them informed on what was happening and were kind and helpful.

Due to the outbreak of the virus within the centre, visiting was restricted as per the public health advice, although family visits on compassionate grounds were accommodated. Residents also told the inspector that, although they could not come into the centre, their families had called for brief window visits to say hello. The inspector also observed a couple of residents being facilitated in their choice to go outside for a cigarette. The inspector also viewed nursing records which evidenced where families were facilitated and supported to have contact with their loved ones, over the phone. Compassionate visits were also supported.

Staff and management worked hard to ensure that a good standard of care was delivered and to ensure all residents' needs were met. Staff voiced their disappointment of the outbreak occurring as they had remained COVID-19 free since the start of the pandemic, up to this time. Their conversations with the inspector conveyed how difficult and exhausting it was working in the centre during an outbreak and how concerned they were for the safety and well being of their residents and each other. Staff and management expressed a commitment to

getting through this very difficult time and to look forward to a return to normal.

Despite the attempts of the person in charge to fill all unplanned absences, a number of gaps remained. The inspector observed however, that staff created an atmosphere of calm and quiet to reassure residents and gave confidence for appropriate care delivery despite the shortage of staff on the day.

The inspector found that the centre was decorated and furnished to provide a comfortable living environment for residents and overall, it was designed and laid out to meet residents needs. However, the inspector observed that clinical wash hand basins were not located in areas close to residents bedrooms, which necessitated the establishment of sanitising stations for PPE, clinical waste bins etc. This reduced the available circulation space on corridors and negatively impacted on residents ability to safely and comfortably make their way to and from their bedrooms. The inspector observed one resident who become annoyed trying to negotiate her way through a corridor and observed two other residents using assistive equipment who were impeded by the amount of equipment on the corridor

Although the schedule of activities was not being fulfilled and the majority of residents were restricted, the inspector noted that several residents were facilitated to have their spiritual needs met through watching Mass on television in the sitting room, whilst maintaining appropriate social distancing.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that there were good governance systems in place in the centre and that there were sufficient resources to maintain the provision of a safe standard of care to residents on a daily basis.

The designated centre is a residential care setting operated by Eochiall Enterprises Limited who is the registered provider. It is registered to accommodate 34 residents. The centre is family owned and operated. The registered provider representative and person in charge are one and the same person, who is supported in the operational management of the centre by other family members in the management of finance, administration, human resources and health and safety. The centre has a very good history of compliance and the inspector found that the provider/person in charge had responded in an appropriate and timely manner to manage the COVID-19 outbreak.

However, the inspector was not fully assured that the contingency arrangements in place were sufficient to enable the provider access sufficient relief staff to manage risks associated with a high level of unplanned absences due to core staff illness.

The staffing resource required to manage the outbreak at the time of this inspection was two nurse led-teams over 24 hours. Due to the outbreak, many of the centre's own staff were on sick leave. In addition, a number of senior nursing staff were on annual leave. The provider/person in charge had tried to fill the shortages in the staffing roster with agency relief staff, however, although this had initially been successful, due to the increasing sick leave levels and the increased nursing staff requirement, this was becoming more difficult. As a result the full roster of planned shifts were not being filled and some shifts were not replaced. On the day of the inspection, three health care assistant staff were required to fill the roster and the inspector noted that, over the following two day period, a total of seven replacement staff were required.

Additionally it was noted that some improvements were required to ensure the principles of infection prevention and control training and guidance were implemented in full. Risks associated with clinical waste management and environmental cleaning procedures were found and are referenced under the relevant regulation in this report.

Evidence that staff were provided with regular training opportunities was available. All staff had been provided and attended recent training in mandatory areas including; infection prevention and control such as hand hygiene use of protective personal equipment and cough etiquette principles. Also fire safety moving and handling and swab training for COVID-19.

As part of managing the staffing shortfall, the provider/person in charge had also redeployed some staff and volunteers into other roles. Although not fully trained in these new roles all those redeployed were given some relevant infection prevention and control training to enable them fulfill the minimum requirements of the role. All staff were observed to work very hard to adapt to the new roles and apply the principles of the training provided, however, the inspector saw that there were risks associated with cross-contamination due to the lack of experience and knowledge of the roles.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge the centre on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was not fully appropriate to the size and layout of the centre and to meet the assessed needs of all of the residents at the time of the

inspection. Due primarily to the outbreak of COVID19 in the centre the inspector found that:

- not all staff absences were replaced and consequently staff were unable to meet all residents' holistic needs.
- the redeployment of staff meant some did not have adequate skill or knowledge for the roles and this impacted negatively on their ability to perform the roles to the required standard.
- the inspector was told that due to the current COVID-19 outbreak the majority of residents were confined to their bedrooms, as staff could not be spared to supervise the communal areas and there was little social interaction.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector noted that additional training was required for those staff and volunteers who did not have training opportunities relevant to their current roles, for example redeployed staff involved in environmental cleaning and waste management.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although governance systems in place were adequate, the inspector found some improvements were required to ensure resources available were utilised more effectively and targeted to meet residents' holistic needs. These included:

- additional staff to conduct swab testing when required in line with public health advice
- external resources to provide professional environmental deep cleaning of the centre
- external laundry services to allow existing staff provide direct care to meet residents needs.
- improved supervision of agency and existing staff to provide additional support to staff when deployed to other roles.

The inspector found that governance arrangements in respect of the responsibilities of the management team would benefit from the separation of the roles and remit of the provider representative and person in charge. This would provide greater clarity on the responsibilities of each role and ensure a degree of continuity, security

and succession planning for the future of the centre.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers in the centre were appropriately vetted in accordance with the national Vetting Bureau (Childrens and Vulnerable Persons) Act 2012.

Judgment: Compliant

Quality and safety

The inspector found that the provider and the management team were cognisant of and adhering to most of the current national guidance on the management of COVID-19 outbreaks in residential care facilities. Practical measures and clear processes were in place to minimise the risk of harm to residents and staff. Examples included;

- contingency plans were actioned by the provider to manage the outbreak.
- residents were cohorted into two distinct zones; one red zone was created for those residents who had confirmed positive test results and one green zone for those residents with confirmed negative results.
- the provider had notified the medical officer at the department of public health and the Chief Inspector of the outbreak and had set up an outbreak control team in association with the HSE infection prevention and control community specialists, general practitioners and public health doctors.

There were sufficient personal protective equipment (PPE) resources and alcohol-based rubs with stations set up immediately outside and inside the red zone. Stations were also set up at regular points within the green zone.

Movement within and between the zones was minimised with staff allocated to specific zone areas without crossover.

Residents were informed of the situation and the reasons for the limitations placed on them and the staff.

Although inspectors observed many instances of good practice in respect of infection prevention and control, some improvement was required in this area, the specifics of which are described under Regulation 27: Infection Control.

The premises consisted of 24 single and five twin bedrooms. None of the bedrooms

contained a full en-suite although some did have a wash hand basin and a small number had access to a shared toilet facility. The centre also contained a number of communal sitting rooms and spaces where residents could spend time alone or with family and friends. However, due to the outbreak of COVID-19, these facilities were not available to residents at the time of the inspection. A full review of the premises was not conducted during this inspection, however the inspector found that the premises were well-maintained although a number of small improvements were required to ensure they were suitable to meet residents needs. This is discussed under Regulation 17: Premises.

Records viewed indicated that when residents required access to medical intervention, this was sought in a timely manner.

Regulation 11: Visits

Normal visiting was disrupted due to the outbreak of COVID19 in the centre. Essential visiting was defined for compassionate grounds, such as residents receiving end-of-life care or needing additional psychological support. There were procedures and checks in effect for all people entering the services to minimise the risk of potential infection. The inspector was told by residents and staff that relatives had access to window visits and availed of these. The inspector saw evidence where relatives were facilitated to visit their loved ones when they were ill or at end of life.

Judgment: Compliant

Regulation 17: Premises

Some improvements to the care environment and facilities were required to fully meet residents' assessed needs as laid out in the centre's statement of purpose or conform to all of the matters as laid out in Schedule 6 of the regulations;

- due to the large volume of clinical waste as a result of the outbreak, additional clinical waste bins and collection services were required. The provider/person in charge was aware of this and had made several attempts to secure additional bins and collection services. This was addressed prior to the end of the inspection.
- a clinical wash hand basin was not available in the housekeeping utility room
- a review of the location and number of clinical wash hand basins in areas close to residents bedrooms is required in order to support staff meet residents needs without negatively impacting the residents safety and quality of life.

Judgment: Substantially compliant

Regulation 27: Infection control

Some improvements to ensure the full implementation of national guidance in relation to COVID-19 infection prevention and control practices were required, such as:

- adherence to the World Health Organisation's five moments of hand hygiene guidance at all times prior to entering and leaving residents bedrooms
- consistent and sole use of the foot pedal to hygienically operate all clinical and non-clinical waste bins.
- ensuring that the bedroom doors of residents with confirmed positive COVID-19 results remain closed. Where there are concerns for negative impacts of this on residents this should be risk assessed.
- procedures were not in place to ensure the regular, timely and safe removal of clinical waste from each zone.
- some aspects of the premises were cluttered with equipment and could not be effectively cleaned; these included the equipment store room and worktop in the nurses clinical room.
- a number of commodes were blocking access to the bed pan washer in the dirty utility room
- several items of residents clothing and bed linen were seen hanging over hand rails on one corridor opposite the laundry room

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector looked at a small number of care plans and nursing assessments. Records showed that all residents were assessed prior to admission and on a regular four monthly interval thereafter or sooner if the resident's condition changed. The assessment information was used to develop a plan of care to manage residents needs. There was clear evidence that the resident and where appropriate their nominated next of kin were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

Records viewed indicated that residents had appropriate and timely access to

medical intervention based on their assessed needs. The inspector was told and records confirmed that, where necessary residents continued to be reviewed by their general practitioner in person including during the COVID19 outbreak.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Oghill Nursing Home OSV-000077

Inspection ID: MON-0035028

Date of inspection: 03/12/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: This outbreak coincided with the emergence of the new Omicron strain, 3-4 times more transmissible than the previous highly transmissible strains. The shortage of nurses and healthcare staff is a global problem since the beginning of the Pandemic. In spite of this we were able to recruit replacement staff. Also existing members of staff worked extra shifts. A senior member of staff was always on duty to supervise and ensure the individual needs of Residents were met.</p> <p>Recruitment contacts for agency staff in our original contingency plan proved to be unreliable and unable to supply staff at short notice. We have since sourced a reliable agency that provided us with the staff we required.</p> <p>We are continuing to encourage and support all staff to avail of the Booster vaccination, when eligible; supplying evidence based material on how this can reduce transmissibility.</p> <p>A senior member of our team absent through illness has been replaced.</p> <p>Staff re-deployment: Although there was a lack of experience among our volunteers and re-deployed staff, all staff had training in IPC and were familiar with our Residents, having worked on the premises in other areas. They were supervised and received adequate support in their roles by more senior members of staff.</p> <p>Any Residents in their bedrooms on the day of inspection had either requested to be there or were there on the basis of a medical condition. Nine Residents were in the isolation unit. The remaining reduced number of Residents were in the communal area. Close contact activities were put on hold as advised by the department of Public Health. We had received our second sweep swab results identifying two more Residents and seven more staff members as positive, the previous day. Residents in the communal area had their daily activities of morning prayer (for those who wanted it); the reading of newspapers and current affairs discussion; music videos. Communication with family via video and phone was facilitated at all times. While their usual activity program was</p>	

<p>disrupted, staff endeavored to compensate with safe, socially distanced replacement activities as the week progressed for those in the communal area and in their bedrooms.</p>	
<p>Regulation 16: Training and staff development</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Additional training will be provided to those who are on standby for volunteer cleaning and waste management. For current staff employed in these areas, training will be reinforced (refresher courses) and monitored.</p> <p>We are recruiting additional cleaners with the relevant qualifications.</p> <p>We have sourced an external company who are nationally recognized and specialise in IPC cleaning. We are discussing dates on which they can attend the premises to provide training to all relevant staff.</p>	
<p>Regulation 23: Governance and management</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Six staff members are trained in swabbing. On the 7/12/21 when our third sweep testing was recommended by the department of Public Health, only two staff trained in taking swabs were available (the others were self-isolating due to having tested positive for covid-19) These two Nurses were needed, to provide essential care services to our Residents; one being assigned to the isolation unit. We had previously conducted all swab tests with our own trained staff.</p> <p>Four more members of staff will complete training when a schedule becomes available.</p> <p>Professional environmental deep cleaning of the Centre by an external agency has been completed on two separate occasions, in both the isolation zone and the green zone.</p> <p>Sourcing external Laundry: This proved difficult during this outbreak. We had poor response from the contacts we were given. We have sourced a reliable company who can provide this service.</p> <p>Supervising Agency staff:</p>	

The roster was designed to ensure an experienced core- care member of staff, familiar with our Residents was on duty with Agency staff, as often as possible.

Management:

The unforeseen circumstance of our ADON being absent, possibly long-term, means we are reviewing management, roles and responsibilities. We have assigned a temporary ADON. The PIC is also the RPR and we have assigned a member of the managerial team to deputise in this role.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Clinical waste:

We have sourced a second clinical waste removal company, as our regular clinical waste collection company could not offer extra collection service.

Clinical hand wash basin in housekeeping utility room and close to Residents bedrooms:

We are currently reviewing designs of clinical hand wash sinks, regarding the specifications required and location requirements. A plan for new handwashing facilities has been initiated.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- We have assigned a member of staff to supervise and reinforce the application of training and knowledge into practice, regarding the five moments of hand hygiene, the correct use of foot pedal operated bins.

- Staff were aware they should keep the bedroom doors of those in the isolated area closed, and complied with this as much as was practicable. One of our mobile Residents did not feel comfortable with this. A risk assessment was performed and extra surface cleaning of walls, rails and all high touch surfaces were carried out on each occasion.

- Clinical waste removal: Timely and safe removal from each zone was delegated to two designated staff members who adhered to a two hourly schedule for doing so.

- Decluttering of the entire premises has been completed including equipment store room and Nurses clinical room, which had extra stock due to the Outbreak.
- Commodes blocking access to bed pan washer: Staff have been reminded to store disinfected commodes in their storage room.
- Clothing on hand rails: As mentioned, outsourcing our laundry during this outbreak could not be accomplished in spite of contacting several companies. The volume of laundry was larger than normal. We have since sourced a reliable company.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	06/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Substantially Compliant	Yellow	10/12/2021

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/01/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	07/12/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	07/12/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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