



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oughterard Manor
Name of provider:	The Brindley Manor Federation of Nursing Homes Unlimited Company
Address of centre:	Camp Street, Oughterard, Galway
Type of inspection:	Unannounced
Date of inspection:	23 April 2018
Centre ID:	OSV-0000745
Fieldwork ID:	MON-0021396

About the designated centre

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

Oughterard Manor Private Nursing Home is a purpose built facility that can accommodate a maximum of 41 residents. It is a mixed gender facility for dependent persons aged 18 years and over and it provides care to people who require long-term residential care including care to people with dementia or to people who require short term respite, convalescence or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that they are committed to providing quality health and social care through the principles of person-centred care that reflects best practice.

The centre is a two storey, located in the town of Oughterard and close to the Owenriff River which flows into Lough Corrib. Residents' rooms are single or double occupancy and all have ensuite facilities with a toilet and wash hand basin. There are sitting areas on both floors and there is a lift and stairs to enable access to the first floor. A safe secure garden space that has been cultivated to provide interest for residents is available off the ground floor.

The following information outlines some additional data on this centre.

Current registration end date:	09/01/2019
Number of residents on the date of inspection:	21

How we inspect

To prepare for this inspection the inspector or 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
23 April 2018	10:00hrs to 18:30hrs	Geraldine Jolley	Lead
23 April 2018	10:00hrs to 18:30hrs	Ann Wallace	Support

Views of people who use the service

The inspectors spoke with five residents and their comments about comfort, the way their care needs were met and social activities were positive. Residents said they were happy living in the centre and said that they particularly enjoyed being able to talk to other people, the activities on offer and the food provided. Some residents said that they were free to come and go, visit family and go to the local shops which they really appreciated as the centre was located close to the town.

The staff team were valued for the care provided and for their good humour and patience. Residents said that staff were kind and helpful and said that they were supported to remain independent and in contact with the local community. Some residents expressed the view that more staff in the evening and early night would be helpful when people were preparing to go to bed. Food choices were described as good and varied and residents on specialist diets said that they were provided with meals that suited their needs.

Capacity and capability

The centre was well organised and the person in charge was on duty with a staff nurse to guide and lead the staff team and ensure that care was delivered according to residents needs and wishes. The inspectors found that the leadership and management arrangements had improved since the last inspection. Action plans from that inspection required that the supervision and management arrangements were improved and that issues raised in complaints were used to improve practice and provide a safe effective service. These actions had been addressed.

The person in charge had conducted competency assessments with staff where areas of practice were identified for improvement. The inspectors were told that additional supervision, observation of practice or training had been provided so that the comfort and well being of residents was promoted. Staff said they were supported and supervised in their work and were clear about what was expected of them in their roles.

The person in charge has been in post several years. She is appropriately qualified and experienced and has kept her skills and knowledge up to date attending courses and training events.

Residents and staff said they could raise any concerns regarding the quality and safety of care delivered and felt their views were listened to and considered.

Complaints made were investigated by the person in charge and the records conveyed that regulatory requirements were met.

The inspectors found that some staffing issues continued to need attention to ensure the staff team were appropriately trained and had up to date experience and knowledge to undertake the duties they were required to perform.

Overall there were sufficient numbers of staff on duty to meet the needs of the residents and care was found to be person centred and to reflect the choices made by residents in respect of their day to day routines. The inspectors found there were times when nurses who had limited experience in the care of older people since qualification were in charge for consecutive shifts during the evening and night. Also carers who had qualifications but no recent experience or training in the care of older people had been recruited without clear evidence of their current competences.

The governance and management structure was clearly defined and residents and staff were familiar with who was in charge and the lines of authority and accountability.

Staff were familiar with residents' needs and there was a staff training and development programme in place. The care and nursing staff team were supported by allied health professionals that included an occupational therapist employed by the provider. Staff were observed to engage with residents in a person centred and respectful manner.

Staff had access to a range of policies and procedures to support the delivery of safe and appropriate care and services for residents. Staff were trained in key policies as part of their initial induction training and this was updated through the centre's training programme. Staff who spoke with the inspectors were able to describe key policies and procedures such as fire safety, complaints and adult protection procedures.

Each resident had a contract for care in place which outlined the fees and arrangements that were in place for the resident in relation to the Nursing Home Support Scheme. The cost of additional services which could be charged to the resident was also described.

Regulation 14: Persons in charge

The person in charge is a registered nurse. She has a full time role and has responsibility for this centre and Brookvale Manor which is also part of the Brindley Health Care group. She is supported by the Assistant Director of Nursing who works full time and they share responsibility for the management of staff and residents

who live and work in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number of staff was appropriate to meet the needs of the residents accommodated at the time of inspection and the size and the layout of the centre. However, while there was always a registered nurse on duty in the centre the inspectors found there were consecutive shifts where an inexperienced nurse was in charge for example over weekends.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. In most areas staff had the required competencies to deliver person centred care and effective and safe services; however, there was evidence that some staff recruited while knowledgeable about their roles did not have up to date training or experience in the care of older people. Nurses likely to be in charge of the centre did not have training in the management of wound care problems.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up to date and contained all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The provider and person in charge had enhanced the systems in place to review the quality of care delivered since the last inspection. Staff day to day care practice and competences were now assessed regularly by the person in charge and the assistant director of nursing. The inspectors noted that the supervision of residents had improved and staff interactions with residents were positive and meaningful.

Judgment: Compliant

Regulation 24: Contract for the provision of services

All residents or their representatives were provided with a contract of care that described the services to be provided and where extra charges applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The required notifications were supplied however notification of an allegation of abuse was delayed as staff had not reported the incident in a timely way to the nurse in charge. The incident was fully investigated following the report.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place in the centre. Residents and their families were made aware of how to complain and the procedure was provided with the residents' guide at the time of admission. The person in charge was the nominated person to deal with complaints and residents said that they had no problems raising concerns or making their views known to her or any of the staff team. Details of the nature of the complaint, the investigation and the actions taken to resolve the complaint were available in the records maintained. The action plan outlined in the last report was addressed as care practice was now reviewed and observed regularly by the person in charge and her deputy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place and staff were aware of where to access information for guidance when needed.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The person in charge is replaced by the assistant director of nursing when she is not working in the centre. She has a full time role and the rota examined indicated that there are times when both are on duty to ensure consistent care is delivered.

Judgment: Compliant

Quality and safety

The inspectors found that residents' care needs were assessed appropriately, that appropriate care arrangements were in place and that a varied social care programme that residents found interesting was available. The premises met the needs of residents and were clean and well maintained. The action plan outlined in the last report in relation to the exterior lighting had been addressed. A new fuse had improved the lighting outside. Communal areas and bedrooms viewed were clean and appropriately furnished.

All residents had a comprehensive assessment of their health and social care needs on admission to the centre. The assessment included any relevant clinical risks such as medical conditions, weight loss, dementia and risk of falls. Nursing staff engaged with residents and families to develop care plans that described the care interventions and services required to meet their identified needs, lifestyle choices and maintain their independence. Staff the inspectors talked with knew the residents well and were knowledgeable about the levels of support and how to engage with them to ensure that communication was as effective as possible. Residents had access to the full range of primary care services and the provider employed an occupational therapist two days a week on site to support staff with assessments, social care programmes and treatment interventions.

Residents with dementia were assessed according to the Positive Approaches in Dementia Care Model which was used to guide staff practice. The extent of memory problems and orientation difficulties was described by the GEMs rating that applied and this was confirmed by other mental state assessments. (A GEMs rating was

used to identify the ability residents' retained. As an example, a ruby rating indicated that significant support may be needed and an emerald rating indicated that residents retained many of their abilities).

Staff were observed to be accessible to residents when they required care and interactions were noted to be friendly, positive and engaged. Residents told the inspectors that they could go out to the local town and that staff encouraged them to go out to local cafes and restaurants and to do their business in town.

Care plans and risk assessments were reviewed every three months or more often if the resident's needs changed. Residents and their family were invited to take part in the reviews if they wished to do so. The inspectors reviewed a sample of care plans and found that they reflected the resident's current needs and their preferences for care and daily routines. Improvements to care plans outlined in the last report had received attention. Care plans reviewed now provided good detail on the impact of particular conditions on residents' general wellbeing.

Residents' needs were met through a range of nursing, medical and specialist health care services. An occupational therapist employed by the provider was available to assess residents and to support staff interventions. Residents had good access to medical and specialist services with general practitioners visiting the centre regularly and an out-of-hours medical service was available.

Residents told the inspectors that they enjoyed their meals and that there was plenty of choice on the menus. There was sufficient staff available at meal times to support residents and to ensure that they were able to take adequate food and fluids however the interactions between staff and residents did not enhance the meal time experience. The inspectors observed there was little conversation or verbal communication in evidence, this was a missed opportunity for meaningful engagement. Drinks and snacks were served throughout the day. Some residents chose to have meals in their rooms and this was arranged without difficulty the inspectors were told.

The centre's activity programme enabled residents to take part in activities and social interactions of interest to them. The programme included group activities in communal areas and one-to-one activities for those residents who needed a higher level of supervision and support. The occupational therapist provided oversight and support for staff providing activities for those residents with higher level needs.

Residents told the inspector that they felt safe in the centre and that they were able to talk to care staff and nurse if they had any concerns. A programme for safeguarding training was in place and the person in charge was due to attend the safeguarding training for designated officers provided by the Health Service Executive. Staff could describe their responsibility to report any incident that impacted on safety however in one situation staff had not reported the matter to the nurse in charge in a timely way. The person in charge said that she was providing additional information to staff to prevent a recurrence. Staff were provided with information on abuse and protection and this was updated regularly.

The centre was observed to be clean and there were adequate hand washing

facilities available. Strategic areas such as storage cupboards were locked. The signage to guide residents to their rooms was noted to have personal meaning to support them in recognising their own rooms. The garden area was being cultivated with bedding plants to provide interest for residents. There was lift access to the upper floor and residents were observed to use this easily accompanied by staff. The regular maintenance of the lift was noted to be overdue. Equipment in use at meal times was noted to be noisy and detract from residents' comfort.

There were comprehensive fire safety procedures in place and all staff working in the centre had attended fire safety training and fire drills. Staff were aware of what to do to keep residents safe in the event of a fire. There were regular checks of fire safety equipment and means of escape. Risk assessments were completed for residents who smoke.

Residents told the inspectors that they were comfortable in the centre and that it met their needs. They said they liked being near the town as they could go out with family easily. Resident's had appropriate wardrobe space for clothing and belongings, a bedside locker and an armchair. Rooms were noted to be personalised with ornaments and photographs belonging to residents. Communal areas were available on both floors and were comfortably furnished. Changes to the upper floor sitting room had improved the environment here and made it more interesting for resident particularly people who had dementia.

Regulation 10: Communication difficulties

Each resident who had a communication need had a care plan in place to guide staff on the the approach to be adopted to support the resident to communicate to their maximum ability.

Judgment: Compliant

Regulation 11: Visits

The centre had an open visiting policy and residents could meet with their families and friends as they wished. Suitable areas were available that ensured that residents could meet with their visitors in private if they wished to do so.

Judgment: Compliant

Regulation 12: Personal possessions

There were clear policies and procedures in place to ensure that residents had access to and retained control over their personal property, possessions and finances.

All residents had appropriate wardrobe and other storage space in their bedrooms

Judgment: Compliant

Regulation 17: Premises

The premises issues described in the last report were addressed. Hygiene standards were good and residents rooms were clean and well organised. The lift service was overdue and some equipment was noisy when in use which detracted from residents' comfort.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The food served was attractively presented and residents said that they enjoyed their meals. The meal time experience for residents who required support to eat could be enhanced by better staff interactions to make the experience more enjoyable and social for residents.

Judgment: Substantially compliant

Regulation 26: Risk management

The inspectors found that risk management deficits described in the last inspection report had been addressed. The failure of staff to report a protection incident in a

timely way was identified as a risk and the person in charge had identified this and had organised further training sessions on safeguarding and protection for staff.

Judgment: Compliant

Regulation 28: Fire precautions

The fire drills and fire training schedule was up to date and records confirmed that all staff had training on fire safety. Staff could describe how they would respond to an activation of the fire alarm or a fire incident.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans described residents' care needs including communication problems and dementia care needs. They were reviewed as required when residents' needs changed and at three month intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a wide range of health services to meet their individual needs. Specialist services were available when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who had behaviours associated with dementia were observed to have appropriate support from staff who understood their needs and day to day behaviour patterns well.

Judgment: Compliant

Regulation 8: Protection

All staff had received information on the detection, prevention of and response to incidents or allegations of abuse. Formal training was scheduled for the end of April to supplement the information already provided.

Judgment: Compliant

Regulation 9: Residents' rights

The rights and choices of each resident were respected. Residents had access to an independent advocacy service but no one was using this at the time of inspection.

The centre had a comprehensive activities programme in place. Residents could choose which activities to take part in and where they declined an activity this was respected by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oughterard Manor OSV-0000745

Inspection ID: MON-0021396

Date of inspection: 23/04/2018

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:</p> <ul style="list-style-type: none"> • S – All staff nurses employed being fully qualified and registered with the states governing body which deems them competent and fit to work unsupervised. No staff nurse employed has a restrictive notice attached to their current registration. Our out of hours on call policy ensures continuous clinical management support and advice at all times. • M – Monitored through appraisals, practice and ongoing reporting systems. • A – Through rigorous audit and reporting. • R – Realistic and achievable. • T – Continuously ongoing. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • S – 1. The care staff member anonymised who is a trained state enrolled nurse will be provided with refresher training pertinent to a care assistant role. 2. Management in wound care is not a regulatory requirement for a registered staff nurse as this is a specialised field of practice. However, all staff nurses have mandatory in house training in this regard and follow procedural policies as laid out. Specialist field support is readily accessible to all staff nurses on duty through TVN specialists and in line with policy and best practice. 	

- M – 1 + 2. Yearly audit by HR department in conjunction with Operations and Compliance manager of all training needs and clinical support.
- A – 1+2. Through training in house, specialist TVN consultation and in-house audit with PIC and ADON.
- R – 1+2. Realistic and achievable.
- T – 1+2. 30th September and ongoing.

Regulation 31: Notification of incidents	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
- S - While the initial reporting was delayed due to the ruminating and reflection of what was witnessed, once delineated immediate action was initiated and reported in an expeditious manner to the Authority in line with legislative and statutory requirements.
 - M – Ongoing monitoring by PIC and Management.
 - A – Through training and management support.
 - R – Realistic and achievable.
 - T – Continuous and ongoing

Regulation 17: Premises	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 17: Premises:
- S – 1. Discussion with lift maintenance contractual provider to ensure scheduling is timely in manner.
 - 2. A review of the referred to “some equipment was noisy” will be investigated.
 - M – 1+2. Through discussion with the service provider and internal audit of noise levels by the PIC.
 - A – 1+2. Through consultation, review and audit.
 - R – 1+2. Realistic and achievable.
 - T – 30th July 2018 and ongoing

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- S – Whilst our team attempts to achieve a balance between interaction and support, they are cognisant of the measure between over intrusion and stimulation of an obstructive nature which can interrupt the mealtime experience.
- M – Through audit of dining experience, resident satisfaction and interaction surveys.
- A – Through consultation and QUIS tool.
- R – Realistic and achievable.
- T – Complete and ongoing.

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	28 June 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30 September 2018
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	30 July 2018
Regulation 18(3)	A person in charge	Substantially	Yellow	28 June 2018

	shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Compliant		
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	28 June 2018