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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:	O'Gorman Home
Name of provider:	O'Gorman Home Committee
Address of centre:	Castle Street, Ballyragget, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	26 March 2021
Centre ID:	OSV-0000547
Fieldwork ID:	MON-0032361

## 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:	10
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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 26 March 2021	10:30hrs to 14:30hrs	Liz Foley	Lead

## What residents told us and what inspectors observed

Residents were happy and well cared for in this low support centre. Care and services were led by the needs and preferences of the residents where they were supported to maintain their independence and enjoyed living as part of the local community. Good centre governance supported a good quality of life and safe services for residents. The inspector observed practices and spoke at length with six residents to gain an insight of the lived experience in the centre.

On arrival at the centre the inspector was guided through the centre's infection control procedures before entering the building. O'Gorman Home was conveniently located in the centre of Ballyraggett and provided ease of access to all of the local amenities. Residents normally enjoyed the freedom to walk to the local shops, church, the credit union, the GP, coffee shops and local community groups. Residents had been cocooning for over a year now and only went out for essential reasons in line with public health guidance. The centre was small and residents were accommodated in eight single and two twin bedrooms. Bedrooms were arranged around an internal courtyard and all bedrooms enjoyed a view of the courtyard or the gardens. The building had two levels with the ground floor accessible to residents. The first floor of the building provided changing and break rooms for staff and storage space. Residents had various communal spaces they could use including, a large sitting room, dining room, oratory, visitors room and kitchenette. There was one shared bathroom and an additional three shared toilets for residents use.

The centre was clean and warm throughout and residents were observed relaxing on their own or in company with each other in the various communal areas. There was a relaxed and friendly atmosphere in the centre and the inspector observed kind and friendly interactions between residents and staff. Residents had very positive experiences of living in the centre and told the inspector they were always respected and consulted with about their care and activities. For example, one resident said 'I couldn't be in a nicer home' and another said 'it's fabulous living here'. Residents described the staff as excellent, kind, hardworking and always available to them. The inspector observed many examples of kind and respectful care throughout the inspection. Staff took opportunities to have fun and encouraged one resident to show off his musical skills while other residents and staff joined in the singing.

Residents had a choice of home cooked meals and enjoyed the food provided. They enjoyed coming together for meals and if they preferred they could have their meals in another room or their bedroom. Residents were grateful that they could continue to enjoy each other's company throughout the restrictions and felt that the efforts of staff had kept them safe so far from COVID-19. They praised staff for continuing to provide daily activities and particularly liked the gathering in the evening time to play cards and chat. Some residents really missed their normal routine of going out with family and friends but had kept in close contact through telephone calls and the

ongoing window visits. Some residents had welcomed back visitors to the centre in line with national guidelines. Most residents were hopeful of better days ahead and were reassured by the safe care they received and having completed their vaccinations.

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

There were effective management systems in place to monitor the quality and safety of care resulting in a good quality of life for residents. The centre was effectively managing identified risks and had improvement plans in place to eliminate these risks. The centre was adequately resourced and mostly compliant with the regulations.

There was a clearly defined management structure in the centre. The registered provider O’Gorman Home Committee, is managed by a voluntary committee with a nominated provider representative. 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.

This was an unannounced risk inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in centre have been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre.

There was good oversight of service provision. Key quality and safety indicators were audited and the results of these audits informed ongoing improvements in the centre. Effective systems were in place to support ongoing risk management resulting in a safe service for residents and staff. Active risks were being managed and resources had been secured for works to be completed to eliminate these risks.

There were sufficient resources and staffing levels to provide care in accordance with the centre’s statement of purpose. Appropriate training and support was provided to maintain a competent and dedicated staff team. Staff turnover was low. New staff who joined the centre in the past year were appropriately inducted and Garda Vetting was sought before commencement of employment. Many staff had worked in the centre for several years and expressed satisfaction with both their work and employer.

There was an effective complaints procedure in place and all feedback from

residents and their families was well received and managed in the centre.

### Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. On occasions where residents' needs temporarily increased, staffing resources were increased in line with that need.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed training in 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 23: Governance and management

There were sufficient resources to meet the assessed needs of the residents. There was a clearly defined management structure and effective systems were in place to monitor the quality and safety of care.

There were monthly meetings of the voluntary board with centre management resulting in good oversight of the services provided.

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. The inspector followed up on incidents that were notified and found good management of same.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centres policy. Residents stated they had no reason to complain and were very confident in centre management and staff to deal with any issue or request they may have.

Judgment: Compliant

### Quality and safety

There was a rights based approach to care in this centre. Management and staff promoted and respected the rights and choices of resident's within the confines of the service. The centre provided care to residents assessed as having a low dependency and supported residents to move to appropriate services when their needs changed. Ongoing risks with fire containment were well managed and plans to install a second shower for residents use would bring the centre into compliance with the regulations on premises.

The centre was clean, warm and well maintained throughout. Residents had the opportunity to personalise their bedrooms if they wished. The centre had two twin bedrooms both of which were temporarily occupied by one resident because of infection control precautions. Twin rooms had a dividing partition and ample screening to allow for privacy, and each resident had access to their own hand wash basin and wardrobe. There was a sufficient number of toilets for residents, however the centre only had one shower/bathroom for 12 residents and this was not in line with the minimum requirement of one to every eight residents. The provider was aware and had plans in place to add another shower however this had been delayed due to restrictions caused by COVID-19.

The inspector followed up on an action from the previous regulatory inspection and found that the centre had been practicing regular simulated fire evacuation drills. The description of the evacuation scenario were clear and learning from each drill was clearly identified and informed ongoing training in fire evacuation in the centre. There was a risk assessment on fire containment relating to the absence of automatic door closers on bedroom doors. Automatic door closers are important as they can delay the spread of fire and allow time to evacuate residents. The provider had identified the risk associated with this and put in place remedial actions to



mitigate the risk while awaiting installation of closers.

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Additional infection control procedures were in place in the centre to help prevent an outbreak of COVID-19. Staff and management had worked hard to date and had managed to avoid an outbreak in the centre. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and residents were operating as a single pod. Staff uniform policy had also been updated and included mandatory changing of clothes when coming on and off duty and suitable changing facilities were available in the centre. Residents and staff had completed their vaccination programme and staff continued to participate in fortnightly screening for COVID-19.

This was a low support service where residents were deemed not to require full time nursing care. Two nurses attended the centre for approximately 12 hours per week and provided assessment, care planning, referral, clinical services and staff support/education as required. All of the residents were self-determined and mostly directed their own care needs with the support of staff. Residents whose needs changed and increased over time were supported to move to a more appropriate service, for example, a nursing home. There were pathways for care in place should a resident contract COVID-19, to ensure they were supported and cared for in an appropriate setting. Residents had access to their own GP or could choose to transfer to the local GP in the village. There was good evidence of referral to allied health professionals as appropriate, for example, the chiropodist, physiotherapist and dietician. Residents' needs were met throughout the restrictions from COVID-19 and where appropriate reviews were remote but on-site assessments continued as required.

The inspector reviewed a sample of care plans and found that where a need was identified an appropriate plan of care was in place. Validated assessment tools informed ongoing care and there was evidence of care reviews however these reviews were not always clearly documented. Improvements were found in residents social care assessment and plans. Medicines were administered by trained health care assistants and practices were found to be safe. There were regular audits and staff were supported by regular training and access to the pharmacist and nursing staff if required.

Management and staff promoted and respected the rights and choices of resident's within the confines of the service. Activities and residents involvement in the local community had been greatly impacted on by level five restrictions for COVID-19. Resident's and staff in the centre continued to provide opportunities and facilities for daily activities and fun, for example, cards, music and quizzes. All residents could undertake personal activities in private and there was a choice of communal spaces

for residents use. Residents were consulted with about the organisation of the service and had access to independent advocacy if they wished.

### Regulation 11: Visits

Visiting indoors had resumed in line with the most up to date guidance for residential settings. There were strict guidelines and appropriate facilities in place to accommodate safe visits. Window visits had continued throughout level five restrictions for COVID-19.

Judgment: Compliant

### Regulation 17: Premises

There was limited access to shower/bathing facilities with only one bathroom for 12 residents in the centre. This is not in compliance with the amended regulations SI 293 (2016). The provider was reviewing existing plans and hoped to come into compliance as soon as possible.

Judgment: Not compliant

### Regulation 26: Risk management

There was good oversight of risk in the centre. Systems in place supported good identification of risk, for example, frequent environmental risk assessments had been completed. These assessments informed the centre's risk register and appropriate controls were in place for all risks identified. Risks that rated high had been escalated to the centre's committee to be addressed.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Housekeeping procedures were improved in order to provide a safe environment for residents and staff. Protocols for surveillance, testing and reducing

the impact of COVID-19 remained in place and the vaccination programme for COVID-19 had been completed.

Judgment: Compliant

### Regulation 28: Fire precautions

Two aspects of this regulation were followed up on from the previous inspection; fire drills and containment of fire, 28. (1)(d) and (2)(i). Bedroom doors did not have automatic closing devices which in the event of an emergency help to contain smoke and fire and allow time to safely evacuate the building. The centre were awaiting installation of automatic door closers for bedroom doors and had in place remedial actions to mitigate the risk.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Improvements were required to ensure that formal four monthly reviews of the residents care plan were completed in consultation with the resident. This is important to ensure that residents were aware of and in agreement with their plan of care and given the opportunity to direct their care.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Residents normally attended appointments outside of the centre but had been cocooning in line with public health advice. GP's, Psychiatry of Old Age and allied health professionals 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 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. While activity provision was limited due to level five restrictions residents had daily opportunities 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for O'Gorman Home OSV-0000547

Inspection ID: MON-0032361

Date of inspection: 25/03/2021

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will ensure our home is homely and accessible and provide adequate physical space to meet each resident's assessed needs. We will ensure all areas in the home meet the privacy, dignity and wellbeing of each resident.</p> <p>The provision on an additional shower facility is part of a planned programme of works which due to covid restrictions has been delayed. The works have now been rescheduled for commencement on 24th. May 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will ensure all bedroom doors have automatic closing devices installed which in the event of an emergency help to contain smoke and fire and allow time to safely evacuate the building.</p> <p>Installation of automatic door closers has been rescheduled for commencement on 4th. May 2021</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

We will ensure each resident has a care plan, based on an on-going comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the support required to maximize their quality of life in accordance with their wishes and is completed in consultation with the resident.



## 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 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.	Not Compliant	Orange	11/06/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	21/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and	Substantially Compliant	Yellow	30/04/2021

	where appropriate that resident's family.			
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