



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:	14 January 2020
Centre ID:	OSV-0000547
Fieldwork ID:	MON-0024352

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 one nurse employed for 10 hours per 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:	11
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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
Tuesday 14 January 2020	10:00hrs to 16:50hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Some residents had lived in the centre for a number of years and their feedback was very positive. Residents were supported to be as independent as possible and told the inspector that staff were always helpful and kind. Residents were very happy in the centre and some stated that the good management and the hard work of the all of the wonderful staff contributed to this. Resident's opinions and feedback were always welcomed and acted on.

The home cooked food was good and there was always a choice of meals offered. Residents enjoyed the group activities such as exercises and music and stated that they would participate in more activities if they were offered. Some residents' religious beliefs and faith was very important to them and they were very grateful for the on site oratory and weekly mass in the centre. Residents talked about the importance of staff and their collaborative approach to care and particularly enjoyed the evening gathering in the kitchen/dining room for a chat and a game of cards.

The location of the centre was important to residents as it offered them access to the local community, shops, services and public transport. Many residents were actively involved in local groups such as the retirement association, the local parish and recreational events such as bingo and card games in the community.

The inspector observed person-centred, respectful interactions with residents and staff throughout the day. There was a welcome and relaxed atmosphere in the centre and it was evident that residents needs were prioritised and respected. The centre was clean to a high standard throughout with warm and comfortable bedrooms and communal areas.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the care and welfare of residents in designated centres for older people, regulations 2013. Actions from the previous inspection had been completed however, further improvements were required to reach compliance.

Oversight of quality and safety was good; this could be further enhanced by ensuring all audits and meetings had action plans recorded with details of follow up actions and learning achieved. The management structure was clear and the person in charge was supported in their role by a team of qualified healthcare staff and a

management committee. Regular audits were performed and feedback from residents and families informed the centre's ongoing improvements.

Improvements made following the last inspection were sustained in the management of records, medication management, and care planning. There was an ongoing non-compliance with fire safety. The plan to address non compliance from the previous inspection regarding evacuation drills had not been completed. The provider was unable to demonstrate timely evacuation of the centre's largest compartment with night time staffing levels. An immediate action plan was issued on inspection and the provider subsequently submitted night time simulated drill reports which showed good evacuation times. The provider also submitted a robust plan for the on call system at night in order to ensure timely assistance to the centre in the event of an emergency. However the overall fire risk remains high as bedroom doors do not have automatic closing devices, which prevent the spread of fire and smoke in the event of an emergency.

Staffing levels were found to be appropriate to the needs of the residents. Mandatory training was up to date and staff demonstrated good knowledge of fire safety and safeguarding procedures. Staff were familiar with residents' needs and were observed providing person-centred and discreet assistance. All staff had valid Garda vetting disclosures in place.

The centre was not a pension agent did not manage residents' monies.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The centre operated an on-call system at night time when only one staff member was on duty between the hours of 22.00hrs to 08.00. The role of the on-call person was to attend the centre if an emergency occurred to support the safety of residents. The system in place was loose and was reviewed immediately following the inspection to ensure a designated person was available every night. Otherwise staffing numbers and skill mix was appropriate to the needs of the residents as assessed in accordance with Regulation 5 and having regard to the size and layout

of the centre.

Staff turnover was very low with many staff working in the centre for a number of years.

This is a low dependency centre and residents were assessed as not requiring full time nursing care. Nursing expertise was provided on an as required basis and a registered nurse attended the centre for a total of 12 hours per week over two mornings.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up to date with mandatory training which included fire safety, safe handling practices, safeguarding, medicines management and food safety. Ongoing refresher training is planned in the coming months and additional training is provided at times in accordance with the needs of the residents and the service.

Staff were appropriately supervised in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources in place to ensure the effective delivery of care in line with the centre's statement of purpose. There were clear management structures in place and staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by an assistant person in charge and team of trained healthcare assistants.

Systems were in place to monitor the quality and safety of the service however action plans were not always made and therefore it was unclear if findings of audits and feedback from meetings were consistently followed up and completed.

Otherwise there was good oversight of the service and ongoing improvements were planned for the coming year. The annual review of the service was in progress and will be prepared in consultation with the residents.

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 accessible and effective complaints procedure in the centre. Residents and families were aware of the procedure and would not hesitate in speaking to any member of staff if they had any issues. The complaints procedure contained an appeals process and was displayed in the reception area.

Judgment: Compliant

Quality and safety

This was a well-managed service which promoted the quality of life of its residents through a person centred approach to care. Residents' needs were comprehensively assessed however care plans required more detail to guide staff on the care and choice of all residents. Residents were regularly consulted with about their care however this was not consistently documented. Care observed was person-centred, respectful and staff were very familiar with resident's needs.

There was a good standard of healthcare provided to all residents. Residents were supported to access GP services and this service was further enhanced by the support of specialist psychiatry of old age services where appropriate. Allied health services were available via referral, for example, occupational therapy, physiotherapy, dietician and chiropody. Residents were supported to access national screening programmes and services entitled to them under the general medical services scheme. Most residents chose to visit the GP in their surgery.

There were no residents living in the centre that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were no residents requiring environmental restrictions to maintain their safety. The front door of the centre was locked with a key-code and residents knew the code.

Residents felt safe in the centre and all staff had received training in the prevention

detection and response to abuse. All staff and volunteers in the centre had a valid Garda Vetting disclosure in place. Residents were facilitated to have their personal belongings stored securely in their own rooms so they could access them at any time.

The centre was suitably furnished and bedrooms were personalised. Communal areas had comfortable seating and the centre was warm and clean throughout. The centre did not have a sufficient number of shower/bath facilities to meet the needs of the residents and the provider undertook to put a plan in place to become compliant with SI No. 293 2016.

Visitors were always welcome in the centre, which operated an open visiting policy and refreshments were always offered and available.

Medication management practices were improved. Staff felt more supported by the new system of generating prescription kardex's and were further supported by the nurse and pharmacist who visited the centre. Medicines were stored securely in the centre and returned to the pharmacy when no longer required.

Residents' rights and choice were respected. There some recreational and occupational activities offered to residents which were enjoyed however residents would like more of them. Residents were supported to exercise their civil, political and religious rights and to participate in religious events. Residents were involved in the organisation of the service and could access independent advocacy services if desired.

Regulation 11: Visits

The centre operated an open visiting policy and residents and visitors told the inspector their visitors were always welcome. There were communal and private spaces available for residents to host visitors and refreshments were available.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control of their personal belongings and finances. Each bedroom had an individual safe facility for residents' valuables. Laundry was well managed in the centre and there was ample storage space in bedrooms for clothing and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents, however, there was an insufficient number of bath/shower rooms and this impacted on residents.

Bedrooms were configured of eight single rooms and two twin bedrooms. Shared rooms had adequate privacy screening and each resident had their own storage and hand wash basin. The centre was appropriately decorated and homely. There was open access to garden spaces at the side of the centre and an internal courtyard was very popular in good weather. There was a choice of communal space available to residents which included a large sitting room, a dining room, an oratory, a visitor's sitting room and two seating areas overlooking the internal courtyard.

There was only one bath/shower room available to all 12 residents living in the centre. This bathroom was located on one side of the bedroom extension which formed an internal courtyard so residents from the other side of the building had to walk around to access the shower/bath room. There were three assistive toilets available in addition to the bath/shower room which were conveniently located around the building and within easy reach from all bedrooms. The registered provider had undertaken to review the addition of another shower/bathroom in line with SI No. 293 2016.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not have adequate arrangements in place to contain the spread of fire. Bedroom doors did not have automatic closing devices. These are important as they can delay the spread of fire and allow time to evacuate the centre. Bedroom doors were found to be open or ajar throughout the centre. The inspector was told that bedroom doors were open at night at the request of some of the residents. This was discussed with the provider representative during the inspection who undertook to manage the risk and come into compliance. An immediate action plan was issued following the inspection.

The centre had records of several simulated fire drills completed during the previous year and staff were aware of the centre's procedures, which included manually closing doors during the evacuation. Simulated fire drills had not been completed with night time staffing levels and were an outstanding action from the previous inspection. This was particularly important to provide assurances that all residents

and staff could be safely evacuated at night considering the increased risk of fire spread in the absence of automatic door closers and only one staff member on duty between the hours of 22.00 to 08.00. An immediate action plan was issued and the provider submitted drill reports following the inspection. These drill reports demonstrated good evacuation times.

Annual fire training was provided for staff working in the centre and all staff were up to date. Staff were competent in fire procedures and felt they would safely evacuate the centre at night. Daily fire safety checks of emergency exits and the fire panel were completed, as were weekly checks of the alarm system and the performance of compartment doors. Quarterly servicing of the fire detection and alarm system and the emergency lighting were completed as required.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were found in the management of medications. Medications were administered by trained health care assistants (HCA's) who were guided in their practice by a policy; this policy was currently in review to include the changes to the process made recently in the centre. Practices were reviewed by the nurse and audited by the person in charge.

The high risk practice of transcribing medication prescription kardex's was no longer standard practice and kardex errors found on the last inspection were now corrected.

A local pharmacist attended the centre regularly and was available to speak with residents and keep them informed about their medicines. The pharmacist also supported staff in their role and was available to staff on an almost daily basis. Medications were reviewed three monthly and records were viewed that supported this practice. Medications were stored securely in the centre and procedures were in place for the return of unused or out-of-date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Admission to the centre was arranged around the days the nurse worked to ensure that residents' needs were assessed and care plans in place within 48 hours of admission. A comprehensive nursing and social assessment was completed on admission using validated assessment tools, for example, to assess nutrition, risk of pressure sore development, dependence and risk of falling.

Care plans had been improved following the last inspection however, further improvements were required. Some care plans lacked detail for example, activity care plans, and some care plans were duplicated using two different templates; this was discussed during the inspection. Care plan four monthly reviews were not consistently documented however, it was obvious that nursing assessments were completed on a regular basis and as required.

Staff were very familiar with individual needs and described person-centred interventions for individuals..

Judgment: Substantially compliant

Regulation 6: Health care

This was a low dependency centre where residents were supported to actively manage their health and social care needs. Residents were able to retain their own GP when they came to live in the centre with some residents transferred to a local GP. A nurse attended the centre two mornings per week for a total of 12 hours, this time was dedicated to the reviewing the nursing needs of residents. The public health nurse was also available to residents if required, and was located very close to the centre. There was access to a range of allied health services by referral, for example, physiotherapy, occupational therapy, the dietician and chiropody.

Some residents were availing of national screening programmes and specialist services from Psychiatry of old age were readily available to residents in the centre. Residents with evolving needs were supported to access more suitable long term care accommodation.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

No residents were identified as having responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

There were no residents identified as having safety needs that would warrant an environmental restriction to maintain their safety. The front door of the centre was locked and required a code to open it. This had been identified as restrictive and controls included informing all residents of the code. Residents knew the code to the front door and informed the inspector that they signed in and out by way of letting the staff know when they were out of the centre.

All internal doors and doors to garden spaces were open and easily accessed by

residents. Practices in the centre were rights based and person-centered.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place for the prevention, detection and response to allegations or suspicions of abuse. All staff had up-to-date training in the safeguarding of residents and were familiar with the procedures to be followed. The provider assured the inspector that all staff and volunteers had valid Garda vetting disclosures in place.

The centre was not a pension agent and did not manage monies for residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was person centred ethos of care in this centre and residents' rights were respected. Residents were supported and facilitated to be independent and to maintain contacts with the local community. Residents regularly visited their homes and used the local amenities for example, shops, church, local bingo and card games.

Facilities for recreation included monthly music, weekly bingo, weekly mass, exercises 3-4 days per week and seasonal programmes for example gardening and schools inter-generational programmes. Residents congregated socially in the evening time and played cards and conversed. Residents said they would participate in more activities if they were offered.

Staff were observed knocking bedrooms before entering and there was adequate privacy screening in twin bedrooms. There was access to daily papers, local paper weekly, television and radio. Volunteers visited the centre and enhanced the quality of life of residents through activities, religious and social events.

Residents contributed to the organisation of the service in an informal way through daily contact with the management team and through residents meetings. A volunteer advocate regularly visited the centre and attended the residents meetings. There was also access to independent advocacy through the national advocacy service.

Resident's choice and preferences were always respected.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for O'Gorman Home OSV-0000547

Inspection ID: MON-0024352

Date of inspection: 14/01/2020

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: In response to the non compliance of Regulation 17 an area has been identified on the north side of the building which can be converted to an additional shower room. This additional shower room will installed in accordance with the Irish Building Regulations and HIQA Regulations. This shower room will be located on the opposite side of the bedroom extension from the existing bath/shower room. Timescale for completion 30/11/2020.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the non compliance Judgement of Regulation 28 all bedroom fire doors which currently do not have any automatic means of self closing in the event of a fire outbreak will be fitted with appropriate door closers linked to building fire alarm system. This will ensure all bedroom fire doors will close fully on activation of fire alarm. Timescale for completion 01/07/2020. (pending the avilability of funds to complete works in this timescale)</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

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

We will ensure care plans have sufficient detail for example, activity care plans, and that care plans are not duplicated. We will also ensure the format is consistent using only one template. At all stages where residents are consulted with regarding their care it will be consistently documented.

Timescale for completion 14/04/2020

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will ensure rights and diversity of each resident are respected and safeguarded. Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.

The Meaning Activities Assessment (based on the Pool Activity Level (PAL) instrument), 'My Day, My Way' and 'A Key to Me' are tools which we will use for residential care staff to develop a profile of a person's likes and dislikes. The PAL tool provides a simple checklist that reveals the level of ability of an individual. This information can then be used to plan how to present activities to the person at just the right level.

- We will explore more opportunities for indoor and outdoor activities.
- We will encourage Residents to contribute ideas to, and participate in, the day-to-day activities of the Home.

Timescale for completion 01/06/2020.

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	Yellow	30/11/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	19/02/2020
Regulation 28(2)(i)	The registered provider shall make adequate	Not Compliant	Orange	01/07/2020

	arrangements for detecting, containing and extinguishing fires.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	14/04/2020
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 where appropriate that resident's family.	Substantially Compliant	Yellow	14/04/2020
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/06/2020