

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Oughterard Manor
<b>Centre ID:</b>	OSV-0000745
<b>Centre address:</b>	Camp Street, Oughterard, Galway.
<b>Telephone number:</b>	091 866 946
<b>Email address:</b>	ouughterardmanor@brindleyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Brindley Manor Federation of Nursing Homes Unlimited Company
<b>Provider Nominee:</b>	Amanda Torrens
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	6

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 12 December 2016 17:20 To: 12 December 2016 19:45

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection following the receipt of unsolicited information by the Chief Inspector. The inspector found that the unsolicited information was not substantiated in the main and these findings are discussed further in the report. The centre had 35 residents on the evening of inspection. The centre was warm, clean and decorated for the upcoming Christmas season and the residents' Christmas party which was scheduled for the following day.

The inspector found that there was an adequate number of staff on duty, but supervision of staff in the upstairs area at the time of inspection was inadequate as a new member of staff was found to be engaged in unsafe manual handling practice. A number of residents were found to have retired to bed before 6 pm, but did not have detailed in their care plan that this was what they wished to do. The inspector identified that the sensor lights to the rear courtyard of the centre, from which they met an independent resident returning from, were not working and the area was in semi darkness.

The person in charge was not in the centre at the time the inspection commenced, but, both she and the provider nominee arrived prior to it finishing. The findings on inspection were discussed with the person in charge and provider nominee at the end of the inspection. The action plan at the end of this report identifies

improvements found on inspection that are necessary to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

In reviewing issues around manual handling and residents' bedtimes, the inspector identified that there were some gaps in day-to-day care plans and notes that were maintained in paper format on both the ground and first floor. The centre has an electronic care planning and recording system. On review of the electronic system with the person in charge at the end of the inspection, it was found that the electronic system contained more up-to-date and relevant information than what was maintained on the paper-based records used by staff to inform their practice around residents, including for example, their nutritional needs. The person in charge informed the inspector that the records were updated regularly and staff were made aware of the care needs as recorded on the electronic system and they did not rely on the printed copies viewed by the inspector, which were out of date.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

The unsolicited information received suggested that visitors to the centre were unsupervised and had uncontrolled access to the centre. The inspector found that this was not substantiated on inspection. On arrival at 5:20pm, the inspector could not gain access without being admitted via an electronically secured front entrance door. The front desk and / reception area at the entrance was observed to be manned at all times during the inspection. The inspector was required to sign in on arrival. The building to the rear and first floor has electronic security locks that can only be deactivated by specific key fobs or codes. Up-to-date Garda vetting was on file for newly recruited members of staff.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

The inspector observed a new staff member perform an unsafe and potentially harmful repositioning of a resident by lifting them under arm and placing them abruptly back in a chair. When asked by the inspector why they had done this, the staff member was unable to explain or justify the procedure used. A review of the resident's care file identified that they had to be assisted by two staff when they require such repositioning and the staff member concerned did not appear to be aware of this.

At the time the incident was observed, there was no supervision of this staff member by more experienced staff. On subsequent discussion with the person in charge, they evidenced to the inspector that the staff member had undergone manual handling training since commencement and undertook to ensure this was reviewed and the staff member was appropriately supervised in the interim when assisting residents.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of***

*evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

The unsolicited information received stated that most residents in the centre were in bed by 7pm in the evening. The inspector found that this was not substantiated. Most of the residents were still up on the ground floor at the time of inspection. The entrance lobby and living room adjacent on the ground floor were observed to be busy with residents, visitors and staff coming and going. Six residents, on the ground floor had retired to bed before 6pm and this was detailed in care plans for three residents as their preference. The staff nurse explained the reasons the others had retired early that evening. On the first floor, staff were found engaging with residents in the living room and adjacent areas in activities and conversation.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

The unsolicited information received stated that a specific area on the ground floor of the centre was malodorous. This was not substantiated on inspection and the area referred to was found to be clean, free from odours and well maintained as was the rest of the premises. The inspector did identify that the sensor lights to the rear courtyard, where the inspector met an independent resident returning from a walk, were not

active and the area was in semi darkness.

**Judgment:**  
Substantially Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

The unsolicited information received suggested that there was inadequate numbers of staff available in the centre to cater for the needs of the residents. The inspector found that on the evening of inspection that was not substantiated. There were two nurses and four carers on duty at the time of inspection and each common area visited, on both the ground and first floor was supervised. The inspector did not find any resident lacking attention or assistance during the inspection. Call bells were answered promptly and residents with wandering behaviour on the first floor were observed to be assisted with care to ensure their safety. The inspector reviewed the files of recently recruited staff and found that Garda vetting, work history and qualifications and other required documents were in place.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Damien Woods  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Oughterard Manor
<b>Centre ID:</b>	OSV-0000745
<b>Date of inspection:</b>	12/12/2016
<b>Date of response:</b>	26/01/2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

#### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A staff member was observed perform an unsuitable manual handling technique on a resident contrary to the manual handling assessment in their care plan which required two staff to undertake same. Manual handling training for staff should be reviewed to ensure they understand fully safe techniques.

#### **1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**

The one staff member in question has repeated their people moving and handling training. All updated manual handling assessments have been communicated to all staff members to ensure awareness of appropriate techniques. Staff are monitored to ensure compliance with same.

**Proposed Timescale:** 16/12/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The sensor lights to the rear courtyard were not working.

**2. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

The sensor lights have been repaired

**Proposed Timescale:** 13/12/2016