



# 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:	Announced
Date of inspection:	05 and 06 November 2018
Centre ID:	OSV-0000745
Fieldwork ID:	MON-0022378

## 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.**

Number of residents on the date of inspection:	22
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## 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
05 November 2018	10:00hrs to 17:00hrs	Geraldine Jolley	Lead

## Views of people who use the service

The inspector spoke with five residents and reviewed 19 questionnaires returned by residents and relatives. Residents said they enjoyed living in the centre and described being well cared for by a committed staff team. Some residents said that their health had improved since their admission as they were eating better and were warm and comfortable. Residents said that they had plenty to do during the day and described enjoying the exercise sessions, discussions, bingo and games that were organised to keep them entertained. Other residents said they really liked the location as they were able to go into town easily to do their shopping or to have a drink or a coffee in the cafes and pubs.

Residents described having freedom to make choices and being able to vary their routines. They said that staff accommodated them when they changed their mind about what they wanted to do and they felt under no pressure to take part in activities for example or to get up or go to bed at a particular time if they did not wish to do so. Staff were valued for their efforts to keep residents mobile and independent. Many residents said they walked inside or outside most days to help maintain their mobility.

The inspector was told that there were good connections with the local community and residents described attending local events in the town. Several residents said they went out with family and friends and said that staff ensured that they were ready and organised for these trips. Residents said they liked being able to have visitors throughout the day and said that they were always made welcome. Some residents commented that they would like the centre to have a pet or to have more organised contact with animals as they missed this.

Staff were described as kind, approachable and interested in their well-being. The food choices were varied and residents said they could have alternatives if they did not like the main meals that were on the menu. People on specialist diets said that they were provided with meals that suited their needs.

Visitors the inspector talked to said that the staff were approachable and made good efforts to meet everyone's needs and treat them as individuals. They said there was plenty for residents to do and said the garden was a positive feature which was used well when the weather was fine. Staff were regarded as approachable and were valued for providing information in a timely way when residents' care needs changed.

## Capacity and capability

The inspector observed that overall the governance, management and oversight of the delivery of the service was good and measures were in place to ensure care practice and business systems were operated to a consistently high standard. There were clear lines of accountability with the person in charge, regional manager and provider representative recognised by staff and residents as responsible for the centre.

There were systems in place to review the quality of the service provided to residents. The actions outlined following the last two inspections completed in October 2017 and in April 2018 had been completed. Incidents were reported within the required timescales and the training programme was comprehensive and ensured that staff had the required competences for their roles.

Residents and staff said they could raise concerns regarding aspects of the service and said their views were listened to and considered. Residents and relatives told the inspector that when they raised concerns they were resolved in a timely way.

The inspector found that the service delivered to residents was in keeping with the centre's objectives as described in the statement of purpose. There were adequate resources allocated to the delivery of the service in terms of the facilities and staff deployment. The views of residents are sought regularly, used to plan the way the service is delivered and included in the annual report. There was a quality improvement plan that outlined planned changes to the service. This included the addition of a regional manager to support the persons in charge of the designated centres operated by the company in the west, midlands and east of the country, ongoing refurbishment of the premises and surveys of residents' views.

There was an appropriate allocation of staff in a varied skill mix available daily and at night to meet the needs of residents. Staff were familiar with residents' needs and had appropriate qualifications and regular training on topics relevant to care practice. Training on nutrition, dementia care and hygiene standards had been completed by the majority of staff. All staff were up to date with mandatory training.

Staff were observed to engage with residents in a person centred and respectful manner. The inspector saw that residents' specialist needs were met with one to one input provided to help residents who had high levels of cognitive impairment or who displayed responsive behaviours.

There had been a change to the person in charge role since the last inspection. The provider representative provided information that confirmed the new person in charge had relevant management experience and was completing a management qualification. She had the required three years' experience in the last six caring for

older people.

The required policies to inform and guide staff practice when supporting residents and to ensure the safe operation of the service were available.

#### Registration Regulation 4: Application for registration or renewal of registration

The application to renew registration and the associated fee were provided.

Judgment: Compliant

#### Regulation 14: Persons in charge

A new person in charge had been appointed since the last inspection. The provider representative provided information that confirmed that she had appropriate management experience and was completing a management qualification.

The inspector found that she was competent in her role, had a high level of knowledge about residents' care needs and had deployed staff appropriately to meet the needs of residents.

Judgment: Compliant

#### Regulation 15: Staffing

There was an appropriate number and skill mix of staff to support the residents' need and wishes over the 24 hour period.

The inspector noted that staff were familiar with residents' needs, and that consideration was given to ensuring that the centre recruited staff who could comprehensively support residents' particular needs.

Judgment: Compliant

## Regulation 16: Training and staff development

There was an ongoing training programme in place and this included training in dementia care and on the Positive Approaches to Dementia Care Model that had been adopted in the centre.

The training records confirmed that all staff had completed training on moving and handling, fire safety and adult protection.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was inspected and it contained all the required details on admissions, discharges and deaths of residents.

Judgment: Compliant

## Regulation 21: Records

Records reviewed were maintained well, information was accessible and there were secure storage arrangements in place for documents.

The person in charge had attended an information session on data protection and the measures to be taken to ensure that personal information is protected.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were established governance and management systems in operation in the centre and that the structures in place ensured that there were sufficient resources to ensure the effective delivery of care as described in the statement of purpose.

There was an annual review of the quality and safety of care and this included consultation with residents and an improvement plan. It was observed that there were opportunities for staff to discuss issues during the regular staff meetings and staff confirmed that they could raise issues readily with the person in charge and felt

their views would be taken seriously.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

All residents had been issues with a contract of care. A random sample of contracts was reviewed. The overall fee to be charged, the resident's contribution and the charges for extra services were outlined.

No extra charge is made for the activity programme available to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined Schedule 1 of the regulations. There was also evidence that this document was reviewed regularly.

Judgment: Compliant

### Regulation 31: Notification of incidents

Judgment: Compliant

### Regulation 32: Notification of absence

Incidents and events were notified as required. Staff were familiar with the time lines for reporting the varied notifications.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the centre's complaint record conveyed that all regulatory aspects were met. Matters raised were dealt with promptly. The actions taken to resolve the issues were described and follow up and the complainant's level of satisfaction with the outcome was described.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The required policies and procedures were in place and were updated regularly. The inspector found that staff knew how to access policies and procedures for information when needed and staff conveyed they were familiar with policies on adult protection, fire safety, nutrition and communication during conversations with the inspector.

Judgment: Compliant

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

Judgment: Compliant

### Quality and safety

The inspector found that the quality and safety of the service provided was satisfactory.

In keeping with their individual profile, each resident's health needs were assessed and appropriate interventions put in place to support their care needs, encourage independence and improve well-being. Care records described where residents had dementia and contained information on their abilities and capacity as well as their problems which ensured staff could support them appropriately and help them maintain their independence. The staff team had introduced a specific dementia care model to guide their practice – Positive Approaches in Dementia Care which they said had contributed positively to how they related to residents with dementia. For example they were able to determine from the assessment residents' main cognitive problem areas and could ensure that activities and social interactions were

appropriately planned to take this into account.

Residents told the inspector about the interventions that had improved their health and described having staff that knew them well and could recognise changes in their wellbeing, seeing doctors regularly, being able to go out when they wished and having physiotherapy sessions that kept them mobile, active and pain free. The provider representative had employed a physiotherapist for some years to assess residents' needs and undertake treatment programmes however the post holder had left and this role was now vacant despite several recruitment initiatives.

All residents' care needs were assessed and described in their individual care plans. These were based on comprehensive assessments that were supplemented by input from the residents or their relatives. There was information available on residents' backgrounds, interests and how they liked to spend their day. The inspector saw that there were details on lifestyle, occupation, hobbies and interests recorded in care records. There was good involvement of specialist services for example mental health and from other specialists such as tissue viability nurses. Residents confirmed that they could attend community facilities and events and go out to do their shopping and attend to personal business.

Residents told the inspector that they enjoyed their meals and said that catering staff always gave them a choice and provided meals at times that suited them. The staff team had been provided with information on balanced diets, specialist needs and nutrition to keep them up to date on good practice.

Care was regularly reviewed by nurses and medical staff to ensure good outcomes for residents. There were a range of risk factors assessed and reviewed regularly. This included falls risks, vulnerability to pressure area problems and inadequate nutrition and where risk was identified, there were care plans that described prevention measures to guide staff actions and prevent deterioration in health or incidents. Residents' and family members described the varied social opportunities that residents had and how their interest was maintained by changing the programme to meet their needs and choices day to day. For example during the fine weather residents said they were able to sit outside, have drinks and enjoy the sunshine. They said that they took part in discussions and exercises that kept them up to date and active. Residents who had dementia had one to one support where required and the inspector saw that carers had a range of specialist activity material to interest and stimulate residents to help maintain their interests and enjoyment of life. For example there were jigsaw puzzles with large pictures and accessible pieces to help residents when completing the puzzle.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff could describe how to detect and report a safeguarding issue. They were knowledgeable in their responses about varied situations that could arise. Training had been provided for staff and records confirmed that all staff had the required training.

The centre was decorated and furnished in a home like and comfortable way. Residents' privacy was respected. Adequate screening was available in shared rooms. Toilets and bathrooms could be locked. The sitting areas were bright and residents had a choice of where they could sit during the day. There was a safe garden area that had seating and features to interest residents. Some residents were observed to spend long periods of the day outdoors involved in varied gardening activities.

There was a risk management policy and associated procedures in place. Fire safety equipment was serviced regularly and there was a training programme in place that was undertaken by a staff member who had completed the Train the Trainer qualification. There were regular checks of fire exits and fire safety equipment. Staff and residents knew how to respond if the fire alarm was activated. The inspector was told that during recent fire drills staff had identified areas for improvement and these were being addressed. For example staff need to anticipate the time it can take to give explanations to residents to ensure their cooperation. A night time fire scenario had been enacted in September. The person in charge said that further drills are planned to address the learning from all exercises.

### Regulation 10: Communication difficulties

Communication problems were described in care records and the dementia care model in use enabled staff to identify communication problems effectively and support residents to communicate freely. The inspector saw that there was a range of signage to guide residents to facilities in the centre and to their bedrooms. Activity equipment that enhanced communication and enabled residents to participate in activities in a meaningful way was also available and noted to be well used by residents.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on visits and residents said that their visitors were

welcomed at any time during the day and evening.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage in all bedrooms for residents' clothes and personal possessions. A record of property and clothing was maintained.

Judgment: Compliant

### Regulation 13: End of life

Care plans that described residents' end of life wishes were available. A sample viewed indicated that residents had contributed their views on how they wished their care to be managed at this time. Staff said that when residents became ill family members were encouraged to remain with them as long as they wished and to be present throughout the end of life phase.

Judgment: Compliant

### Regulation 17: Premises

The centre is situated a short walk from the town of Oughterard. It organised over two floors with communal areas on both floors. There is lift access to the upper floor.

The centre is furnished in a home like and comfortable manner. All rooms have good levels of natural light. Areas viewed were clean and well maintained. There was signage to guide residents around the building and to help them identify their bedrooms. Shared rooms have screens to protect privacy.

There is a safe garden space that is accessible to residents and residents told the inspector that they used the garden frequently during the fine weather earlier in the year.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents told the inspector that the food was of good quality and that they had a good variety of dishes served each day.

Staff were vigilant about monitoring food and fluid intake where nutritional risk had been identified. The inspector saw that residents could take whatever time they needed over their meals and that they could choose to have meals in the dining room or in another location.

Judgment: Compliant

## Regulation 20: Information for residents

Residents were provided with a residents' guide that described the services and facilities available. Staff supported residents to read and complete documents such as surveys to ensure they could contribute their views.

Judgment: Compliant

## Regulation 26: Risk management

There was a risk management policy and a range of procedures to guide and inform staff on how to manage varied risk situations.

The required policies and procedures were in place and risks that could cause harm to residents, staff or visitors were identified and addressed. The inspector saw that the centre was free from trip hazards and that cleaning activities were undertaken safely. Moving and handling manoeuvres observed were noted to be safe and to meet good practice standards. Wheelchairs were used with care and equipment was in good condition.

Judgment: Compliant

## Regulation 27: Infection control

There was emphasis placed on maintaining good hygiene and infection control

standards. This topic was discussed at staff meetings according to records viewed and staff were reminded of the importance of hand hygiene and cleanliness standards to prevent infection spread.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had a robust fire management system in place. This included suitable fire equipment and a procedure for the safe evacuation of residents and staff. Since the previous inspection, a series of fire drills had been completed including a simulated night time fire drill with 3 staff on duty. Learning from these exercises was conveyed to staff and further fire drill were planned to ensure staff could evacuate residents in a timely and safe manner.

Evacuations were noted to take less than three minutes. All staff had been trained in fire safety measures. There was information on all residents needs for example mobility needs and equipment required to evacuate them in an emergency available for staff.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had an established medicines management system and secure arrangements for the storage of medicines. There was evidence that residents' medicine regimes were reviewed regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

All residents had care plans that clearly outlined their health and social care needs. There was good emphasis on person centred care with all residents having a Key to Me document that described their life style, occupation, interests and hobbies.

Significant health problems were readily identifiable and had appropriate care interventions in place to promote well-being. For example residents who had swallowing problems, were at risk of falls or who had high levels of confusion had

care plans that reflected evidenced based practice and had resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents' health care needs were recognised, assessed, supported and reviewed through a thorough care planning system. Each resident had access to a general practitioner of their choice and were supported to access allied health professionals. This included access to members of the mental health team and a tissue viability nurse. The provider representative had employed a physiotherapist and occupational therapist to provide services to residents for several years however they moved to other posts earlier this year and it had not been possible to recruit replacement.

Residents' medical needs that presented outside of regular hours were noted to be appropriately responded to and supported by staff.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Behaviour associated with dementia or with mental health problems was assessed and there were appropriate interventions in place to support residents. The inspector saw that one to one care was provided to some residents at varied times of the day. Staff had also devised creative ways of addressing problems that had resulted in improved safety for some residents.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to appropriately. Residents said that they were happy living in the centre, felt safe and were comfortable with staff.

Staff were facilitated with training in the safeguarding of vulnerable persons. Over the course of the inspection, staff engagement and interactions with residents were observed to be person centred and positive in nature.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents said their rights were respected and that they had good control over their day to day lives. They said they were free to come and go alone or with relatives and friends. Some residents had been able to access community groups and attended varied functions they were interested in. Other residents said they went out to pubs and coffee shops regularly.

Residents had access to an advocacy service and information on this was displayed in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	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
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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