



**Health
Information
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Authority**

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:	Oughterard Manor
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Camp Street, Oughterard, Galway
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000745
Fieldwork ID:	MON-0032683

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:	26
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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 20 April 2021	08:00hrs to 16:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector spoke with residents individually and in small groups about the care received in the centre. The feedback was positive. Residents had high praise for the care and attention that they received. For example, one resident stated " I think the world of here, home from home." The inspector met the majority of residents present during the inspection and spoke to four residents in detail. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the visiting restrictions and the COVID-19 pandemic. They told the inspector that they had regular discussions with staff about the pandemic and how they had been provided with lots of information. On the day of inspection all residents had completed the vaccination programme.

This was an unannounced inspection. On arrival, the Person in Charge (PIC) who is the Director of Nursing guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

On the morning of inspection, residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main communal sitting room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered.

Residents were observed to be moving about as they wished. On entering the centre there is a reception area. Throughout the day this area was busy with residents moving between rooms depending on what their plan was for spending the day. Residents were seen stopping for a chat with the receptionist, a chat with other residents or just to sit and observe the coming and goings of other residents and staff. There was a number of strategically placed seating along corridors where residents could sit and relax.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. The inspector observed that the main communal sitting room was a hive of activity throughout the day. This room was supervised by staff at all times. The activities coordinator was seen to encourage participation and stimulate conversation. Residents told the inspectors that the activities were important to them and they enjoyed the company of each other. When asked about how they spend the day a resident replied that they had "no time to get bored". The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

The inspector met with residents in their own bedrooms. Residents told the inspector that they were happy and comfortable in their rooms. Residents were encouraged to personalise their bedrooms. The inspectors observed that there were televisions in all bedrooms and some of the residents had personalised their

bedrooms with their own family photographs, ornaments and furniture.

Following the last inspection the management team had stated in the compliance plan response that an additional shower would be installed on the ground floor by the 16/10/2020, however this had not happened. A shower hose had been attached to the existing bath facility. A shower chair had been fitted in the bath. The shower hose had to be held by the person having the shower or a staff member providing assistance. The adapted change to the existing bath did not provide a second shower facility.

The person in charge confirmed that residents can avail of mass online. The local priest had visited during Easter.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents received a good standard of care that met their assessed needs. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. However, there are repeated non compliance's from the last inspection under regulation 23 Governance and management. In addition, the inspector found that insufficient progress had been made with the system in place for the ongoing monitoring of the cleanliness of the building.

The Brindley Manor Federation of Nursing Homes Limited is the registered provider of Oughterard Manor. The centre is part of a group of nursing homes. The person in charge (PIC) took up position in the centre in February 2021. The person in charge informed the inspector that the since their start date the regional manager has been on site as a support on two occasions, the chief operations manager has been on site once. The operations manager is available remotely via video conferences and phone contact. The person in charge (PIC) is supported on site by an assistant director of nursing, registered nurses, a social care facilitator, an activities co ordinator, care staff, kitchen, household, cleaning, laundry and maintenance staff.

The person in charge has responsibility for monitoring the direct provision of care. Records requested were made available in a timely manner. There was an audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, the use of restrictive practices, weight management and hand hygiene audits. Audit findings relating to the provision of care were communicated to the care staff via an electronic messaging system.

Residents reported that they had been kept up to date with all matters relating to

the COVID-19 national pandemic. At the time of inspection all residents had been vaccinated. Resident meetings evidenced the discussions had on the COVID-19 pandemic.

Staffing within the centre was stable and this had a positive impact on residents as staff knew their likes and dislikes. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling and infection prevention and control. A recent review completed by the person in charge had identified some gaps in the training on the management of responsive behaviours and Cardio pulmonary resuscitation (CPR). The person in charge was putting a plan in place to address the gaps. Staff told the inspector that they felt supported by the local management in the centre.

Regulation 15: Staffing

On the day of inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of the residents. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care.

Following the last inspection the management team had committed to increase the allocation of cleaning hours on a daily basis. The increased hours were in place.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix identified gaps in the training for responsive behaviours and Cardio pulmonary resuscitation. The person in charge confirmed to the inspector that there were residents accommodated in the centre whose care plan included full life support intervention in the event of a sudden deterioration in health. A review of the training records found that there were insufficient staff numbers with up-to-date training in basic life support.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspector reviewed the Directory of residents. The person in charge had completed a review in February 2021. The inspector found that all detail required as per Schedule 3 requirements had been entered.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management in the centre was going through a transition of change. There was a newly appointed person in charge since the last inspection. The inspector found that the actions for completion following the last inspection in July 2020 were not satisfactorily completed to bring the centre into regulatory compliance. This was evidenced by the repeated non compliance from the last inspection with regard to;

- The installation of a second shower on the ground floor which the provider had committed to be completed by October 2020.
- The system in place that monitors the overall cleanliness of the building was not robust. The oversight of cleaning practices and the standard of cleaning was not effective. Records of the cleaning had significant gaps.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required had been submitted.

Judgment: Compliant

Quality and safety

Residents' told the inspector that their lives had been impacted by the COVID-19 restrictions. Residents reported that they felt the care and support they had received was of good quality. Overall, residents' medical and health care needs were met. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. All staff had received training in standard infection control precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Staff practice was monitored. Audits on hand hygiene had been completed by the person in charge. On the days of inspection, there was no resident with a suspicious/confirmed case of COVID-19 in the centre. The centre had received the vaccination programme with

only a small number of staff due to receive their second dose.

The inspector reviewed resident files. In the main, care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. Records evidenced daily COVID-19 well-being symptom checks. For example, temperature checks were completed twice a day. This allows for early identification of the virus. Residents had access to medical and allied health care supports. Allied healthcare professionals had recommenced on site consultations. For example; physiotherapy and occupational therapy reviews.

The inspector walked the premises. Following the last inspection the allocation of household staff for the cleaning of the building was increased by two hours a day. On the day of inspection there was an induction in place for newly appointed staff. Despite this increase in staff the inspector found that the standard of cleaning was not in line with national guidance. This was evidenced by;

- the inspector asked the staff to identify two bedrooms that were cleaned that day. The bedrooms were not clean. There was layers of dust in the corners of the rooms and along the room edges. The resident bathroom mirrors were not clean.
- Cleaning records provided insufficient detail. Of the documentation reviewed, there were multiple gaps. For example, the records did not identify when deep cleaning last occurred. Therefore it was unclear what areas were cleaned and what areas were due for cleaning. Management and staff could not provide clarify on the cleaning schedule.

The inspector spent time observing resident and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre. Residents had access to information and news, a selection of newspapers, radio, television and Wi-Fi were available.

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences. The inspector was informed that there was no resident in the centre with responsive behaviours on the day of inspection. However, from the review of the care plan documentation this detail was not accurate. The non compliance found specific to the care plans for a resident with behaviours that

challenge is actioned under Regulation 7 Managing behaviour that is challenging.

Judgment: Compliant

Regulation 6: Health care

On site medical reviews and assessments from Allied Healthcare Professionals had recommenced in the centre. Following the last inspection a review of the documentation and recording of the resuscitation status of each resident had been completed. The inspector found that the system in place was accurate. The information was retrievable in a timely manner.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents in the centre with a diagnosis of dementia. The inspector followed up on the management of a resident with responsive behaviours and found that safe and effective care was not provided. The records evidenced that:

- The care plan was not updated following a repeated and noticeable change in the residents behaviours.
- De-escalation steps outlined in the care plan were not known to the staff and in the recent incidents had not been followed as a first step.
- The rationale and effectiveness of medicine doses administered was either not documented or was unclear.
- Increased dose of medication were given that were not prescribed.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Oughterard Manor OSV-0000745

Inspection ID: MON-0032683

Date of inspection: 20/04/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>S: The training matrix has been reviewed and training is ongoing for staff in cardiopulmonary resuscitation and responsive behaviours.</p> <p>M: Through audit and review.</p> <p>A: By appropriately qualified external trainers onsite</p> <p>R: Overseen by the RPR</p> <p>T: 31st July 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>S: A second shower will be installed on the ground floor of the centre. A revised approach has been adopted to the systems and documentation in place that now ensures robust oversight of cleanliness throughout the centre.</p> <p>M: Through audit and review by the PIC and inhouse management team.</p> <p>A: By the inhouse maintenance team and PIC.</p> <p>R: Overseen by the RPR</p> <p>T: 30th June 2021</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S: A review of all care plans for residents with responsive behaviours has been conducted to ensure that they are updated following repeated or noticeable changes in behaviours and clearly guide staff in de-escalation techniques. These techniques have been highlighted at staff handover and safety pause meetings daily. All staff will complete further responsive behaviour training. All nursing staff will complete further medication management training and practices will be audited by the PIC to ensure that the rationale and effectiveness of administered medication is appropriately documented.</p> <p>M: Through audit and review</p> <p>A: By the PIC, inhouse management team and external trainer.</p> <p>R: Overseen by the RPR</p> <p>T: 31st July 2021</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is	Substantially Compliant	Yellow	31/07/2021

	not restrictive.			
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