



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oghill Nursing Home
Name of provider:	Eochiall Enterprises Limited
Address of centre:	Oghill, Monasterevin, Kildare
Type of inspection:	Announced
Date of inspection:	01 July 2019
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0022705

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Oghill Nursing Home is a private family run 34 bedded centre, open since 1997. The centre is situated in a beautiful rural setting, a short drive from the town of Monasterevin. The centre comprised of 24 single bedrooms and five twin bedrooms all located on the ground floor. In the centre one single bedroom had en-suite shower and wash basin facilities. Four single bedrooms had a shared toilet and wash basin facilities. All other bedrooms had a wash basin only. The centre had four assisted showers and eight toilets to meet residents' needs. Communal rooms comprised of a sitting room, a day room, a conservatory, a dining room and a link lounge. The centre had an enclosed outdoor courtyard for residents to sit in and enjoy. The centre accepted both male and female residents over the age of 18 years and provides 24 hour nursing care. The centre catered for residents with long term, respite, convalescence, dementia and palliative care needs. The provider employed nurses, care support staff, catering, household, administration and maintenance staff to meet residents' needs. The centre's statement of purpose stated that their aim is to provide residents with a safe, secure, 'home away from home' environment, which promotes the health and well being of all. Oghill Nursing Home also aimed to provide residents with a person-centered service, access to information and protection of rights and to deliver safe and effective services using the best available evidence and information.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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How we inspect

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
01 July 2019	09:30hrs to 18:00hrs	Margo O'Neill	Lead
02 July 2019	09:30hrs to 14:30hrs	Margo O'Neill	Lead
01 July 2019	09:30hrs to 18:00hrs	Catherine Rose Connolly Gargan	Support
02 July 2019	09:30hrs to 14:30hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Inspectors met with residents over the two day inspection and eight residents returned pre-inspection questionnaires distributed to them on behalf of the Chief Inspector of Social Services prior to this inspection. Many expressed their great satisfaction with most aspects of the service they received.

Residents said they were very satisfied with living in the centre. They described it as friendly and homely. One resident who inspectors spoke with said they 'loved it here', 'liked the friends he had made here' and 'all the nurses, they're very good to me'. Residents reported that staff were professional, very kind and helpful. Staff 'are easy to talk to' and know residents' 'preferences well'. Residents stated they 'love the quiet rural surroundings and the calm nature of the staff' in the feedback questionnaire.

One resident reported that the variety of food available was good and staff were very helpful at meal times. One resident stated they would like more flexibility around meal times and with 'staying up longer'. Residents enjoyed a range of activities in the centre such as music sessions, prayer meetings, hand massage, Irish dancing, exercise classes and bingo. A resident stated in feedback that there was good communication in the centre and that there was opportunities to go on outings and trips.

Residents reported they were happy with how their concerns and complaints were managed, one resident stated 'I was listened to and options were discussed and change took place easily without fuss'. Most residents were happy with laundry arrangements, however one resident would like to have their laundry washed with a different process.

Most of the residents were happy with their bedroom however one resident who spoke with inspectors said they did not like sharing their room and would prefer a single room. Residents stated that visitors always received a very warm welcome on arrival. Most residents reported they were happy with the private spaces available in the centre. There was no designated room to meet visitors in private and one resident reported they did not like being asked to move when other residents' visitors arrived.

Capacity and capability

The inspection was an announced two day inspection to monitor ongoing compliance with the regulations and standards. Inspectors followed up on

notifications received by the Chief Inspector since the last inspection in the centre in March 2018. The three action plans from the last inspection to bring the centre into compliance with the regulations were completed by the provider. Inspectors' findings are discussed throughout the report.

There was a good governance and management structure in place in the centre with good oversight of the service provided to residents. The provider representative and the person in charge were very experienced and were present in the centre on a day-to-day basis. Senior nursing staff provided good support to the person in charge in her role. The registered provider and person in charge provided alternate weekend on-call cover ensuring that a member of the management team was available to respond to issues promptly.

There were regular management meetings to review the service provided and outcomes for residents. Documentation for these meetings needed development to ensure that action plans developed from these meetings were completed. Monitoring of the quality and safety of the service delivered to residents was carried out. However this also needed further development to ensure action plans and this process informed continuous quality improvement. The centre had sufficient resources to ensure care was delivered in accordance with the centre's statement of purpose.

There were sufficient numbers of staff in the centre and the provider ensured staff had the appropriate skills and knowledge to meet residents' needs in the centre. Staff were facilitated to attend mandatory and professional development training and were appropriately supervised according to their role.

There was a low staff turnover and staff reported they felt well supported by the person in charge and senior staff. There was a recruitment and induction procedure in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

All necessary records required by the regulations were maintained in the centre. Although fire drills were regularly carried out the records of these required further improvements.

Regulation 14: Persons in charge

The person in charge is a registered nurse, worked full-time in the centre and was suitably qualified and experienced. The person in charge was engaged in the governance, operational management and administration of the centre on a full-time basis. She met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff working in the centre to meet the individual and collective needs of the residents living there. Staff were knowledgeable regarding the individual needs of each resident. Staff were skilled with providing care for residents and knew the residents well. All residents were attended to in a timely way and said that staff were kind and caring.

Inspectors discussed weekend staffing levels; reduced to one nurse at the weekends and carers. The provider told inspectors that this was closely monitored and that an oncall nurse was available if required.

There was a low turnover of staff in the centre and there were no staff vacancies at the time of inspection. The centre had a robust recruitment and induction process for all new staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend mandatory training and training records indicated that all mandatory training requirements for all staff were up to date. Staff training in safeguarding and protection of vulnerable adults was provided and while the staff were facilitated to attend training in safeguarding and protecting residents from abuse, the content of this training required updating to come into line with the national safeguarding policy guidelines. The provider representative and the person in charge told inspectors that they had identified this and were putting actions in place to ensure staff received training to reflect national policy best practice.

Staff were facilitated to attend a variety of professional development training. Training needs of staff was informed by the needs of residents. Annual appraisals were completed by the person in charge with staff. The person in charge ensured staff were well-supervised in accordance to their role.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents contained all information for each resident as required by the regulations. This was available to the inspectors on request.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined by inspectors and contained the information required as set out in Schedule 2 of the regulations. All files contained vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Inspectors received assurances that all staff working in the centre had completed An Garda Siochana vetting disclosures.

Further information was required in the records of emergency evacuation drills examined by inspectors. Further detail was needed in the following areas:

- location of simulated fire and compartment that was evacuated,
- night or day staffing levels involved,
- number of persons evacuated during the drill,
- learning from the the drills to ensure ongoing refinement and improvement of fire evacuation process.

Daily records of each resident's condition and treatments received was maintained by night and day staff. A restraint register was also maintained and available to inspectors.

Judgment: Substantially compliant

Regulation 22: Insurance

The inspectors were provided with confirmation of up-to-date insurance cover. This policy included cover for injury to residents and loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was good overview of the service provided in the centre. The person in charge and the provider representative worked in the centre on a day to day basis. This ensured that they were readily available to address any

issues occurring in the centre. Each member of the team had their roles and responsibilities defined and there were good processes for communication between team members. Sufficient resources were provided to meet the needs of residents in the centre and provide a service as outlined in the statement of purpose.

There were systems in place to monitor the quality and safety of the service. While measurement of key clinical indicators and analysis of audits were carried out, this needed further development to ensure this process informed continuous quality improvement. For example, action plans needed further detail and evidence that they were consistently completed. There was evidence of regular management and team meetings occurring to review the service. However, there was inconsistent evidence in the minutes reviewed that actions from these forums were followed up and completed.

An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents to inform service improvements for 2019.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an individual contracts that were signed and dated. Contracts outlined the terms and conditions of residency and services to be provided. However fees charged to each resident were not clearly stated and information regarding additional fees was found to be unclear. Furthermore an option for residents to opt-out of these additional fees was not outlined.

An additional administrative fee was charged by some residents' general practitioners (GP). This was detailed in each resident's contract as an additional fee of €100 per quarter for GP administration services. Signatory agreement by residents or their family members on their behalf with this arrangement was in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose had recently been updated. All necessary information outlined in schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 was outlined.

Judgment: Compliant

Regulation 30: Volunteers

There were two volunteers involved with the centre, who acted as independent advocates 'for residents. The volunteers facilitated residents' meetings and positively contributed to residents' quality of life. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A vetting disclosure and supervision arrangements were in place for the centre's volunteers however a written description of the roles and responsibilities was required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted all notifications as described by the regulations to the Chief Inspector within the timescales specified. A record of all accidents and incidents involving residents was maintained and available to inspectors on request.

Judgment: Compliant

Regulation 32: Notification of absence

The person in charge confirmed that she had no absence in excess of 28 days. Arrangements were in place for management of the centre in the event of any such absences occurring.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors found up-to-date policies and procedures were in place for the management of complaints. Named persons were identified for designated roles as outlined in regulation 34 complaints procedures. A summary of the complaints procedure was displayed in the reception area of the centre. The complaint procedure was also outlined in the resident's guide. Two volunteer

advocates convened the residents' meetings. The contact details for accessing these advocates were also displayed in the reception area of the centre. There was also access to an independent advocacy service if needed.

There was a low number of complaints received in the centre. The relevant documentation regarding each complaint was logged, details of the investigation and the satisfaction of the complainant regarding the outcome of the investigation was recorded. An independent appeals process was available. Prompt action was taken by the centre to resolve complaints and good levels of satisfaction with actions taken were confirmed in the pre-inspection questionnaires completed by residents or relatives on their behalf.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were present and noted to be specific to the centre. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies reflected best practice information.

Judgment: Compliant

Quality and safety

Residents reported they enjoyed living in the centre and had a good quality of life. Although residents' care documentation their health and nursing needs were met to a good standard by staff who knew residents well. Residents' healthcare needs were assessed on an individual basis and was used to inform their care plans.

There were arrangements in place to ensure residents had timely access to local GPs, physiotherapy, pharmacy services, dietitians, occupational therapy, speech and language therapy, palliative care and dental services. The provider ensured all services attended to residents as necessary.

The centre was visibly clean and was maintained and decorated to a good standard with soft furnishings, bookcases, interesting items for residents to look at and enjoy. Residents' bedrooms were homely and had personalised décor. The space in five twin rooms was confined and the layout and design of the twin bedrooms impacted on residents' rights to privacy, dignity and choice. The number of bathing/shower facilities were did not meet the requirements of the *National*

Standards for Residential Care Settings for Older People in Ireland (2016).

There was a good variety of activities available to residents to enjoy in the centre. This supported residents to enjoy a meaningful life. Residents' activity planning and coordination was not an allocated role for a designated staff member at the time of the inspection. Further improvements were required in the documentation of residents' activities to ensure the activities provided to them met their interests and capabilities.

Regular residents' meetings were facilitated by independent advocates and residents were consulted with regarding their care and the service provided. Residents reported they felt safe in the centre and spoke positively about staff. Residents were encouraged and supported to optimise their independence where possible and had free access to a safe outdoor courtyard.

Staff were knowledgeable and knew residents and their individual needs well. Staff demonstrated to inspectors that they were aware of their responsibilities regarding safeguarding of residents and reporting any concerns. There was good support for residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in the centre. However residents' behavioural support care plans required improvement to consistently inform their support needs.

There was a policy and procedure in place to ensure residents were protected from the risk of fire. Fire safety checks required addition of weekly fire alarm sounding checks. Risk management was informed by an up-to-date policy in the centre and there was a risk register maintained. Some identified risks and the controls required to mitigate these risks noted by inspectors were absent from the register. This was discussed with the centre's management during the feedback meeting.

Regulation 10: Communication difficulties

Each resident had their individual communication needs assessed and used to inform the development of person-centred care plans. Staff in the centre were conscious to support residents with their communication needs to communicate effectively.

Judgment: Compliant

Regulation 11: Visits

An open visiting policy with protected meal times was in place in the centre. Visitors were observed calling into visit residents over the two day inspection. Visitors were

welcomed and residents were facilitated to meet their guests in private if they wished in private seating areas located throughout the centre. Visitors felt welcomed by staff, this was confirmed in the pre-inspection questionnaires completed by residents and their relatives. A record of all visitors to the centre was maintained.

Judgment: Compliant

Regulation 12: Personal possessions

A laundry service was available in the centre for residents and their clothing was laundered appropriately and returned to them. Residents' clothing was discretely labelled to ensure safe return to each resident. Residents' clothes were observed by inspectors to be clean and well cared for. However one resident wrote in the pre-inspection questionnaire that they wished to have their clothes washed separately. This was discussed with the person in charge and the provider representative during the inspection and arrangements would be put in place to accommodate this.

Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions. The provider kept a small amount of money in safekeeping on behalf of one resident for their day-to-day expenses. Records of transactions were maintained and balances were correct. The provider representative confirmed that they did not act as a pension agent of social welfare pensions for any of the residents at the time of the inspection.

Residents were provided with storage space in their bedrooms for their clothing and personal belongings. There was limited shelf space in many of the bedrooms for residents to display their photographs and ornaments. The outcome of this was some residents placed their memorabilia on the electrical case covering attached to the wall.

Judgment: Substantially compliant

Regulation 13: End of life

Staff consulted with each resident to ensure they were aware of residents' wishes regarding their end-of-life care. Residents' wishes and preferences regarding their physical, spiritual and psychological care in addition to where the resident wished to receive care was identified and documented for residents in individual care plans. This information was regularly reviewed with residents or their family as appropriate to ensure it was up-to-date.

There were single rooms available in the centre for residents who were at end of life

and residents' families were facilitated to stay overnight with residents when they were very ill. The centre had timely access to local palliative care services to support as necessary. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, comfortable and homely. Residents' rooms were all on the ground floor and these had been decorated and personalised to residents' taste. However the layout and design of the five twin bedrooms did not meet the needs of residents' in terms of privacy, dignity and personal space as outlined in the following:

- personal space was limited and impacted on residents' right to privacy and dignity
- there was insufficient space for residents to sit beside their beds,
- in some rooms privacy and dignity could not be assured when residents accessed the sink to wash,
- there was insufficient space to transfer residents with assistance equipment (for example full body hoist transfers) whilst maintaining residents' privacy and dignity,
- there was insufficient shelf space for residents to display their personal items and memorabilia.

Some of the shared toilets on the premises required a second handrail and the use of raised toilet seats that were potentially unstable required review.

The dining room space was limited and did not allow for all residents to eat together at the same time. This was addressed by the provider through providing residents with second sittings at meal times. Also some residents told inspectors that they enjoyed taking their meals in the link lounge, a small sitting area in the centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

There were measures in place to prevent residents suffering from malnutrition and dehydration in the centre. Residents' nutritional and hydration needs were assessed and closely monitored. The provider had arrangements in place to ensure good

access to speech and language therapy and dietitian services as residents required.

There was good variety of hot meals and snacks available to residents and residents had access to a safe supply of drinking water and refreshments at all times. Mealtimes were a social occasion and residents were offered discreet and patient assistance from sufficient numbers of staff available during meals to support residents. Residents confirmed that their meals were nutritious and appetising.

Residents received meals prepared as recommended for them and there were systems in place to ensure that special dietary requirements were communicated to the catering staff.

Judgment: Compliant

Regulation 20: Information for residents

A written residents' guide was available for all residents. This included a summary of the services and facilities available in the centre. Each resident was provided with a copy of the residents' guide for their information and this was observed in all residents' bedrooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence of communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or were temporarily absent from the centre. An up-to-date policy was available in the centre to inform the procedures for the temporary absence or discharge of residents.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date safety statement at the time of the inspection and the centre's risk management policy detailed the five specified risks as required by regulation 26(c).

The centre had a risk register that detailed risks identified, risk ratings, the

controls in place to mitigate levels of assessed risk. While the risk register was regularly reviewed and kept up to date, some risks and their controls had not been identified. For example, prevention of unauthorised access to sluice rooms, risk of ingestion accessible cleaning solutions on the cleaning trolley and hand wash products by vulnerable residents or others.

There was an emergency policy and a comprehensive evacuation procedure with appropriate arrangements for alternative accommodation for residents in event of an emergency in place in the centre.

There was evidence of review of incidents and accidents that occurred in the centre and action plans were formulated to mitigate ongoing risk and to ensure learning and continuous quality improvement in the centre.

Judgment: Substantially compliant

Regulation 27: Infection control

An up-to-date policy to inform infection prevention and control procedures in the centre was available. The centre was visibly clean throughout and was in a good state of repair with the exception of minor repair required to the fabric of a chair in the centre's conservatory. Hand hygiene dispensers were located throughout the centre and staff were observed using these appropriately. There was a cleaners' room that was secure and met the requirements of the regulations. The floor mopping system in the centre was in line with best practice.

Staff were facilitated to attend training in procedures consistent with the National Standards for infection prevention and control in community services and records indicated all staff were up-to-date with this training.

Judgment: Compliant

Regulation 28: Fire precautions

There was an up-to-date policy and procedure in place to protect residents from risk of fire in the centre. All staff were facilitated to attend annual fire safety training and to participate in emergency evacuation drills. Simulated evacuation drills were completed to test the evacuation procedures in place. Staff who spoke with inspectors were familiar with the procedures for responding to a fire in the centre and the evacuation procedures.

Each resident had their individual evacuation needs assessed and personal emergency evacuation plans (PEEPs) were in place for each resident. These clearly described the residents' required equipment needs and cognitive status as well

as the residents' supervision needs . This information was accessible to staff on duty in the event of a fire or other emergencies that necessitated residents' evacuation.

Fire fighting equipment was located throughout the building and emergency exits were clearly displayed and free of obstruction. Emergency evacuation procedures were displayed on the walls and outlined fire compartments. Daily and weekly fire safety equipment checking procedures were completed. The centre's fire alarm was not sounded on a weekly basis to check that it is operational at all times. This was discussed with the provider representative and person in charge who gave assurances that this would be addressed. Quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor was up-to-date.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Policies were up-to-date and informed the safe ordering, prescribing, storing and administration of medicines to residents. Practices observed in relation to prescribing, administration, review and storage of residents medicines met with regulatory requirements and reflected professional guidelines.

Inspectors observed that maximum dose of PRN medicines (medicines only taken as the need arises) permissible over any 24-hour period was stated on residents' prescriptions. Medicines to be administered in crushed preparations were also clearly prescribed. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Balances checked by inspectors were correct. Medicines requiring refrigerated storage were stored appropriately and evidence that the medicine refrigerator temperatures were checked on a daily basis was in place.

The pharmacist who supplied residents' medicines attended the centre regularly and was facilitated to meet their regulatory obligations to residents. There were procedures in place for recording and returning out-of-date or unused medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their care needs completed on admission and regularly updated thereafter. A variety of accredited assessment tools

were used to assess clinical risks and needs. Care plans were developed for residents' assessed needs and while efforts were made to make the care plans person-centred this was hindered by some pre-printed care plans such as the residents behavioural support care plans. The information tended to be generic and included information that was not relevant to the resident referenced. Inspectors observed that a good standard of nursing care was provided to residents in the centre. Staff knew residents and their individual needs well. However the care documentation did not consistently reflect or inform the good level of care that staff provided to residents.

Care plans were not consistently developed for all residents' needs identified on assessment. For example some residents with a high risk of developing pressure related skin damage did not have a care plan detailing the care they needed to prevent skin damage occurring. Residents' care plan were reviewed and updated every four months or as residents' needs changed. However this person-centred information from the care plan reviews was not transferred in to the care plan information. Records of consultation with residents and their families regarding the care plan reviews required improvement to include the information on changes made.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in the centre had timely access to a GP of their choice from the local area and other medical and allied health professional services as necessary. Occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietitian services were available to residents as necessary. The provider had arrangements in place for all residents to access weekly physiotherapy and positively benefited residents independence. Inspectors observed residents up and about over the two day inspection. The provider also arranged consultations with psychiatry of older age as residents needs' for this service arose. Timely access to local community palliative care services was also available to residents. Residents were supported to attend outpatient appointments and were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and

restrictive practices in the centre. A small number of residents in the centre had episodes of responsive behaviours. Residents' responsive behaviours were well-managed with person-centred and supportive de-escalation strategies implemented by staff who knew them well.

Analysis of behaviours or incidents of responsive behaviours experienced by individual residents in the centre included a diagrammatic and descriptive text analysis. This was effective in identifying patterns and triggers for these episodes. However this information and support provided to residents was not consistently mentioned or reflected in residents' behavioural support care plan documentation. Residents' behavioural support care plans were in pre-printed format. This finding is addressed under regulation 5: individual assessment and care plan.

The provider ensured that staff were facilitated to attend training in managing responsive behaviours. There was a review process in place to evaluate the appropriateness of the administration of each PRN medicine to ensure all other appropriate alternatives were tried. This provided assurances that PRN medicine were administered as a last resort in line with the national policy guideline. Residents were referred to psychiatry of older age services as necessary.

There was evidence of an overall reduction in the use of restrictive practices in the centre with a minimum restraint environment promoted by the person in charge and staff. Documentation was in place confirming assessment of need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and while in use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff were knowledgeable regarding the different kinds of abuse and how the different types of abuse may present. They clearly articulated their responsibility to report concerns. Staff had a good rapport with residents and residents confirmed to inspectors they felt safe in the centre. All interactions observed by inspectors between staff and residents were respectful, polite and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to participate in the running of the centre. There was a good sense of community in the centre and residents reported they felt 'at home'. Residents' meetings were held regularly. These were facilitated by the centre's volunteer advocates to assist residents to provide honest and open feedback on the service provided.

There was a varied range of activities available for residents. While residents were provided with one-one activities as needed the residents' activity care plans or records of the activities they participate in did not provide sufficient assurances that these activities met their interest and capabilities. Records of activity care plans, particularly for residents requiring one-to-one activation, did not demonstrate that residents had sufficient opportunity or access to meaningful activities. The provider representative and the person in charge assured inspectors that improvements to the documentation would be implemented to address this.

Residents' religious and civic rights were supported in the centre. Arrangements for local clergy from various denominations to attend the centre as required was in place. A member of staff communicated daily news and current affairs to the residents every morning in the lounge area. Residents had access to television, radio and daily newspapers.

Residents and visitors had access to an outdoor enclosed courtyard. Seating was provided for residents to enjoy the space and to spend time outdoors. The entrance doors to the premises were locked with a coded keypad. Residents who choose to go out independently were facilitated to do so by staff and were provided with the code of the main door.

The layout and design of the five twin bedrooms required review to ensure residents' privacy and dignity needs were met. Bed space- the space between the bed and curtains was limited for residents in these rooms. The wash basins in these rooms were located beside one resident's bed. Access arrangements to the wash basin did not ensure the privacy and dignity of both residents could be met. Furthermore inspectors were not assured that resident's privacy and dignity could be maintained in the twin bedrooms during transfer procedures.

In one of the twin bedrooms the privacy curtain fabric was see-through the curtain and did not ensure the resident's privacy.

Residents' choice was impacted in twin bedrooms that contained only one television for the occupants in the room. Some of the twin bedrooms had space for only one chair and one locker. The position of the light switches to operate overhead reading lights was not accessible to residents when in bed and most of the wardrobes were located outside residents bed space.

There were key coded locks on the outside of shared toilet doors between two residents' rooms. The absence of privacy locks on the inside of these doors did not ensure that residents' privacy or choice needs were met. The location of

communal showers meant that some residents had to travel to access the showers.

Staff knocking before entering residents rooms and closed toilet and shower doors when assisting residents with personal care.

Communal sitting and dining rooms were homely and comfortable with familiar memorabilia. Following on from the last inspection in March 2018 work had been completed to enhance directional signage to help residents to find their way around the centre. Handrails in contrasting colours were available to support residents in accessing their environment. Addition of pictorial and text signage to assist residents identify the purpose of rooms in the centre had also been put in place.

Judgment: Not 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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially 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
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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	Not compliant

Compliance Plan for Oghill Nursing Home OSV-000077

Inspection ID: MON-0022705

Date of inspection: 02/07/2019

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>We will continue with our in house training on safeguarding vulnerable adults incorporating the national safeguarding policy and guidelines..</p> <p>An NMBI accredited trainer has been booked for September – date to be confirmed - to provide training to all staff in safeguarding residents from abuse. This will now be done every three years in conjunction with the above until regional awareness training is provided in our area.</p> <p>30/09/2019</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Our emergency evacuation drill records have been updated to include location of simulated fire and compartment that was evacuated, night or day staffing levels involved, number of persons evacuated during the drill and the learning from the drills.</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>Our clinical governance meetings will include more detail to show that action plans are followed up on, responsible person and completion date. We will continue to monitor and review our audit process and findings to ensure continuous quality improvement and learning and provide positive outcomes for people.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Our contract of care has now been amended clarifying fees charged to each resident including additional fees and an option to opt out of these fees if the resident wishes.</p> <p>This is in the process of being distributed to each resident or resident's representative to read sign and return.</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers:</p> <p>Our two volunteers have read our policy on their roles and responsibilities as a volunteer prior to taking up their position in our home. Both of them have now received a written description of their roles and responsibilities.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Some of our residents have shelves in their rooms already at their request . We can</p>	

accommodate our residents at any time to provide shelving in their bedrooms
 During our residents committee meeting we have requested that anyone who wished to have extra shelving in their rooms to let us know and we can accommodate them. We have asked that people please do not place memorabilia on the panel.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 We have revised our initial plan for the layout of the five twin bedrooms ensuring residents have easy access to their sink, light switches, wardrobes, lockable locker and chair within their bed space. Our electrician will be moving the electric panel providing light switch, call bell and sockets closer to each residents bed. We have repositioned the beds which provides more space to transfer residents with assistive equipment and adequate space for the screen curtains maintaining residents privacy and dignity.

This is the least disruptive plan for our Residents.

New shelving has been sourced for all rooms that require it.

Residents care needs are not negatively impacted by the number of showers we have at the moment. We are in discussion with our contractor as to the most suitable location for an additional shower. Two of our possible options are: room 28 adding an ensuite with shower and room 15 extending the existing toilet and wash hand basin to include a shower.

Fitted grab rails are now each side of all toilets used by residents. Toilet raisers with frames remain in position and we will monitor this until higher toilet seats are fitted in future.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
 The risk register has been updated to include new risks identified, assessed and the control measures put in place to reduce the level of risk.

A new coded lock has been placed on the sluice room door. A new cleaning trolley with lockable press has been ordered. Currently all cleaning solutions are kept in a locked press in the cleaning room when not in use and household staff do not leave the

cleaning trolley unattended. New locked soap dispensers to replace screw top dispensers are now in place. These control measures reduce the risk of ingestion of harmful substances by vulnerable people.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm is now sounded weekly at the same time to ensure it is operational and recorded.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 We are in the process of reviewing our care plans to ensure that the information and documentation is more person centered and residents care needs and preferences are clearly identified.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Improvements to our activity documentation have been implemented to ensure the level of engagement and interest the resident shows is being monitored and acted upon.

We have revised our initial plan for the layout of the five twin bedrooms ensuring residents have easy access to their sink, light switches, wardrobes, lockable locker and chair within their bed space. Our electrician will be moving the electric panel providing light switch, call bell and sockets closer to each residents bed. In the meantime we have repositioned the beds which provides space to transfer residents with assistive equipment and adequate space for the screen curtains and ensures easy access to their light switches, sink, wardrobes, lockable locker and chair.

We assess all residents during the pre assessment stage prior to admission as to their

suitability for a sharing room. If we find following assessment a residents care needs cannot be provided for in a shared room including maintaining their privacy and dignity we don't accept them for admission on these occasions.
Currently all our twin rooms have single occupancy.

The privacy curtain in room 27 has been replaced with a thicker fabric.

TVs are accessible throughout the home and are positioned to suit the residents preferences. There is a TV provided in every room . A second TV has now been ordered for each of the twin rooms.

Key coded locks on the two shared toilets have been removed and replaced with privacy locks.

Bedrooms 1-7 have access to the shower in 15 seconds from the furthest bedroom.
Bedroom 8-14 have access to the shower in 10 seconds from the furthest bedroom.
Bedrooms 15-27 have access to the shower in 20 seconds from the furthest bedroom.
This has never negatively impacted the care needs and privacy and dignity of our residents. We will continue to monitor this.

01/01/2021 Additional shower.

30/11/2019 For the layout of the twin rooms.

Completed Thicker fabric dividing screen in room 27.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	22/07/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	30/11/2019

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	22/07/2019
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	22/07/2019
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	30/09/2019

	concerned and include details of the fees, if any, to be charged for such services.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	01/01/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/08/2019
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	08/07/2019
Regulation 30(a)	The person in charge shall ensure that people involved on a	Substantially Compliant	Yellow	22/07/2019

	voluntary basis with the designated centre have their roles and responsibilities set out in writing.			
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	31/12/2019
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	31/12/2019
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	22/07/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	22/07/2019

	reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	22/07/2019