

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Oghill Nursing Home
<b>Centre ID:</b>	0077
<b>Centre address:</b>	Monasterevin
	Co Kildare
<b>Telephone number:</b>	045-523513
<b>Fax number:</b>	045-523519
<b>Email address:</b>	<a href="mailto:oghillnursinghome@eircom.net">oghillnursinghome@eircom.net</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Eochaille Enterprises Ltd.
<b>Person in charge:</b>	Hilary Maher
<b>Date of inspection:</b>	21 March 2012
<b>Time inspection took place:</b>	<b>Start:</b> 09:10 hrs <b>Completion:</b> 14:35 hrs
<b>Lead inspector:</b>	Marian Delaney Hynes
<b>Support inspector:</b>	N/A
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Oghill Nursing Home is a purpose built, single-story building surrounded by mature gardens. It has capacity for 38 residents. There were 32 residents living there on the day of inspection.

The centre has nine twin rooms and 20 single bedrooms, four which are en suite. There are seven assisted toilets and five assisted bathrooms. There is also a sitting room, conservatory, kitchen and dining room, laundry room, sluice room and smoking room.

Externally there is a well stocked garden with a variety of trees, shrubs and flowers and a newly developed enclosed patio garden. Ample car parking is available to the front of the premises.

### Location

Oghill Nursing home is situated on a country road approximately three kilometres from Monasterevin in County Kildare.

<b>Date centre was first established:</b>	1997
<b>Number of residents on the date of inspection:</b>	32 + 2 in hospital
<b>Number of vacancies on the date of inspection:</b>	4

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	18	5	6	3

### Management structure

The Provider is Eochail Enterprises Ltd. which is a family run company. There are four directors, Noel and Stephanie Maher and their daughters Hilary Maher and Ann Mahon. The person nominated to act on behalf of the Provider is Ann Mahon, who is the Assistant Director of Nursing (ADON). Hilary Maher is the Person in Charge. Noel Maher is involved in the upkeep of the premises and Stephanie Maher in administration and catering. The nursing and care staff report to the Person in Charge and the catering, administration and maintenance person report to the Provider. Another daughter, Nicola Maher, is the Accounts Administrator.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	*3	7	3	2	1	**1

\* This included the Provider who is the ADON.

\*\* The maintenance person

## Background

Oghill nursing home had a registration inspection carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate on the 17 and 23 February 2010. The inspection report can be found at [www.hiqa.ie](http://www.hiqa.ie)

While areas for improvement were identified, overall the inspectors found that the service met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland 2009*.

The person in charge and provider demonstrated a strong commitment to continuous improvement and development of the service. Inspectors found that the care given to residents was of a high quality and that their health needs were met in a person-centred way.

Areas for improvement identified by the inspectors included care planning, the risk management policy and staff training on the prevention, detection and response to suspected or confirmed abuse. Other areas which required improvement included provision of meaningful activities, storage and the documentation required on staff files.

## Summary of findings from this inspection

This was an unannounced follow up inspection and the third inspection carried out by the Authority. This additional inspection focused on the actions of the registration inspection of 17 and 23 February 2010.

The inspector met and spoke with the provider, person in charge and a number of staff and residents. The inspector found that there had been a very positive and proactive response to the action plan from the previous inspection. Overall, the inspector was satisfied that the provider had implemented many of the actions

required within the agreed timeframes. Seven of the 10 actions were completed, two were partly addressed and one action had not been addressed.

Improvements included:

- the complaints policy had been updated
- comprehensive nursing and risk assessments had been carried out on residents on a three monthly basis or more often if necessary
- residents were provided with an opportunity to participate in meaningful activities
- a new secure garden had been developed

The inspector however had concerns regarding some aspects of fire safety, the water temperatures in some sinks in bedrooms and notifications to the Chief Inspector.

These issues and other areas are discussed in the body of the report and in the Action Plan at the end of the report.

## Issues covered on inspection

### Fire Safety

The inspector had serious concerns regarding two aspects of fire safety:

- four of the fire exits were either fully or partially obstructed by assistive equipment and by dependent residents seated in specialist chairs. This matter was brought to the attention of the person in charge who made immediate arrangements to ensure that all fire exits were clear
- the inspector also noted that there was a large gap between the door leaf and frame on some of the bedroom doors which meant that they would not provide an effective fire and smoke seal in the event of fire. The person in charge said that she would arrange an immediate assessment of all doors by a fire service engineer.

### Notifications

During the inspection process the inspector noted that four grade two pressure ulcers had not been notified to the Authority. The person in charge said that she misunderstood her legal requirement to notify the Chief Inspector of grade two pressure ulcers. She said that she would address this issue immediately following inspection and would notify the Chief Inspector of all relevant incidents according to regulatory requirements. Since the inspection all notifications have been received by the Authority.

### Water Temperature

The inspector noted that the hot water in two of the residents' bedrooms ranged from 58.8 to 60 degrees Celsius which posed a scalds risk to residents. The person in charge said that this issue would be addressed without delay.

The inspector received written confirmation on the day following inspection stating that the matter was in the process of being addressed. In a follow up telephone call to the provider, it was confirmed that new thermostats were being fitted.

### **Smokers' Room**

There was a smokers' room available to residents. However, the inspector noted that the room was insufficiently ventilated and the smell of smoke radiated onto the corridor. The person in charge said that she was in the process of having a more effective ventilation system installed. Residents spoken to did not complain or comment adversely on this issue.

### **Actions reviewed on inspection:**

#### **1. Action required from previous inspection:**

Develop a safety statement and implement a risk management policy that facilitates investigation and learning from incidents /accidents involving residents, including near misses.

This action was partially addressed.

The inspector found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors, but there were some areas for improvement.

There was a health and safety policy in place. The person in charge showed the inspector the new risk assessment forms that had been introduced to identify and assess risks throughout the centre and the precautions in place to control the risks identified. However, the inspector noted that the policy was not centre specific and did not contain information and guidelines on the precautions in place to control risks such as, residents absent without leave, assault, aggression and violence and self harm.

The person in charge had appropriate arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. For example falls and near misses were audited and a root cause analysis was carried out following each incident. An environmental risk assessment was carried out and identified loose hand rails on one corridor as a hazard. The hand rails were repaired immediately. Staff were encouraged to report without delay any possible hazards or risks identified.

The inspector reviewed training records and noted that all staff had received training on moving and handling. Staff spoken with were knowledgeable on the correct moving and handling techniques and were observed to employ safe practices when using the hoist to reposition a resident.

## **2. Action required from previous inspection:**

Provide opportunities for resident to participate in activities appropriate to his or her interests and capacities.

This action was completed.

Social care assessments formed part of the overall nursing assessment which identified residents' interests and preferences. Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A programme of activities was widely displayed and residents spoken to commented on the various activities available to them. Activities included board and card games, sing-a-longs to music videos, and exercise to music, baking, pet therapy and visits by local musicians.

Some residents told the inspector that they could freely go to the garden and enjoyed being there when weather permitted. The inspector observed a number of residents been taken for walks outside.

Three of the staff had completed the Sonas programme (a sensory stimulation programme particularly suitable to people with dementia). During the afternoon a staff member was observed carrying out this programme with a small group of residents with a cognitive impairment. Staff told the inspector that they frequently provided both hand and foot massage to residents as part of a therapeutic intervention.

## **3. Action required from previous inspection:**

Provide access to a safe outdoor space for all residents

This action was completed.

The provider and person in charge had developed a secure patio garden for use by residents. The entrance to the garden was from the main sitting room. Residents confirmed that they were delighted with this development and had visited the garden last summer and during the fine weather.

## **4. Action required from previous inspection:**

Ensure that there is suitable provision for storage.

This action had not been completed

There was inadequate storage space for assistive equipment, commodes and trolleys. They were stored in corridors, bathrooms and in the laundry. One of the corridors was heavily cluttered with assistive equipment and trolleys in the morning.

This posed a risk to resident safety, as they could not use the grab rails on the corridor because of the clutter. The person in charge and provider acknowledged that storage was a concern and they informed the inspector that there were plans to extend the centre to provide additional storage space and a cleaning room.

**5. Action required from previous inspection:**

Update staff files to ensure they contain all of the information required in Schedule 2 of the regulations.

This action was partially completed

Some improvements were identified in relation to the information required on staff files. The inspector examined four staff files and found that they contained most of the required information and documents specified in Schedule 2 of the Regulations. However none of the files contained photographic evidence. The person in charge said that this would be addressed without delay.

**6. Action required from previous inspection:**

Ensure that all staff members are supervised on an appropriate basis pertinent to their role.

This action was completed and related to formal supervision and appraisal of staff.

The inspector observed that the person in charge and assistant director of nursing worked very closely with staff. Staff members confirmed that they were well supported and supervised in their clinical roles.

The person in charge had developed an annual performance appraisal with clinical staff and records showed that this had been completed. The person in charge said that she used the appraisal process to identify staff training needs and as an opportunity to affirm or put an improvement plan in place to support the staff member.

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff rotas reviewed by inspectors indicated that these were the usual arrangements. The staff rota detailed each staff member's position and full name. A registered nurse was on duty at all times including night duty. The person in charge explained that she used a validated tool to assess dependency for residents and used the dependency levels along with her clinical judgment and feed back from staff and residents to inform decisions about staffing levels.

**7. Action required from previous inspection:**

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

This action was completed.

The inspector found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations. The inspector reviewed the complaints log and saw that complaints were recorded from residents and relatives and there was evidence of complaints being appropriately responded to by the person in charge to the satisfaction of the complainant. The complaints procedure contained an independent appeals process.

**8. Action required from previous inspection:**

Ensure that the training on the prevention, detection and response to elder abuse is adequate to give staff the necessary skills to respond to suspected abuse.

This action was completed.

Systems to safeguard residents and deal with allegations of abuse were satisfactory. Records showed that all staff had attended a training course on the prevention, detection and response to elder abuse and refresher training had been provided in recent months. Staff said that the provider and person in charge frequently discussed elder abuse with staff on duty. The inspector found that staff spoken to were aware of the types of elder abuse and their responsibilities to report suspected elder abuse to the person in charge.

**9. Action required from previous inspection:**

Put a system in place to monitor that chemicals are consistently locked away to ensure residents safety is maintained.

This action was completed.

Cleaning and laundry chemicals were stored securely and posed no risk to the safety of residents. The inspector noted that the cleaner ensured good supervision of the cleaning trolley whilst cleaning.

**10. Action required from previous inspection:**

Carry out a comprehensive reassessment of each resident every three months. Review the care planning process to ensure it is user friendly, and accessible to residents.

This action was completed.

The inspector examined three care plans and found that they were sufficiently comprehensive to meet the identified needs of residents. Care plans identified that a range of nursing assessments had been carried out when the resident was first admitted to the centre and then on a three-monthly basis and more frequently where required.

The inspector checked the number of falls that occurred within the centre in the previous six month period and was satisfied that falls were well managed. The person in charge had collected information on falls on a monthly basis for the purpose of auditing and improving the service. Strategies were put in place for those residents who were at high risk of falling. Risk assessment and supervision of residents was the first line strategy for falls prevention. Inspectors observed that residents in all communal areas were appropriately supervised by staff.

**Report compiled by:**

Marian Delaney Hynes  
 Inspector of Social Services  
 Social Services Inspectorate  
 Health Information and Quality Authority

23 March 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
17 and 23 February 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Action Plan

### Provider's response to inspection report \*

<b>Centre:</b>	Oghill Nursing Home
<b>Centre ID:</b>	0077
<b>Date of inspection:</b>	21 March 2012
<b>Date of response:</b>	10 April 2012

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

A number of fire exits were obstructed which posed a risk to residents.

There were large gaps between the door leaf and frame on some of the bedroom doors.

#### Action required:

Provide adequate means of escape in the event of fire.

#### Action required:

Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Reference:</b> Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>A memo has been circulated to all our staff reiterating that it is a regulatory requirement that fire exits are unobstructed at all times. Staff undergo fire training annually with a fire consultant and participate in fire drills and evacuation every six months.</p> <p>All fire doors have been serviced by our carpenter and worn intumescent strips replaced.</p>	<p>Immediately</p> <p>23 March 2012</p>

<b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>	
The hot water in two of the residents' bedroom sinks ranged from 58.8 to 60 degrees Celsius which posed a scalds risk to residents.	
<b>Action required:</b>	
Provide a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection.	
<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>Our plumber is now installing thermostats to regulate water temperature and this will ensure it never exceeds 43 degrees Celsius.</p>	<p>Within the next month</p>

<b>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>
Notifications regarding pressure ulceration had not been made to the Chief Inspector as required.

<b>Action required:</b>	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
<b>Reference:</b>	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The person in charge has forward NF03 notification forms for the grade two pressure ulcers and has incorporated this as part of her notification procedure.	Immediately

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
Staff files did not contain the required photographic evidence as required in Schedule 2 of the Regulations.	
<b>Action required:</b>	
Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
<b>Reference:</b>	
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
On day of inspection our staff files requested by the Inspector did not contain photo id. Although it wasn't produced at the inspection all staff work permit files have photo id and all staff hired since 2009 have photo identification.	Completed

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

There was inadequate storage space for equipment.

**Action required:**

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

**Reference:**

Health Act, 2007  
 Regulation 19: Premises  
 Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  As discussed plans are in place to extend the centre to include additional storage space and cleaning rooms.	Two to three years

**6. The provider has failed to comply with a regulatory requirement in the following respect:**

The risk management policy did not control all risks as required by the Regulations for example, it did not include a policy on the management of assault, violence and aggression and self harm.

**Action required:**

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

**Reference:**

Health Act, 2007  
 Regulation 31: Risk Management Procedures  
 Standard 26: Health and Safety  
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  This has now been incorporated in to our risk management policy.	Completed

**7. The provider has failed to comply with a regulatory requirement in the following respect:**

Ventilation in the smoking room was inadequate.

**Action required:**

Provide adequate ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

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

**Timescale:**

Provider's response:

We have installed a new larger ventilation fan in our smoking room which has reduced any smoke emanating down the hall.

Completed

**Any comments the provider may wish to make:**

**Provider's response:**

We wish to thank you for the courtesy and respect you showed to our Residents and staff. The whole inspection process can be stressful and we appreciate that you recognised this. Thank you for acknowledging our pro-active commitment to providing the best service and care to our residents.

**Provider's name:** Ann Mahon on behalf of Eochiall Enterprises Ltd.

**Date:** 10 April 2012