

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oghill Nursing Home
<b>Centre ID:</b>	0077
<b>Centre address:</b>	Oghill
	Monasterevin
	Co. Kildare
<b>Telephone number:</b>	045-523513
<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 provider:</b>	Eochail Enterprise Ltd.
<b>Person authorised to act on behalf of the provider:</b>	Anne Mahon
<b>Person in charge:</b>	Hilary Maher
<b>Date of inspection:</b>	27 August 2013
<b>Time inspection took place:</b>	<b>Start:</b> 08:45 hrs <b>Completion:</b> 17:45 hrs
<b>Lead inspector:</b>	Angela Ring
<b>Support inspector(s):</b>	N/A
<b>Type of inspection</b>	<input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	5

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with 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*.**

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input checked="" type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input checked="" type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This registration renewal inspection was announced and took place over one day. As part of the monitoring inspection, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The provider is Eochail Enterprises Ltd. which is a family run company. There are five directors, Noel and Stephanie Maher and their daughters Hilary Maher, Ann Mahon and Nicola Maher. The person nominated to act on behalf of the provider is Ann Mahon, who is also 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 and Nicola Maher are involved in administration.

Overall, the inspector found that the provider 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*. There was evidence of ongoing and consistent improvements being made in all aspects of the operation of this centre with a very committed management team in place.

The inspector found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Several residents and relatives completed questionnaires prior to the inspection. The inspector found the feedback was very positive in all aspects of the service provided.

The provider and person in charge promoted the safety of residents. A risk management process was in place for the centre. Robust fire procedures and an emergency plan were in place. Staff had received training and were knowledgeable about the prevention of elder abuse. Recruitment practices met the requirements of the Regulations. All of the issues identified at the previous inspection in March 2012 were addressed.

A small number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report. These include updating the directory of residents, medication management and risk management.

#### **Section 41(1)(c) of the Health Act 2007**

**Compliance with 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*.**

#### **Theme: Leadership, Governance and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

#### **Outcome 1**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Minor improvements were required in the statement of purpose. However, these were addressed on the day of inspection. The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of the Regulations. The statement was kept under review and was made available to residents.

**Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Minor improvements were required in the contract of care - these were addressed the day after the inspection. A revised contract was developed which included adequate details of the services to be provided and the fees to be charged.

**Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She demonstrated a good knowledge of the Regulations, the Authority's Standards and her statutory responsibilities. Her sister, the named provider was the ADON and together they provided a high standard of nursing care and were fully committed to meeting the requirements in the Regulations and the Authority's Standards.

The inspector observed that the person in charge was well known to staff, residents and relatives. The person in charge had maintained her continuous professional development and had recently completed a course in health and safety and issues related to care of older people with further training planned for the remainder of the year. All documentation requested by the inspector was readily available.

#### **Outcome 4**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

#### **References:**

Regulations 21-25: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

#### **Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

#### **Residents' Guide**

Substantial compliance

Improvements required \*

#### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required \*

#### **General Records (Schedule 4)**

Substantial compliance

Improvements required \*

### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

### **Directory of Residents**

Substantial compliance

Improvements required \*

The gender, ethnicity and name of referring body or organisation that arranged the resident's admission to the centre were not included.

### **Staffing Records**

Substantial compliance

Improvements required \*

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

The insurance cover in place did not fully comply with cover against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

### **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

#### **References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The provider was aware of her responsibility to notify the Health Information and Quality Authority's (the Authority) Regulation Directorate of the absence of the

person in charge. To date this had not been necessary. The person in charge was supported in her role by the ADON and senior nurses who deputised in her absence.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre specific policy was available. However, it did not give adequate guidance to staff on the assessment, reporting and investigation of any allegation of abuse. A revised policy was submitted to the Authority the day after the inspection which met with the requirements in the Regulations. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector reviewed the centres procedures for storing residents' valuables and found that they were stored in a secure safe and records were maintained for each transaction.

**Outcome 7**

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

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Action(s) required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents and had a robust system in place to manage risk.

There was a comprehensive health and safety statement which was updated in 2012 and it related to the health and safety of residents, staff and visitors. A risk management policy was in place and met the requirements of the Regulations. These included the risks associated with violence and aggression, assault, self-harm and accidental injuries to residents and staff and residents going missing. This had been addressed since the last inspection. The inspector found that there was a system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. A risk register was in place for each identified risk in the centre which was regularly reviewed and updated.

The inspector was satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The inspector found that a system had been put in place to ensure that residents bedroom doors were connected to the fire alarm system to ensure that they closed when it was activated. These issues were addressed since the last inspection.

At the last inspection in March 2012, the inspector found that the ventilation in the smoking room was inadequate and there was no system in place to ensure that hot water was thermostatically controlled. The inspector found that these issues had been adequately addressed with the installation of extractor fans and thermostatic controls to control the identified risks.

In relation to residents who smoked, the inspector found that smoking was addressed in the risk register and there was a care plan developed for residents who smoked. However, there were no individual risk assessments completed for residents who smoked to determine their level of safety and the specific control measures required for the individual.

The inspector read the training records which confirmed that all staff had attended fire training within the last year. Regular fire drills were conducted including evacuation procedures. Staff spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. Staff had attended the mandatory training in moving and handling and good practices were observed.

The inspector found that there were measures in place to control and prevent infection. Staff had received training in infection control and staff spoken with were knowledgeable. Audits were carried out to ensure compliance with evidence-based practice. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre.

#### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management. Some minor improvements were required. The centres policy and procedure on medication management did not adequately address the procedures for the prescription of "as required" (PRN) medication, crushed medication, disposal of medication and returning medication to pharmacy.

A medication management policy was in place which guided practice. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked the balances and found them to be correct.

Staff nurses involved in the administration of medications had undertaken training updates in best practice. Audits were completed to identify areas for improvement and there was documentary evidence to support this.

**Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The provider and person in charge had put a system in place to gather and audit information on clinical issues including information relating to falls, incidence of pressure ulcers, incidence of pain, residents with weight loss, residents in bed, use of restraint and infection control. This clinical data was used to identify possible trends and for the purpose of improving the quality of service and safety of residents. The inspector saw where residents' satisfaction survey had been carried out to identify areas for improvement.

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector was satisfied residents' healthcare needs were met to a good standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to GP services and a full range of other services was available on referral including physiotherapy (PT), dietetic, chiropody, optical and occupational therapy (OT). The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. There was some evidence of resident and relative involvement in the development and review of the care plans. Daily notes were being recorded in line with professional guidelines.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and an action plan was devised to prevent further falls. Comprehensive incident forms were completed for each incident with evidence of analysis of the root cause. The person in charge and health and safety committee closely monitored the incidence of falls which was quite low. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff.

The inspector noted that there was an evidence-based policy in place for the use of restraint. Comprehensive risk assessments were completed and updated regularly. There was evidence to demonstrate that alternatives were tried prior to the use of restraint and there was evidence of restraints such as bedrails being removed at regular intervals.

There were no residents with wounds or pressure ulcers on the day of inspection. A wound management policy was in place and was used to guide practice. In addition, the inspector saw where additional advice and support was provided from the tissue viability nurse (TVN) from a private company when required.

The inspector found that there were a very small number of residents with behaviours that challenged. There were adequate records maintained of the triggers and alleviating factors to care for these residents.

Residents were seen enjoying various activities during the inspection. Mrs Stephanie Maher spent time engaging with residents and facilitating a range of activities. Several residents and relatives commented on the importance of her role in the centre as she engaged with residents on a daily basis and ensured that their social care needs were met. Records were maintained on residents' interests and participation in activities each day. A programme of events was displayed and included religious ceremonies, Sonas (a therapeutic programme specifically for residents with dementia), music, exercises, quiz, card games, knitting and many more. Several relatives and residents told the inspector that a variety of activities were available each day.

### **Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

## Standard 25: Physical Environment

### Action required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

### Inspection findings

The design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs. Oghill Nursing Home is a purpose built, single-story building. The centre has nine twin rooms and 20 single bedrooms, four have an en suite toilet and one has a shower. There are seven assisted toilets and four assisted showers. There is also a sitting room, conservatory, kitchen and dining room, laundry, sluice room, staff facilities, treatment room and smoking room. There were handrails and safe floor covering throughout the centre.

The bedrooms were adequate to meet residents' needs with adequate screening and storage in the twin bedrooms. There were an adequate number of toilets and bathrooms to meet residents' needs.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. There was a secure outdoor area for residents and mature gardens around the centre. Improvements had been made in the provision of storage for equipment with additional space provided; this had been addressed since the last inspection.

The laundry room was spacious and well equipped. It had washing machines and dryers. Staff were aware of infection control procedures.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing and maintenance records for equipment such as hoists and found they were up to date. The housekeeping staff member explained the cleaning system in use and was familiar with infection control procedures.

### Theme: Person-centred care and support

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

### Outcome 13

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

### References:

Regulation 39: Complaints Procedures

## Standard 6: Complaints

### Action(s) required from previous inspection:

No actions were required from the previous inspection.

### Inspection findings

Complaints were well managed. Minor amendments were required to the centres policy and procedure and these were addressed on the day of inspection. The complaints procedure was on display throughout the centre. Relatives who spoke with the inspector knew the procedure if they wished to make a complaint. A complaints log was maintained and the inspector found that it contained adequate details of the complaints and the outcome of the complaint.

### Outcome 14

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

#### References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

### Action(s) required from previous inspection:

No actions were required from the previous inspection.

### Inspection findings

The inspector was satisfied that there were satisfactory arrangements in place for caring for a resident at end-of-life. There were two residents receiving end-of-life care, the inspector found that their health care and religious needs appeared to be met. There were adequate care plans in place and documentary evidence that they were regularly assessed and reviewed by the local palliative care team and the GP. The inspector met with a family member of a resident who was unwell and found that the resident's family were very satisfied with the care their loved one was receiving. The resident also expressed satisfaction with the care they received and praised the staff's kindness.

This practice was informed by the centres' policy on end-of-life care. There was also documentary evidence of some staff receiving training on end-of-life care.

### Outcome 15

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector spent some time in the main dining room during lunch and tea and found that the dining experience was pleasant and relaxed. As the dining room was small, there were two sittings at meal times. The inspector noted that meals were well presented and menus were displayed. Residents all expressed satisfaction with their meals. The inspector was satisfied that residents received a nutritious and varied diet that offered choice. Residents who needed their food served in an altered consistency such as chopped had the same choice of menu options as others. The inspector saw residents being offered a variety of drinks throughout the day.

Staff were aware of the special dietary requirements of individual residents and maintained information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight and care plans were developed.

**Outcome 16**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**References:**

Regulation 10: Residents' Rights, Dignity and Consultation  
Regulation 11: Communication  
Regulation 12: Visits  
Standard 2: Consultation and Participation  
Standard 4: Privacy and Dignity  
Standard 5: Civil, Political, Religious Rights  
Standard 17: Autonomy and Independence  
Standard 18: Routines and Expectations  
Standard 20: Social Contacts

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector was satisfied that staff treated residents with privacy and dignity.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. The person in charge confirmed that residents had been offered the opportunity to vote in recent referendums. Mass took place on a monthly basis and more often for special occasions. There was a Church of Ireland service available as required. The person in charge stated that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established with two volunteers facilitating the group. The inspector read the minutes of some of these meetings and noted that suggestions made had been addressed by the person in charge.

**Outcome 17**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Residents could have their laundry attended to within the centre. Residents expressed satisfaction with the laundry system provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

The inspector found that there was a very committed and motivated staff team. All staff told the inspector that they felt well supported by the provider and person in charge. There was a very low staff turnover and all staff expressed a high level of satisfaction with all aspects of working in the centre. All care staff had received Further Education and Training Awards Council (FETAC) level five training.

The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Relatives and staff agreed that there were adequate levels of staff on duty. The inspector found that there were procedures in place for constant supervision of residents in communal areas. Annual appraisals were completed with all staff to monitor their performance. Regular staff meetings were held and there was documentary evidence to support this.

There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined

and the inspector noted that all relevant documents were present. This was addressed since the last inspection. The inspector reviewed staff files and found that all nursing staff had up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2013.

Two volunteers attended the centre, the inspector found that these had been Garda Síochána vetted appropriate to their role and had their responsibilities set out in a written agreement as required by the Regulations.

Staff told the inspector they had received a broad range of training which included wound management, health and safety, communication, cardio pulmonary resuscitation (CPR), food hygiene, wound care, audit, infection control and medication management and there was documentary evidence to support this.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, Stephanie and Nicola Maher to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Angela Ring  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

29 August 2013

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



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

<b>Centre Name:</b>	Oghill Nursing Home
<b>Centre ID:</b>	0077
<b>Date of inspection:</b>	27 August 2013
<b>Date of response:</b>	05 September 2013

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

**Theme: Governance, Leadership and Management**

***Outcome 4: Records and documentation to be kept at a designated centre***

**The person in charge is failing to comply with a regulatory requirement in the following respect:**

The directory of residents did not include the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

The insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

**Action required:**

Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

<b>Action required:</b>	
Put insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).	
<b>Reference:</b>	
Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records Regulation 26: Insurance Cover	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
1.) We have re-designed our Directory of Residents to include sex, ethnic & cultural background and the organisation that arrange the Residents admission to the centre.	Completed
2.) We are in consultation with our Insurance Brokers regarding the revised wording to comply with Regulation 26 (2)	2-3 weeks

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Smoking risk assessments were not completed for each resident that smoked.	
<b>Action required:</b>	
Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
We have updated our smoking risk assessment tool as discussed	Completed

on the day of inspection. We have completed the smoking risk assessment on this Resident.	
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***Outcome 8: Medication management***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The centres policy and procedure on medication management did not adequately address the procedures for the prescription of PRN medication, crushed medication and disposal of medication.</p>	
<p><b>Action required:</b></p> <p>Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</p>	
<p><b>Action required:</b></p> <p>Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  Regulation 6: General Welfare and Protection  Standard 14: Medication Management</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p>	
<p>1. We have updated our medication management policy to include maximum daily dose in 24hrs of PRN medication. This was being carried out on our GP's prescription sheet and we have included it in our written policy &amp; procedure.</p>	<p>Completed</p>
<p>2. Our medication prescription sheet has been re-designed to include a column for crushed medications when required.</p>	<p>Completed</p>
<p>3. Discontinued or expired medications are returned to the Pharmacy by Director of Nursing/Assistant Director of Nursing. A record of returned expired medications is maintained and signed off by the Pharmacist. This has been included in our updated</p>	<p>Completed</p>

reviewed medication policy & procedure and all nursing staff are aware.	
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