<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oghill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000077</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Oghill, Monasterevin, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>045 523 513</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@oghillnursinghome.ie">info@oghillnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Eochiall Enterprises Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ann Mahon</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Hilary Maher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
</tr>
</tbody>
</table>
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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with 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, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 May 2014 11:30  
To: 08 May 2014 18:00

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

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This thematic monitoring inspection of Oghill Nursing Home focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. The inspector met residents, relatives and staff during the inspection, observed practice and reviewed documents such as training records and care plans.

The inspector was satisfied that a high standard of care was provided to residents under the two outcomes. This was reflected in positive outcomes for residents, this was confirmed by residents and relatives and evidenced throughout the inspection. However, some improvements were required in the areas of documenting care plans and communicating care plans to all staff.
Outcome 11: Health and Social Care Needs

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.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Minor

Findings:
Nutritional care plans were in place for residents, which included implementation and evaluation of the care plans. However, these had not always been updated to reflect the changing needs of residents. For example, while there was evidence of updated practice in relation to the frequency of blood testing for one resident relating to his nutritional needs, the care plan had not been updated to guide this change in care delivery.

Other areas under this outcome were not examined at this inspection.

Outcome 12: Safe and Suitable Premises

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.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Minor

Findings:
The dining room was small and could accommodate 14 residents. There were two sittings to accommodate all the residents who preferred to dine in the dining room. The provider had taken steps to ensure that the dining room was homely and pleasant, for example, there were flowers on the tables and decorations around the room and on the
walls. However, due to a shortage of space in the facility a large industrial sized fridge was located in the small room, impeding the ambiance of the dining experience.

Other areas under this outcome were not examined during this inspection.

### Outcome 14: End of Life Care

*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.*

#### Theme:
- Person-centred care and support

#### Judgement:
- Non Compliant - Minor

#### Findings:
Residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were provided with appropriate training and supported by prompt access to palliative care services. Questionnaires were received from a number of relatives of deceased residents which showed that families were very satisfied with the care given to their relatives.

There was a resident in receipt of end of life care, and the inspector observed practice, reviewed the end of life care plan and spoke to relatives of the resident. There was clear evidence of a high standard of care which was person centred and respected the values and preferences of the individual.

The inspector reviewed documentation for a number of residents in relation to end of life care planning. Every personal plan examined included an end of life care plan which considered the future healthcare needs in the event that the resident became seriously ill. There was evidence of resident and family involvement in the development of these plans. Residents’ wishes, where identified, were clearly documented, for example one resident had expressed the wish not to have any further discussion in relation to this issue, and this was very clearly recorded.

The inspector reviewed an end of life care plan for a resident who had recently passed away and found that it guided and monitored care delivery. There was an end of life care pathway which was recorded daily. As the resident's condition changed, further actions were identified and the implementation of these was recorded.

Questionnaires were returned to the authority by several relatives of deceased residents, and all praised the care given to their relatives at the end of life. Relatives reported that they were supported to be with their relatives, staff reported that facilities for making hot drinks were made available, and relatives would be facilitated to stay overnight to be with their relative if this was their wish.
There was a policy on end of life care which was centre specific and provided detailed
guidance to staff. There was also a policy on resuscitation which also provided guidance
to staff. However there was no section on the communication of end of life care wishes
amongst staff, and the inspector was further concerned when staff could not identify
those residents who had requested not to be resuscitated in the event of
cardiopulmonary arrest.

The person in charge stated that the centre received support from the local palliative
care team when required. The service was accessible upon referral by the GP or the
Director of Nursing and there was evidence of prompt access to the service when
required.

The inspector was satisfied that nursing staff had received training in end of life care
and that the person in charge was in the process of organising training for care staff,
and this had already commenced. Staff and managers were clearly caring and respectful
in relation to end of life care. Bereavement cards were sent from the centre to bereaved
relatives, Christmas cards were sent to families on an ongoing basis, and staff told the
inspector that a guard of honour that was conducted as the deceased resident left the
centre.

Outcome 15: Food and Nutrition

*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 discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Findings:**

Residents received a varied and nutritious diet that was tailored to meet individual
preferences and requirements. However, some improvement was required in the care
plans which occasionally did not fully direct the care to be delivered, and in the
ambiance of the dining area which was impeded by the presence of a large industrial
fridge in a small dining room.

The inspector observed the service of lunch and evening meal to residents. Residents
had a choice of being served in their rooms or in the dining room and several of them
informed the inspector that their wishes were respected in this regard. Every resident
spoken to stated that the food was of a high standard and enjoyable, and that their
choices were accommodated, including on occasions where they preferred something
which was not on the menu. The inspector observed this in practice during the meals.
The meals were hot and plentiful and attractively presented, including the modified
diets.
The inspector found that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The service of all meals had been sufficiently supervised and coordinated to meet the needs of the residents. Assistance was offered in a respectful and unobtrusive manner, and the dining experience was observed by the inspector to be a relaxed, unhurried and social experience for residents.

Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were very aware of each resident’s requirements. There was emphasis on fortifying meals for those residents who had impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, for example residents who had diabetes. All kitchen staff and care staff were knowledgeable about each resident’s diet, a folder containing all the relevant information was maintained in the kitchen, and recording charts of those residents being monitored were clearly evident.

Residents had access to a general practitioner and speech and language therapist (SALT) as required, and there was evidence that recommendations from the SALT were implemented for individual residents. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The person in charge had implemented a system of audit monitor weights and MUST scores.

Nutritional care plans were in place for residents, which included implementation and evaluation of the care plans. However, these had not always been updated to reflect the changing needs of residents. This is further discussed under Outcome 11.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

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

**Report Compiled by:**

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000077</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27/05/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 11: Health and Social Care Needs

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all care plans were formally reviewed as required by residents' changing needs.

**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

**Please state the actions you have taken or are planning to take:**
This resident has been reviewed by his GP and his care plan now reflects monitoring his blood sugar daily instead of twice daily.

The other care plan that required updating has now been reviewed and updated to

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reflect the residents changing needs to promote independent eating when she is able.

**Proposed Timescale:** 09/05/2014

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>A large industrial fridge was obtrusively placed in the small dining room.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>This has been relocated to another area.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 10/05/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Staff were not aware of all residents' end of life care wishes.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>We have now included in our resuscitation policy a communicating system that highlights residents who have requested not to be resuscitated in the event of cardiopulmonary arrest.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 09/05/2014</td>
</tr>
</tbody>
</table>

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