



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	O'Gorman Home
Name of provider:	O'Gorman Home Committee
Address of centre:	Castle Street, Ballyragget, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0000547
Fieldwork ID:	MON-0039932

About the designated centre

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

O’Gorman Home is conveniently located in the centre of Ballyragget in Co. Kilkenny. The centre is a two-storey building that is registered to accommodate 12 people with all resident accommodation and communal space on the ground floor. The management of O’Gorman Home is overseen by a committee of 10 people. The centre caters for men and women from the age of 65 years old mainly. The centre manager is employed to work on a full-time basis. The centre offers non-nursing personal and social care to low dependency residents and care is provided by a team of trained healthcare professionals with two nurses who provide nursing care services over two days of the week. The centre is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007. Resident accommodation consists of ten single rooms and one twin bedrooms. Residents whose needs change and evolve will be supported to find alternative, more suitable long term care accommodation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 May 2023	10:00hrs to 15:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

Residents enjoyed a good quality of life and were positive about their experience of living in O'Gorman Home. There was a welcoming and homely atmosphere in the centre. Residents' rights and dignity was supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The inspector observed many examples of person-centred and respectful care throughout the day of inspection. The inspector spoke with 5 residents. Residents reported their satisfaction with the quality and safety of care they received.

On arrival the inspector was met by a member of the centres health care staff and signed the centres visitors' book. Following an introductory meeting with the senior health care assistant, the inspector walked around the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms.

O'Gorman Home was conveniently located in the centre of Ballyraggett village, Co. Kilkenny. Residents had access to the local shops, church, the credit union, coffee shop, general practitioner (GP) surgeries, and local community groups.

The centre was registered to accommodate 12 residents. The centre was homely and clean, and the atmosphere was calm and relaxed. The building comprised of two levels with the ground floor accessible to residents. The first floor of the building contained a changing area for staff and storage space and was not part of the designated centre. The design and layout met the individual and communal needs of the residents'. The provider had made improvements to the centres bedroom accommodation since the previous inspection. A twin room and part of the visitor's room had been reconfigured to provide 2 single rooms with en-suite sink, toilet and shower facilities. Residents were accommodated in 10 single rooms and one twin room. All of the bedrooms had wash hand basins. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with resident's wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. Residents had access to two shared shower rooms, a bathroom and three toilets. All bedrooms were bright and enjoyed natural light. The rooms in the centre of the building were arranged around an internal courtyard and the rooms at the rear of the centre overlooked the centres garden.

The inspector observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day and it was evident that residents had good relationships with staff and residents had build up friendships with each other. There were many occasions throughout the day in which the inspector observed laughter and banter between staff and residents.

Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring, that they were well looked after and they were happy in the centre. Residents' said they felt safe and trusted staff. Residents' told the inspector that staff were always available to assist with their personal care.

Residents' views and opinions were sought through resident meetings and satisfaction surveys and they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents' enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. The inspector observed the dining experience for residents in the dining room. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. Fresh jugs of water and cordial was observed in communal areas and residents' bedrooms.

The centre provided a laundry service for residents. Residents' whom the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

All of the residents' spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, televisions, and could leave the centre to go into the village if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books, playing cards and board games were available to residents. Residents, were observed to enjoy friendships with peers throughout the day. Residents has access to a local mobile library. On the day of inspection, residents were observed attending a live streamed mass in the sitting room. Residents and staff told the inspector that they were looking forward to Mass in the centre which would be performed by a visiting priest in May and June 2023. Bingo was scheduled in the centre the week following the inspection. The hairdresser attended the centre regularly.

Visitors were not observed attending the centre on the day of the inspection. Residents confirmed that visits took place in communal areas and residents bedrooms where appropriate. The inspector was informed that there was no booking system for visits. Residents whom the inspector spoke with confirmed that their relatives and friends could visits anytime.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The previous inspection in August 2022 found the centre fully compliant with the regulations outlined in the report. On this inspection, the inspector found that actions were required by the registered provider to address areas of Regulation 27: infection prevention and control and Regulation 28: fire precautions.

The registered provider had made changes to the residents accommodation since the previous inspection. Bedroom 10 which was a twin room and part of the visitors room had been reconfigured to provide two single rooms with ensuite wash hand basins, toilets and showers which improved the accommodation facilities for the residents. Following the inspection the registered provider was requested to submit an application to vary condition 01 of the registration for O'Gorman Home.

The registered provider O'Gorman Home Committee, is managed by a voluntary committee with a nominated provider representative. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides care to low dependency residents who do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The person in charge worked full time in the centre and was supported by an assistant manager and a team of nursing, care and support staff.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Fire safety training and medication management training were scheduled to take place in the weeks following the inspection.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, call bell and medication management audits. Audits were objective and identified improvements. Findings from audits were documented on a quality improvement document which were discussed at management meetings. Records of management meetings showed evidence of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting and staff meeting agenda items included corrective measures from audits such as; KPI's, training and fire precautions, COVID-19 vaccinations, equipment upgrades and resident committee meetings feedback. The annual review for 2022 was submitted following

the inspection. The review set out an improvement plan for 2023.

The centre did not have electronic records. All paper based documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. The contract for the provision of services contained all of the items as set out in regulation 24. The contract of provisions contained details of the room number, the cost of care, services included in the cost of care and details of additional fees to be charged were also clearly outlined. An audit of the resident's contracts of provision against the national standards was completed in February 2023 which was found to be fully compliant.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up one incident that was notified and found these were managed in accordance with the centre's policies. The inspector viewed the centres incident and accident log and found that incidents and accidents were managed in accordance with the centre's policies.

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in safe guarding, fire safety, management of challenging behaviour, manual handling, medication management and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a

safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in O' Gorman Home. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 27: infection prevention and control, and Regulation 28: fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietician and speech and language, as required. The centre had access to GP's from local practices and the inspector was informed that GP's called to the centre regularly. Residents had access to a consultant geriatrician and a psychiatric team who attended the centre when required. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

Since the previous inspection the provider had made changes to the bedroom accommodation. Twin bedroom 10 and part the visitor's room had been reconfigured. This space contained two single bedrooms with en-suite sink, toilet and shower facilities. The centre was bright, clean and general tidy. Bedrooms were personalised and the residents in the twin room had privacy curtains and ample space for their belongings. Overall the premises supported the privacy and comfort of residents.

Staff were observed to have good hygiene practices and were not wearing face coverings which was in line with recent changes to national guidance recommendations. Alcohol gel hand gel was available throughout the centre. Sufficient housekeeping resources were in place on the day of inspection. Intensive cleaning schedules and regular weekly cleaning programme were available in the centre. The centre had a curtain cleaning schedule for curtains. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) and COVID-19 were agenda items on the minutes of the centres staff meetings and management meetings. IPC audits included, the environment and hand hygiene practices. There was an up to date IPC policies which included COVID 19. However; improvements were required in relation to infection prevention and control, this will be discussed further under Regulation 27.

Oversight of fire safety required review. The provider had replaced a number of compartment and bedroom doors following a fire door audit carried out in 2022. All bedrooms and compartments had automated door closures. All fire doors were checked over the day of inspection were found to the close properly to form a seal to contain smoke and fire. Fire training was completed annually by staff. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents. There were fire evacuation maps displayed throughout the centre on corridor areas and in residents bedrooms. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire drills took place regularly in 2022 and 2023. Fire drills records contained details of the number of

residents evacuated and how long the evacuation took. All fire safety equipment service records were up to date. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. There was evidence that fire safety was an agenda item at staff meetings in the centre. On the day of inspection there were no residents who smoked. There was an outdoor smoking area which had a call bell, fire blanket and fire extinguisher. Oversight of fire equipment servicing procedures required improvement, this is discussed further in the report under Regulation 28.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks such as risks associated with individual residents medical conditions, medication management, and infection prevention control risks.

There was a comprehensive centre specific policy in place to guide care staff and nurse on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Reconciliation of medications was completed by the nurse when a resident was admitted to the centre or returned from hospital. At the time of inspection there were no residents prescribed control medication or medication requiring refrigeration. A pharmacist was available to residents to advise them on medications they were receiving.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to SAGE advocacy services. The advocacy service details were displayed in the reception area and activities planner were displayed on a notice board in dining room. Residents has access to daily national newspapers, books, televisions, and radio's. Mass took place in the centre weekly and a member of staff was a Eucharist Minister. Musicians attended the centre regularly.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential

centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal, and special diets were catered for if required. Home- baked goods and fresh fruit were available and offered to residents. Snacks and drinks were accessible day and night. Fresh water jugs were seen in residents' rooms and dining room.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff. There was an on-going COVID- 19 vaccination programme for residents and staff. However;

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- The centres laundry room required review as items such as PPE, a vacuum cleaner and pressure relieving cushions were stored with clean laundry which posed a high risk of contamination and risk of transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure emergency lighting was maintained. For example:

- 1 illuminated emergency direction signage were not working adjacent to room 9.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of swallowing difficulties, and management of diabetes. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs and there was evidence that the residents were involved in their care plan reviews in line with the regulations.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by

the needs of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for O'Gorman Home OSV-0000547

Inspection ID: MON-0039932

Date of inspection: 04/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Staff reminded of the risk of transmission of infection. Laudry room has been reviewed and Staff sent a memo and reminded as to the appropriate storage for PPE and equipment .	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The luminated emergency direction signage has now been fixed.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	12/05/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	12/05/2023