



**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:	Oghill Nursing Home
Name of provider:	Eochiall Enterprises Limited
Address of centre:	Oghill, Monasterevin, Kildare
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0034394

About the designated centre

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

Oghill Nursing Home is a private family-run 34 bedded centre, open since 1997. The centre is situated in a rural setting, a short drive from the town of Monasterevin. The centre is comprised of 24 single bedrooms and five twin bedrooms, all located on the ground floor. Communal rooms comprised of a sitting room, a day room, a conservatory, a dining room and a link lounge. The centre had an enclosed outdoor courtyard for residents. The centre accepts both male and female residents over the age of 18 years and provides 24-hour nursing care. The centre caters for residents with long-term, respite, convalescence, dementia and palliative care needs. The provider employs nurses, care support staff, catering, household, administration and maintenance staff to meet residents' needs. The centre's statement of purpose stated that its aim is to provide residents with a safe, secure, 'home away from home' environment, which promotes the health and well-being of all. Oghill Nursing Home also aims to provide residents with a person-centred service, access to information and protection of rights and to deliver safe and effective services using the best available evidence and information.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
--	----

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 13 October 2022	08:30hrs to 16:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, feedback from the residents was very positive regarding their lived experiences in Oghill Nursing Home. All were very complimentary in their feedback and expressed satisfaction with the standard of care provided. Residents spoken with knew who they could approach if they had any concerns and spoke very positively about the management team being 'so approachable and always here'.

On arrival at the centre, the inspector was met by the person in charge and the Assistant Director of Nursing (ADON). After a short opening meeting, the inspector did a tour of the centre with the person in charge and ADON. There were several seating areas throughout the building, including some quieter areas where residents could spend time with visitors, alone or with staff. The design and layout of the centre were suitable to meet the residents' individual and collective needs. The centre was visibly clean and was kept in a good state of repair, externally and internally. Residents' bedrooms were seen to be comfortable spaces and personalised with pictures and photographs. Residents had access to a safe and well-maintained internal garden. The inspector observed several residents enjoying the garden on the day of the inspection. Call-bells were answered promptly, and assistance was offered when required.

The atmosphere in the centre was calm and relaxed, and a sense of well-being was evident. Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents' views on the running of the centre were sought through residents' meetings and surveys. The inspector reviewed a residents' survey and the minutes of residents' meetings and saw that the provider had taken action to respond to any feedback. Residents had access to televisions, telephones and newspapers. Advocacy services were also available for residents.

The activities on offer were displayed on a notice board in the small seating area in the centre. There was plenty of friendly conversation and good-humoured fun happening between residents and staff. The provider had a cat, which was seen to be playful and comfortable around the residents in the sitting room and sitting on the window sills enjoying the sunshine.

Residents were very complimentary of the home-cooked food and the dining experience in the centre. There were sufficient staff in the dining room, and they interacted well with residents during this time. Meals being served appeared wholesome, with adequate portions being served up. Residents were found chatting with each other and staff during meal times.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

Capacity and capability

Overall, a rights-based approach to care was supported, and there was a commitment to provide quality care where residents' independence was promoted. There were effective management systems in this centre, and the management team was proactive in responding to issues as they arose.

This centre had a good history of compliance. This was an unannounced risk inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to inform decision making in relation to the application for the renewal of the registration of the centre.

The registered provider of Oghill Nursing home is Eochiall Enterprises Limited. This is a family-run nursing home with well-established governance and management team, which consisted of the person in charge and the Assistant Director of Nursing, who also held the role of registered provider representative. The person in charge worked full-time in the centre and was well supported by a team of nursing staff, health care assistants, administrative staff, and domestic and maintenance staff.

The provider had systems in place to ensure that the service provided was safe and effectively monitored. A schedule of audits was in place. A number of audits had been completed in 2022, including clinical and environmental audits. The inspector found that the audit findings were analysed and informed quality improvement in the centre.

Staffing levels were adequate for the size and layout of the centre and the number of residents accommodated at the time of inspection. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was in place for all staff.

The complaints procedure was on display and set out clearly the process for making a complaint in the centre and the process for how a complaint would be dealt with.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill-mix of staff were appropriate to meet the assessed needs of the 31 residents living in the centre, given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend a wide variety of online and in-house training and professional development training appropriate to their roles.

Judgment: Compliant

Regulation 21: Records

Records, as set out in Schedules 2, 3 and 4, were kept in the centre and were made available for inspection. Records were stored safely, and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits informed ongoing quality and safety improvements in the centre. There was a clearly defined management structure in place that identified lines of responsibility and accountability. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed with identified service improvement initiatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care was reviewed, and they outlined the terms on which the residents shall reside in the centre. They were seen to include the room to be occupied and the occupancy of the room and details of any additional fees to be charged.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and also included an appeals process, as required by the legislation.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Residents had access to a general practitioner (GP) who visited the centre one day a week. Out-of-hours medical cover was also provided. Residents' records showed that residents had access to services such as dietitians, speech and language therapy and tissue viability nursing (TVN).

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences.

There was a proactive approach to risk management in the centre, and there was an up-to-date risk management policy and risk register in place. The centre's risk register contains information about active risks and control measures to mitigate these risks.

Overall, the centre was observed to be clean, and the staff who spoke with the inspector was knowledgeable about effective cleaning practices. Alcohol hand gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use, and staff were observed to perform hand hygiene appropriately.

There was a health and safety statement and a fire safety policy in place. Maintenance and servicing records illustrated that all fire detection and fire fighting equipment was maintained and serviced in line with regulatory requirements.

Regulation 11: Visits

Visits were not restricted and the visiting procedures in place reflected the current Public Health guidelines. Indoor visiting had resumed, and the centre had arrangements in place to ensure the ongoing safety of residents.

Judgment: Compliant

Regulation 27: Infection control

There was generally good oversight and management of infection control practices in the centre during this inspection. It was evident that the registered provider had implemented procedures in line with best practices for infection control, and the inspector observed improvements in the storage practices around the centre. The provider had installed three additional clinical hand-wash basins in order to promote good hand hygiene practices in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to be proactive in managing the fire safety risks in the centre. The inspector found that there were adequate fire safety precautions in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and noted that each resident had a comprehensive assessment and appropriate care plans based on their assessed needs. Care plan reviews occurred every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs, including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical, health and social care professionals. Residents had also good access to specialists such as a geriatrician and psychiatry of later life when required.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Staff spoken with on the day of the inspection were aware of what abuse is and what they would do if they witnessed or suspected such an incident.

The centre is not acting as a pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre. Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities.

Judgment: Compliant

Regulation 26: Risk management

The provider had a risk management policy and risk register in place. It included the requirements set out in the regulation. There was evidence of centre specific emergency plans to respond to major incidents.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 26: Risk management	Compliant