



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:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0000077
Fieldwork ID:	MON-0039445

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
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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 23 May 2024	09:20hrs to 17:20hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

The inspector observed that residents appeared relaxed in the nursing home and those spoken with were satisfied with the care they received. Residents described the centre as homely. One resident told the inspector "Staff are great and I have all I would want here".

Overall, residents were happy with the food and their bedrooms and the care they received from staff. Visitors spoken with described the centre as lovely and said they were happy with the care provided and that staff were great. Staff were observed speaking with residents in a kind, respectful and friendly manner. The inspector observed visitors coming and going on the day of inspection and friendly interactions between visitors and residents.

The centre was laid out over one floor, there was a welcoming reception area, communal rooms and a courtyard garden available for residents' use. Residents' accommodation was in single or twin rooms. There was access to an en-suite in some bedrooms and access to shared bathrooms also. Residents' bedrooms were clean and tidy and personalised to their tastes. Most residents rooms enjoyed a view of the garden and surrounding countryside. There was a wooden gazebo structure at the back of the centre overlooking the back garden where residents liked to sit in the summer time to enjoy the outdoors and the inspector observed brightly coloured plant boxes placed on the windowsills which had been planted by residents. The inspector also saw there were storage facilities located in the back garden including a maintenance shed and an area for storing residents' equipment, which required to be registered on the floor plans of the centre. In the front garden there was a previous staff residence that management informed the inspector was now being used for storage and for holding the file archive for the designated centre. This is discussed further in the report.

The centre was well-maintained and residents bedrooms were brightly decorated. The inspector observed that many residents had pictures and photographs in their rooms and other personal items which gave their rooms a homely atmosphere. Each resident had adequate storage space for their clothing and personal belongings and there was a laundry service provided on site and residents' clothing was returned to them in a prompt manner.

Throughout the morning of the inspection there was a busy atmosphere in the centre. Some residents were observed enjoying each others' company in the communal day rooms, while other residents were observed sleeping or relaxing in their rooms. Staff were observed attending to residents' requests for assistance in a timely manner. In the afternoon there was music in the sitting room and a large number of residents were seen enjoying the singing.

There were brightly coloured picture frames lining the corridor containing photographs of residents enjoying various events and trips away. This provided a

warm and inviting atmosphere for residents as they passed by on their way to the dining room.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the nicely laid tables. There was a choice of meals provided and residents could request an alternative meal if they wished. The lunch food served on the day of inspection was seen to be wholesome and nutritious. A variety of drinks were being offered to residents with their lunch. Some residents chose to eat in their rooms and their meals were delivered promptly for them to enjoy. Residents that required assistance with meals were provided so respectfully and discreetly. The inspector observed adequate numbers of staff available who were offering encouragement and assistance to residents. A tea trolley with refreshments were served throughout the afternoon and drinks were available to residents in their bedrooms.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, residents were supported to live a good quality of life in Oghill Nursing Home. There were established systems in place to monitor the care and welfare of the residents and the management team was well-known to residents, staff and visitors. Notwithstanding the systems in place there were some areas identified that required improvement, in particular, the archiving of documents and night time staffing levels.

This was an announced inspection carried out over one day, by an inspector of social services, to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

Eochiall Enterprises Limited is the registered provider for Oghill Nursing Home. It is registered to accommodate 34 residents. This is a family-run nursing home with a 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 registered provider had completed an annual review for 2023 however, there was no evidence of input from residents in the review. There was a schedule of audits that took place in the centre and the

inspector observed regular audits in place for areas such as infection prevention, advocacy, nutrition and hydration, medication management.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents. Staff worked well together to provide care and support for residents. The inspector observed that call bells were answered promptly and residents did not have to wait for staff to attend to them. A review of rosters showed that there was one staff nurse and one health care assistant working at night time to provide care for 31 residents. This required review to ensure there were sufficient staffing arrangements in place for appropriate supervision and safe evacuation of all residents in the event of a fire.

The overall training needs of staff were being met, some gaps were noted in the training for responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).The inspector was informed there was a plan in place to address this.

A directory of residents in the designated centre was maintained by the registered provider and was made available for inspectors to review. The directory of residents detailed all the information regarding each resident as required by the regulations. A sample of staff personnel files were reviewed and contained the information required under Schedule 2 of the regulations. However, not all records to be kept in the designated centre in respect of each resident were retained in the designated centre for a period of not less than seven years. This resulted in Schedule 3 records not being readily available for inspection.

The complaints procedure was available in the reception area. Advocacy services posters were on display throughout the centre and residents spoken with were aware of who to make a complaint to. However, some improvements were required to the complaints procedure, this is discussed further in this report under Regulation 34: Complaints procedures.

Regulation 15: Staffing

From a review of the staff duty rota and speaking with residents and staff, it was found that the daytime levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents. However, a review of night time staffing levels was required as there was one nurse and one health care staff to provide care for 31 residents at night. This did not provide assurance that all residents could be safely evacuated at night time and effective supervision could be maintained in the event of fire.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete and the registered provider had a plan in place to ensure training was ongoing.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was available for review and included all of the resident information required under Schedule 3 of the regulations

Judgment: Compliant

Regulation 21: Records

Records to be kept in the designated centre in respect of each resident were in place for the current residents. However, records for the residents who had ceased to reside in the centre were not maintained within the centre for a period of 7 years. This resulted in Schedule 3 records not being readily available for inspection as the archive room was outside of the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose during the day however, the staffing levels at night time required review to ensure there was adequate staffing available to safely evacuate residents in the event of a fire at night.

The annual review of the quality and safety of care delivered to residents in the designated centre for 2023 was not prepared in consultation with residents and their families or nominated representative.

Management systems in place did not identify the requirement for the file archive to be maintained within the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for dealing with complaints and maintained by the provider. However the procedure on display in reception required review as it did not accurately detail who the review officer was.

There was no report on complaints received included in the annual review.

Judgment: Substantially compliant

Quality and safety

Overall, residents in the centre lived in an unrestricted manner according to their needs and capabilities. Residents' health, social care and spiritual needs were well catered for. The centre itself was well-maintained, comfortable and appropriate to residents' needs. The person in charge and staff team were well-known to residents and were seen to provide person-centred care.

The premises was well-maintained internally and externally with inviting communal spaces available for residents and visitors to spend time in and the inspector observed visitors coming and going throughout the day of inspection. There were handrails on corridors supporting residents to move freely throughout the centre and the registered provider had ensured the centre was clean and suitably decorated. There was directional signage in place on corridors to guide residents. A

full-time maintenance person was employed in the centre and the inspector saw there was a maintenance log where areas identified as requiring maintenance were prioritised and followed up as required.

The person in charge ensured that where a resident was discharged from the designated centre was done in a planned and safe manner.

There were clinical hand wash sinks located in corridors near residents' rooms and bathrooms for use by residents were clean and well-maintained. There were adequate numbers of cleaning staff observed on the day of inspection and a clean and dirty pathway was observed in place in the laundry area. There were cleaning procedures in place and overall the centre was effectively cleaned however, one residents' room required a deep clean as there was dust and dirt observed in the corner of the room. There were alcohol hand gel dispensers and personal protective equipment (PPE) readily available for staff use and staff were observed to perform hand hygiene appropriately.

From a review of residents' records, it was evident that residents' who had specialist communication requirements had these recorded in their care plan.

Residents' who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and interventions to be implemented by staff to support a consistent approach to the care of residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions between staff and residents were observed to be person-centred and non-restrictive. The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the level of restrictive practices in the centre.

Regulation 10: Communication difficulties

The inspector saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence.

Judgment: Compliant

Regulation 17: Premises
Overall the premises was well-maintained and appropriate to the number and needs of the residents living in the centre.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
The inspector reviewed three residents' transfer records and saw that relevant information about the resident was provided to the receiving hospital, where the resident was temporarily absent from a designated centre. Upon residents' return to the designated centre, the person in charge ensured that all relevant information was obtained from the discharging hospital as required in the regulation.
Judgment: Compliant
Regulation 27: Infection control
<p>There were appropriate infection prevention and control policies and procedures in place, consistent with the <i>National Standards for Infection Prevention and Control (IPC) in Community Settings</i> published by the Authority.</p> <p>Staff were appropriately trained in infection prevention and control practices and procedures.</p> <p>The environment and equipment was appropriately managed to minimise the risk of transmitting a health care-associated infection.</p> <p>There were appropriate facilities in place to support effective infection prevention and control.</p> <p>Procedures were in place for the cleaning and decontamination of the physical environment and residents' equipment. Cleaning procedures were in line with recommended guidelines.</p>
Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Although seven staff had outstanding training in responsive behaviours, interactions observed on the day, communication with staff and a review of responsive behaviour care plans provided assurance that residents' needs were effectively met.

Records showed that when restrictive practices were implemented, a risk assessment was completed and there was a plan in place to guide staff. There was a restrictive practice register in place, which was kept under review by the clinical team.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Oghill Nursing Home OSV-000077

Inspection ID: MON-0039445

Date of inspection: 23/05/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Residents have a comprehensive assessment carried out on admission and a care plan is prepared and put in place following the assessment. This includes a Personal Emergency Evacuation Plan which is updated 4 monthly and as the residents condition changes. Residents dependency levels are assessed weekly and as changes occur. Staffing levels are increased accordingly to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p> <p>Following the inspection report we have reviewed our night time staffing levels and have allocated an additional healthcare assistant on night duty.</p> <p>Our contingency plan includes extra staff on call in the event of a fire at night time.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Regulation 21(3) Records are now stored in a secure area within the designated centre. An application to vary has been submitted to HIQA on 24.06.2024 with updated floor plans to include the Archive room.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23 (a)(c) Residents have a comprehensive assessment carried out on admission and a care plan is prepared and put in place following the assessment. This includes a Personal Emergency Evacuation Plan which is updated 4 monthly and as the residents condition changes. Residents dependency levels are assessed weekly and as changes occur. Staffing levels are increased accordingly to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Following the inspection report we have reviewed our night time staffing levels and have allocated an additional healthcare assistant on night duty. Our contingency plan includes extra staff on call in the event of a fire at night time.</p> <p>Regulation 23(e) Residents and their nominated representatives are consulted when satisfaction surveys, residents meetings and care planning are carried out. This is reflected in our audit results. Going forward this will also be included in our annual review.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Regulation 34(1)(b) The complaints procedure on display in reception has been updated to accurately detail who the review officer is.</p> <p>Regulation 34 (6)(b)(ii) Reports on future complaints received including reviews conducted will now be included in the annual review.</p>	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	08/07/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	24/06/2024
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years	Substantially Compliant	Yellow	24/06/2024

	after the staff member has ceased to be employed in the designated centre concerned.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	04/07/2024
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Substantially Compliant	Yellow	24/06/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	08/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	08/07/2024

	appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	03/01/2025
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	05/07/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Substantially Compliant	Yellow	03/01/2025