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Oughterard Manor, Camp Street, Oughterard, Galway

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oughterard Manor
Centre ID:	OSV-0000745
Centre address:	Camp Street, Oughterard, Galway.
Telephone number:	091 866 946
Email address:	ouughterardmanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	Damien Woods
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	6

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 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 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2016 10:00 To: 14 March 2016 18:00

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

Outcome	Our Judgment
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

Oughterard Manor is a two storey residential centre that can accommodate forty one residents. It is located in the town of Oughterard and is a short walk from local shops and business premises. The centre provides long term continuing care including dementia care, respite and palliative care. During the inspection the delivery of care and support to residents and the service of meals were observed. Documentation such as care plans, accident/incident reports, policies and procedures, and layout of the premises were reviewed. The inspectors talked with residents, relatives and varied members of the staff team throughout the inspection.

Care, nursing and ancillary staff were well informed and were aware of residents' personal needs, wishes and preferences. They described how independence and well being was promoted and described instances where residents were supported to do as much as possible for themselves. An activity programme was available so that residents had opportunities for social engagement and recreation. Access to doctors and to the services of allied health professionals was available.

Care plans outlined health and social care needs and were based on arrange of evidence based assessments. The inspectors found that while the standard of care planning was generally good, the needs of residents who had dementia needed to be outlined more comprehensively to ensure that staff were familiar with their abilities as well as their needs for support and to reflect evidence based practice. End of life care plans were being developed and getting end of life care right was regarded by staff as important. The healthcare needs of residents were met and residents had access to general practitioner (GP) services and to a range of other health services.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to analyse and monitor potential risks and control measures were in place to ensure risk was minimised. However there were risk areas not identified that required attention. The laundry was not organised effectively and on the day of inspection there was inadequate capacity to separate and manage laundry to be washed. Staff who worked in close proximity to cleaning products and hazardous substances did not have training on the safe management of such products.

The centre was clean and well organised. The dining room was attractively laid out and the dining experience was observed to be pleasant with residents treated with respect and dignity by staff. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance.

The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. The inspectors also reviewed the actions taken to address areas outlined for improvement following the announced registration renewal inspection that took place on 22 and 23 July 2015. Improvements were required to care plans, the identification and management of risk and the assessment of residents' needs in relation to dementia and end of life care. The inspectors found that good progress had been made to address these issues but further work was needed based on the findings of this inspection. The areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. The staff rotas for a three week period provided to the inspectors showed that she worked four days a week in the centre. She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development through attendance at courses and conferences in areas such as nutrition, end of life care and dementia care. Her mandatory training in adult protection, manual handling and fire safety was up to date.

Staff spoken with said that there was a good team spirit and support structure throughout the service. All staff knew the person in charge and said they felt able to discuss ideas or concerns with her or other senior staff.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The centre had a well established and generally well organised administration system. The inspectors reviewed a range of documents, including residents' care records, duty rotas and training records. The inspectors found that the required records were maintained however some improvements were required. These included that the daily records maintained as required by nurses outlined varied factors in relation to health and well being. However, they did not describe where significant problems such as restlessness and agitation were a factor and were being closely monitored.</p> <p>•</p>
<p>Judgment: Substantially Compliant</p>

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures to protect residents being harmed or suffering abuse were in place. There were procedures in place to guide staff on how to prevent, detect and respond to allegations of abuse. Staff confirmed that they had received training in adult protection to enable them to safeguard residents and to protect them from harm and abuse. Some staff were particularly well informed and could give detailed information on what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. Further training on some aspects of the measures in place was required as at least three staff spoken with by inspectors could not describe their training or how they would report a safeguarding incident. An adult protection incident had been reported and the inspectors saw that the established procedures were being followed and the required notification had been made.

There was a visitors' record that enabled staff to monitor the movement of persons in

and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspectors spoke to said that they felt safe in the centre.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. However, while the assessment forms indicated that a multidisciplinary assessment had been completed to determine the need for the restraint the contribution of other professionals to the ongoing reviews of restraint was not clear. The only indication that other professionals had been consulted was a tick box and actual participation in the discussion or decision to continue with the restraints in use was not recorded. The inspectors noted there was a low incidence of bedrail use with only two residents using this equipment at the time of the inspection. Three residents had electronic monitoring devices to alert staff as they had been assessed as at risk if they left the building.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. A health and safety statement and there were procedures in place to assess and manage risks identified in relation to the premises, care and work practice. For example the prevention measures for slips, trips and falls included the use of hazard signs when cleaning was in progress and the assessment of residents' mobility and moving and handling needs.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records and staff recorded and reviewed residents' health and condition as required to determine change in risk status when healthcare needs changed. There were good descriptions of the risks presented and the control measures in place described in the relevant areas of care records.

There were systems in place to manage infection control hazards but improvements were required particularly in the laundry area. There were hand sanitising solutions and hand gels available throughout the centre and signage to prompt hand washing was on

display. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Cleaning staff could describe their roles and responsibilities well. They had a system for general and deep cleaning bedrooms. They were observed to work safely and to keep the cleaning trolleys nearby or in rooms when cleaning was underway. However, Inspectors found on speaking with staff, including laundry staff, that they required training on the safe use/handling of cleaning/laundry products that they occasionally had to handle if maintenance staff were not available to assist. They also did not have access to protective equipment to use when this occurred.

Measures were in place to prevent accidents in the centre and grounds but improvements were required in some areas. The building was generally free of obstructions and there were grab rails in hallways and in bathrooms and toilets. Moving and handling assessments were available, were up to date and reflected residents' dependency and capacity to mobilise. Accidents and incidents were recorded and while there were good descriptions of the events that happened, some records were not contemporaneous as they were not completed by the staff on duty at the time of the incident. This could create a risk of error. For example, a fall incident took place during the night and a record was completed the following morning. A position change record completed shortly after the fall took place did not reference the fall or any precautions taken in relation to the incident. There were moving and handling procedures in place and all staff were trained in moving and handling of residents. Equipment was noted to be in good condition and regularly serviced.

The fire safety arrangements were satisfactory. There was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. The scheduled inspections of equipment and fire exits were up to date and recorded.

Staff described their training to the inspectors. They described how they were taught to move residents and to proceed with progressive horizontal evacuation through each set of fire doors. The fire alarm was serviced quarterly, a list of fire fighting equipment was available and was serviced on an annual basis as required. There were adequate means of escape and fire exits were noted to be unobstructed.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were safe systems in place for the management of medication. There was space to store supplies of medication securely. The fridges used to store medication were clean and functioning at an appropriate temperature.

Staff were well informed about the medication in use and residents' medication regimes. Where residents had fluctuating or responsive behaviours medication was reviewed regularly and residents were referred for specialist assessments to the team for old age psychiatry to ensure their medication and treatment plans were appropriate. Resident's medication was noted to be reviewed every three months by the GP, nursing staff or by specialist services. Nursing staff transcribed medication from time to time from faxed prescriptions from doctors and this was later signed by doctors.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspectors noted that residents were observed closely when taking medication and where required liquid preparations were used if available. The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication was recorded.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was compliant. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Relevant events and quarterly notifications had been supplied to the Chief Inspector by the person in charge.

Judgment:
Compliant

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. 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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were 35 residents in the centre during the inspection. There were twenty residents assessed as having maximum or high level care needs, eleven were in the medium care category and four required lower level interventions or were independent. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition or mental health problem. Five residents were under 65.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care or risk of developing pressure area problems. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, wound care, responsive behaviours and dementia were reviewed. Care plans for residents assessed as high falls risks and some who used bedrails were also examined.

The inspectors found good standards of personal and nursing care were in place which was supported by medical and allied health professional input when required. The risk assessments completed had associated care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspectors saw that a person centred care approach was promoted. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. Some residents had lifestyle routines that they were free to follow and staff respected this while monitoring their care needs. The sitting areas had a staff presence throughout the day and staff engaged with residents in a positive

and friendly manner.

Care plans were maintained on a computer system. The information recorded provided a good overview of residents' care and how care was delivered. On admission, a nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspectors noted that the assessments were used to inform care plans however some care plans for end of life, behaviour that fluctuated and dementia care required further development to ensure they provided adequate information to guide and inform the actions of staff. There was a similar finding at the last inspection when care plans for end of life care were found to require further development.

Assessments to determine cognitive impairment were in place however care plans did not describe how dementia impacted on residents' day to day life and did not describe their ability to participate in activity or who they continued to recognise which would guide staff interventions. Where residents had changes in behaviour patterns these were described, monitored and recorded on behaviour records to enable staff to determine the frequency and nature of the behaviours. However the information from these records was not always reflected in care plans or in the daily records of residents' health and condition. For example, where a resident was described as "agitated during day" there was no indication of the type of agitation evident, what impact this had on the resident or the implications for staff interventions.

Care plans were updated at the required intervals and in response to a change in a resident's health condition. Residents had access to GP services and there was evidence of medical contact at least three monthly and more frequently when required. Access to allied health professionals such as dieticians and occupational therapists was available. A system to regularly review residents who had difficulties with diet or swallowing had been established in 2016. The centre's staff had also established good links with community mental health services.

Care plans for residents with dementia or mental health issues required more development to ensure they are person-centred and reflect individual needs and how these should be addressed to ensure good outcomes for residents. For example while communication capacity was described well there was variable information available on how dementia impacted on daily life for example residents' ability to recognise people and surroundings, capacity to carry out activities such as getting dressed, and ability to participate in a group activity.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, information about their care and treatment was sought from other professionals including staff in community settings where residents were admitted for respite care.

There were four wound care problems in receipt of attention. Three were related to

pressure area problems and one was a long term leg ulcer. The inspectors found that advice from a wound care specialist was sought where required and recommendations were included in wound care plans. A care plan was in place for each wound care problem. There was a record of the interventions to be applied and additional supports such as enhanced nutrition to aid the healing process. Dressings were changed at the intervals recommended however some improvements to record keeping and the assessments of wounds were required as the inspectors found that the extent including depth of wounds was not always recorded and when wound dressings were completed an overview comment on improvement or deterioration was not evident in some cases.

Judgment:

Substantially Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre is a modern two storey building located in the town of Oughterard as short walk from the shops and business facilities. There are bedrooms and communal areas for residents on each floor. Residents have access to relaxation areas in the form of a secure garden area and a relaxation/sensory room.

There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. The centre was noted to be visibly clean and equipment in use was also clean and stored safely.

The areas that were noted to require attention to meet regulatory requirements included the laundry which required significant improvement to ensure safe standards for the management of laundry and infection control could be achieved. The laundry was not appropriately organised on the day of inspection to ensure soiled and clean laundry could to be sorted and separated effectively; there was no hot water to the sink and no hand wash sink available. The area did not have adequate ventilation. The smoking area was not adequately ventilated as evidenced by it, and its environs, smelling strongly of smoke throughout the day.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that some improvements to meet the regulatory requirements were required. Residents were aware that they could make a complaint and two residents said that they had told staff about problems such as meals and clothing which had been remedied. They said would approach the person in charge or any of the staff should they have concerns. The complaints procedure was displayed at the reception area and was also issued with other documentation at the time of admission.

Inspectors were told that anyone from outside the centre who wished to make a complaint had to make an appointment to do so and there was no arrangement to relay a concern without making an appointment. The inspectors found that the current system, as explained to them, was not readily accessible and did not enable people to raise issues in a timely way.

Judgment:

Substantially Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory.

There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored.

Residents told the inspectors that the food was "good" and "tasty" and "nicely presented". Residents' food likes and dislikes were recorded and staff could describe to the inspector the varied modifications that were made to ensure their choices were met.

The dining room was attractively furnished and decorated. There was adequate space between tables for residents who used walking aids and specialist chairs to be accommodated in comfort.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspectors found that the day and night staff allocation was appropriate to meet the needs of residents accommodated at the time. The inspectors spoke with varied staff members and found that they were knowledgeable about residents' individual needs. Staff told the inspectors that they were well supported and that senior staff provided good leadership and guidance.

The inspectors were told of the training that had been provided to staff during 2014 and 2015. Training on a range of topics had been provided including adult protection and the prevention of elder abuse, fire safety, hand hygiene and infection control and moving and handling. However, as reported elsewhere in this report, the inspectors identified that staff who used hazardous substances for activities such as laundering clothes did not have training in the use of such products and some staff required training in adult protection as they could not describe how they would report an incident of abuse and

one told inspectors that they did not have training on this topic.

Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspectors observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection days.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Oughterard Manor
Centre ID:	OSV-0000745
Date of inspection:	14/03/2016
Date of response:	23/08/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The daily records maintained as required by nurses outlined varied factors in relation to health and well being did not describe where significant problems such as restlessness and agitation were a factor and were being monitored.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

With the introduction of our agreed model of dementia care, residents' ability will guide staff interventions.

Behavioural care plans are now being reviewed to include information relevant to staff intervention. This will be reflected in the daily record.

Proposed Timescale: 31/08/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Assessments and reviews to support the use of restraints such as bed rails did not reflect the decisions made to support the use of such equipment.

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

The MDT assessment and review of the use of bed rails for the two residents in question reflects and supports the use of this equipment and details the decision of the clinician according to national policy.

Proposed Timescale: 31/03/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff were unable to describe the training they had received on adult protection or how they would report an adult protection incident.

3. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

All staff had received training at the time of inspection, however we have introduced a

monitoring questionnaire to satisfy the registered provider of the effectiveness of training

Proposed Timescale: 31/08/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Accidents and incidents records were not always contemporaneous as they were not completed by the staff on duty at the time of the incident.

4. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:

All nursing staff have been reminded of their duty to record contemporaneously as per NMBI guidelines and company policy.

Proposed Timescale: 08/07/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff required training in the management of hazardous substances used in laundry activity and also required protective clothing to ensure safety when working with same.

5. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

The liquid detergent for the washing machines, operates through a sealed system which feeds into the machines automatically using a monitored dose. This is handled only when the container is changed and then only by maintenance staff who are trained in, and supplied with PPE for, the safe handling of these products.

Proposed Timescale: 14/03/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Care plans reviewed did not describe how dementia impacted on residents' day to day life and did not describe their ability to participate in activity or who they continued to recognise which would guide staff interventions.

Information from behaviour records was not always reflected in care plans or in the daily records of residents' health and condition. For example where a resident was described as "agitated during day" there was no indication of the type of agitation evident, what impact this had on the resident or the implications for staff interventions.

6. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

With the introduction of our agreed model of dementia care, residents' ability will guide staff interventions.

Behavioural care plans are now being reviewed to include information relevant to staff intervention. This will be reflected in the daily record.

Proposed Timescale: 31/08/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The laundry and smoking area were not adequately ventilated.

The laundry was not appropriately organised on the day of inspection to ensure soiled and clean laundry could to be sorted and separated effectively. There was no hot water to the sink and no hand wash sink available.

7. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Smoking area: This room is naturally ventilated, however extract ventilation has been installed.

Laundry: The Laundry flow diagram has been revised and implemented to ensure soiled and clean laundry is sorted and separated effectively.

Hot water at sink: On the day of inspection, maintenance was in progress due to an unidentified leak, and the hot water to the sink was isolated. This has since been restored.

Hand wash sink: A hand wash sink has been installed in the laundry since inspection.

Proposed Timescale: 31/07/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The complaints process was not readily accessible as the inspectors were told that an appointment had to be made to make a complaint.

8. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

Please state the actions you have taken or are planning to take:

While inspectors may have been told this, it is simply not a fact. There is no requirement to make an appointment to complain. There is no new procedure being introduced. A complaint form currently exists within the existing policy & procedure, which was reviewed in November 2015, and is completed in the event of a complaint.

The PIC refutes ever discussing any new procedure

Proposed Timescale: 30/11/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff required training on the use of hazardous substances required for laundry use and some also required training in adult protection.

9. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Training on the use of hazardous substances:

The liquid detergent for the washing machines, operates through a sealed system which feeds into the machines automatically using a monitored dose. This is handled only when the container is changed and then only by maintenance staff who are trained in, and supplied with PPE for, the safe handling of these products.

Training in adult protection: All staff had received training at the time of inspection, however we have introduced a monitoring questionnaire to satisfy the registered provider of the effectiveness of training

Proposed Timescale: 31/08/2016